



ASSISTING LIBERIANS WITH EDUCATION TO REDUCE TRANSMISSION (ALERT)

Country: Liberia

Donor: Office of Foreign Disaster Assistance, USAID

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QUARTERLY REPORT



EXECUTIVE SUMMARY

During the reporting period ending December 31st, ALERT's fifth cost modification, for six months and \$1.9 million, was approved increasing the total program size to \$34 million with an end date of April 30, 2016. ALERT scaled down border surveillance and Community-Led Total Sanitation (CLTS) activities and shifted the program's focus to Dead Body Management (DBM) and the Disco Hill safe burial site.

1. PROGRAM OVERVIEW

The objective of the ALERT program is to ensure a maximum level of community preparedness for and responsiveness to Ebola exposure. ALERT builds on existing structures within the Liberian government and traditional leadership to promote local capacity development and ownership of Ebola response programming. The program supports effective outreach, education, messaging, and the availability of critical health care workers, burial teams and community-based structures to mitigate the risk of further Ebola transmission. ALERT has accomplished this through integrated programming focused on social mobilization, case detection, case management, disease surveillance, border coordination and support for community-level water, sanitation and hygiene (WASH) practices. Activities this quarter focused more narrowly on dead body management (DBM) via oral swabbing as well as Disco Hill and safe burials in Montserrado County during the November cluster. Global Communities continued to scale down its massive emergency response and focused on targeted capacity building of Environmental Health Technicians and County Health Teams in all 15 counties to practice oral swabbing of dead bodies, identify high-risk bodies and follow proper response and reporting structures for suspect bodies.

During the quarter, Global Communities designed evaluation tools and hired a consultant and survey firm to carry out the ALERT final program evaluation. Offices in Grand Cape Mount and Gbarpolu Counties were closed by the end of the quarter as program activities in these counties had come to an end. Finally, Global Communities continued to finalize its asset disposition plan, namely for vehicles. During the quarter 108 vehicles were approved for disposition to 27 organizations, 44 of which were physically transferred. The remaining 64 approved vehicles are awaiting pickup pending inspection from partner organizations and should be transferred during the first month of next quarter.

2. PROGRAM ADMINISTRATION

Through flexible, community-focused programming, Global Communities remained committed to addressing critical needs in Liberia's Ebola response, namely DBM across all counties. Due to shifting program needs and a shift in the overall emergency response structure, Global Communities has adapted its strategic framework from strictly focusing on emergency response to addressing prevention and preparedness measures as well. Figure 1 outlines ALERT's updated response areas this quarter.

3. PROGRAM IMPLEMENTATION

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Figure 1: Quarter 1 Ebola Response Overview

Response Pillar	Activity Type	Counties Active
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Highlights this Quarter

- Three new EVD cases reported this quarter in a small cluster beginning November 20th
- Continued dead body management in all 15 counties via oral swabbing through EHTs, funeral homes and health care facilities
- Scale down of all burial teams nationwide
- Disco Hill Safe Burial Site: 621 burials this quarter (2,559 to date)
- Scale down of active surveillance activities from 52 formal and 275 informal border crossings
- 38 additional border communities triggered in CLTS with 73 additional communities reaching ODF status

Border Surveillance	Community surveillance monitoring visits and incentives paid to screeners. Supply of community focal person/gCHVs with hygiene and IPC materials.	Bong, Gbarpolu, Grand Cape Mount, Lofa, Margibi, Nimba
Dead Body Management	Continued safe and dignified burials at the community level as well as Disco Hill, scale down of burial teams, development of DBM policy, shift from burial teams to swab collectors through the County Health Teams.	All counties
Community-Led Sanitation	Total Continued triggering and ODF verification, expansion of Natural Leader Network, full scale down of CLTS activities under ALERT by the end of the quarter.	Bong, Gbarpolu, Grand Cape Mount, Lofa, Nimba

3.1 Border Surveillance

As Liberia was again declared Ebola-free for most of the quarter, emergency-related border surveillance became less of a priority. Consequently, ALERT scaled down surveillance activities, including community event-based surveillance (CEBS), at formal and informal border crossings as long-term responsibility for this programmatic area transitioned to the International Organization for Migration (IOM). All 52 checkpoints were deactivated and final incentives were paid to screeners and community focal persons by October 31st. In addition, final meetings were held and final rounds of infection prevention and control (IPC) materials were distributed to 500 community focal persons in 275 border communities in Gbarpolu, Grand Cape Mount, Lofa, Bong and Nimba counties. Offices managing CLTS and border surveillance in Grand Cape Mount and Gbarpolu closed during the quarter.

3.2 Community-Led Total Sanitation

As CLTS linked with border surveillance communities under ALERT, this was also phased out by the end of the quarter. During the reporting period, an additional 38 communities were triggered and 73 brought to open defecation (ODF) status, bringing the respective totals to 146 and 180. This represents an 81% success rate compared to a target of 70%. Additionally, ODF communities in Bong, Nimba and Lofa were integrated into the well-established Natural Leader Network (NLN) developed through the complementary IWASH and PACS programs. As a result, Natural Leaders (NLs) identified under ALERT will continue to be engaged through the NLN, triggering additional communities creating a layer of sustainability that will continue to integrate into the ongoing PACS program. Finally, ALERT field staff worked to begin linking NLs with gCHVs in their respective areas as a further means of sustainably integrating informal community structures into the formal health system. This process will continue under additional Global Communities programming and will encourage NLs to feed into the reporting system for diseases as well as to disseminate vital health-related and vaccination campaign information to communities where gCHVs cannot easily reach.

3.3 Dead Body Management

With other program activities phasing out, DBM took priority as the main programmatic area during the quarter. As per ALERT's fifth cost modification, burial teams were completely phased out and the program shifted focus to conducting nationwide trainings for county, district and zonal EHTs to perform oral swabbing of dead bodies to test for EVD. Overall 88 EHTs, 23 health care clinicians and 13 funeral home personnel were trained in oral swabbing during the reporting period. 466 individuals were swabbed at funeral homes and health facilities with personnel trained by GC. Three patients tested positive for Ebola during the reporting period and one was swabbed by Global Communities staff.

Additionally, Global Communities collaborated with CDC to implement the first pilot test for Ebola Rapid Diagnostic Tests (RDT) in Liberia. This pilot began in Margibi County in October and expanded to Montserrado in response to the November cluster. All EHTs in Montserrado and Margibi were trained by CDC to use RDTs and Global Communities provided daily results to CDC during the response. In the coming year, Global Communities will continue to work with CDC and WHO to develop and operationalize an efficient reporting system for RDTs while continuing to expand RDTs into priority counties.

Attending regular DBM Technical Working Group meetings, Global Communities staff have worked closely with MoH, CDC, WHO and other partners to revise the national DBM policy. Currently, the policy calls for swabbing of 100% of all dead bodies and revisions are still being made to sustainably adapt it to the current situation, especially moving out of the emergency phase. Global Communities and CDC are working with MoH to develop risk criteria to determine which bodies to swab and how burials will be carried out moving forward.

Disco Hill construction projects including installation of concrete headers for unmarked graves, water drainage systems and final land clearing were all completed during the reporting period. The only remaining project is the completion of the latrine, which will be finished in January. Discussions with the GoL continued during the reporting period regarding the final handover of the site, which will occur at the end of January. 621 burials took place at Disco Hill this quarter, including one confirmed EVD case, bringing the total to 2,559.

Figure 2: Sanitation Infrastructure Installed through CLTS Activities

Sanitation Infrastructure Developed by ALERT Communities					
October - December 2015					
	H/H Latrines Constructed	Hand Washing Facilities	Dish Racks	Clotheslines	Compost Fences/Pits
Bong	68	133	267	348	17
Gbarpolu	63	61	64	78	32
Grand Cape Mount	97	115	121	159	41
Lofa	445	621	699	747	1
Nimba	57	17	170	45	6
Grand Total	730	947	1321	1377	97

4. PROGRAM RESULTS AGAINST INDICATORS

See Annex F for a table of program results against indicators and more specific results and achievements related to community health education/behavior change, communicable disease prevention, dead body management and medical commodities provision. As previously stated, baseline data was not always applicable, and much activity was zero before the outbreak. Additionally, Global Communities set few specific targets, as higher targets would indicate high infections, and the rate of disease spread remained unpredictable.

5. LESSONS LEARNED AND CHALLENGES ENCOUNTERED

Standard Procedures for Response

Activities and occurrences this quarter, especially the November cluster, highlighted the need for standard operating procedures to be put in place in order to maximize resource efficiency and minimize confusion during a response. Although response agencies and implementing partners know their technical and thematic roles, there is still a lack of official standards in terms of how much to pay in incentives and what constitutes a work day or

day off. Technical standards regarding RDT use and oral swab and DBM protocols also led to some confusion between partners and response actors during the November cluster, underscoring the need for a uniform policy that is widely shared. How severance pay should be handled also became a challenge as the program scaled down significantly. Disco Hill workers again protested during the reporting period demanding hazard benefits which they claim are owed to them by the government. A lack of standardized messaging regarding hazard pay has repeatedly been a challenge that has required a response from the traditional leadership. Global Communities expects this to remain a challenge through the handover of Disco Hill.

Managing Program Scale Down

As activities closed in two counties (Grand Cape Mount and Gbarpolu) and two technical areas (border surveillance and CLTS) Global Communities faced the challenge of managing program scale down while also managing the response to the November cluster. Staff downsizing required regular engagement on the legal and financial side to comply with Liberian labor regulations for severance pay of long-term employees. With more than 108 vehicles approved for disposition, the logistics department was scaled down along with the financial and administration departments. This required a well-planned shifting of resources between departments to ensure that program activities were still carried out in the most efficient and effective manner.

Disco Hill Deed

Despite regular engagement and extensive follow up and collaboration, GoL is still not completely prepared to absorb and take over management of many of the health response structures, including Disco Hill. One main difficulty has been bringing the line ministry responsible for managing cemeteries, traditional leadership, Ministry of Internal Affairs and MoH to the same table to agree on a timeline and structure for handover of the cemetery. This, combined with other unresolved challenges from the emergency phase and funding, make the signing and transfer of the Disco Hill deed an unresolved issue that will continue to be addressed during the next quarter.

6. PLANNED ACTIVITIES FOR 2016 QUARTER 1

As Liberia has had only three confirmed cases during the quarter, Global Communities will continue to shift programming to focus on recovery and rebuilding of the health systems while remaining closely engaged with EHTs and MOH and coordinating with other local and international partners.

Continued Nationwide Capacity Building for Oral Swabbing

Through the end of the project, Global Communities will continue to support District EHTs throughout the country to conduct oral swabbing of dead bodies. Additionally, we will support these EHTs to build capacity and supervise oral swabbing at the funeral home and health care facility level. As the official DBM policy evolves and becomes finalized, a way forward post-ALERT will be put into place that will feed directly into the anticipated Epidemic Preparedness and Response (EPR) Consortium, in which Global Communities will serve as the National DBM Technical Lead to ensure county and district-level capacity to respond to public health emergencies.

Full Development and Official Handover of Disco Hill Safe Burial Site to the Government of Liberia

As indicated in Cost Modification #5, support for Disco Hill will only extend through January 31, 2016. During the first month of next quarter construction projects will be complete and the final handover will occur. Global Communities will work closely with MoH to highlight management and operational requirements of the site and will invite government staff to shadow Disco Hill staff. The final handover ceremony will occur and by February 1, GoL will have full responsibility for operating the site as a burial site, medical waste disposal facility or both.

Final Program Evaluation

During the reporting period, Global Communities planned an internal summative evaluation of the ALERT program, which will commence during the upcoming quarter. The evaluation will assess outcomes, capture

lessons learned, and drive learning to improve future programs by systematically collecting data on ALERT activities and assessing their effectiveness in strengthening community preparedness for Ebola exposure.

Qualitative components of the evaluation will include a most significant change study of communities served by burial teams and a stakeholder mapping analysis involving focus groups and key informant interviews. The quantitative component of the evaluation is a survey of the population of Montserrado, which will assess whether public perception of the Ebola response changed following the introduction of the Disco Hill burial site and safe burial teams. A team of internal program staff, external stakeholders, and consultants/subcontractors will participate in the evaluation, strengthening its impartiality. Global Communities intends to employ the evaluation to engage stakeholders and other target audiences in sharing lessons learned and beneficiary feedback as well as to improve ALERT's final report.

ANNEX A: AN ASSESSMENT OF GLOBAL COMMUNITIES' SAFE BURIAL TEAMS

Using the Most Significant Change Technique

Global Communities conducted an assessment of its burial teams for the final evaluation of the Assisting Liberians with Education to Reduce Transmission (ALERT) program. The assessment aimed to increase understanding of the long and short-term effects of burial teams on the communities that they served. Global Communities gathered data for the assessment using the qualitative Most Significant Change (MSC) storytelling technique.

Key Findings

Significant Changes due to Burial Teams



Communities improved their health behaviors.



Communities enhanced their relationship with County Health Teams (CHTs).



Traditional leaders encouraged communities to cooperate with CHTs.



Communities learned preventative health through improved sanitation.



Burial teams overcame significant challenges to serve communities.

Background

ALERT worked to ensure a maximum level of community responsiveness and preparedness for Ebola exposure. Through the support of USAID's Office of Foreign Disaster Assistance, ALERT supported outreach, education, messaging, and the availability of health care workers, burial teams, and community structures to reduce the risk of transmission.

Burial teams safely buried infected and high-risk dead bodies in all counties in Liberia. They also provided education on preventative health to community members and involved them in the burial process. By educating and involving communities where they worked, Global Communities' burial teams intended to foster community-led action for improved health behaviors and resilience against Ebola.

The bodies of those who died from Ebola are thought to carry the highest viral load and be the most infectious, making safe burial extremely important to reducing Ebola transmission. U.S. government officials estimated 70 percent of new infections could be attributed to unsafe practices in the management of infected dead bodies.³

Global Communities managed safe burials through 70 burial teams at the peak of the epidemic, involving 500 members and channeling its support through the Ministry of Health’s County Health Teams (CHTs). By January 2016, Global Communities had assisted with 7,300 safe and dignified burials in Liberia. No burial team member was infected with Ebola despite the risks.

Methodology

This assessment employed an adaptation of the qualitative MSC storytelling technique. MSC is the collection and systematic analysis of stories of significant change told by beneficiaries at the field level. The technique gathers stories related and unrelated to program objects and then analyzes them in group discussions about the value of their reported changes. Global Communities elected a storytelling-based methodology because it is participatory, positive, and flexible. MSC gave an opportunities for dozens of members of communities affected by Ebola to participate in this assessment by describing their experiences. Recounting stories to listeners is also reassuring for participants, even when addressing sorrowful topics. Finally, MSC gathers data flexibly to capture the unforeseen outcomes of unique activities, such as burial teams, where little is known about their long and short-term effects.

The comprehensive MSC process involves a ten step process.⁴ However, it is not a rigid, obligatory set of steps, and this assessment followed on only those steps that apply to its role in a final evaluation.

Implementation

This assessment commenced with discussions by ALERT’s senior program and monitoring and evaluation (M&E) staff to generate interest and commitment to conducting MSC in communities served by burial teams. The discussions identified three broad domains or themes of anticipated change from the program’s intervention.

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Domain	Definition
Health Behaviors	A change in behaviors to reduce the risk of Ebola transmission, including avoiding practices thought to transmit Ebola and other preventative health measures

Global Communities Burial Teams		
County	No. of Burial Teams ¹	No. of Burials ²
Bomi	3	389
Bong	3	444
Gbarpolu	5	116
Grand Bassa	8	236
Grand Cape Mount	5	537
Grand Gedeh	1	60
Grand Kru	1	71
Lofa	7	369
Margibi	8	699
Maryland	2	103
Montserrado	17	3,678
Nimba	4	333
River Cess	2	82
River Gee	2	114
Sinoe	2	130
Total	70	7,361

¹ This table displays the highest number of burial teams supported by Global Communities in each county. Support for burial teams began in July 2014 and concluded in October 2015, except for Montserrado County where support was ongoing at the time of the assessment. The number of burial teams reached its peak in February 2015. The number of burial teams in Margibi County includes those serving solely at the Disco Hill safe burial site.

² These numbers are current as of January 15, 2016.

³ <http://www.bloomberg.com/news/articles/2014-11-02/ebola-infections-dropping-with-safer-burials-power-says>

⁴ Davies, Rick and Jessica Dart. “The ‘Most Significant Change’ Technique: A Guide to Its Use.” CARE International, et al. April 2005. Accessible at <<http://www.mande.co.uk/docs/MSCGuide.pdf>>.

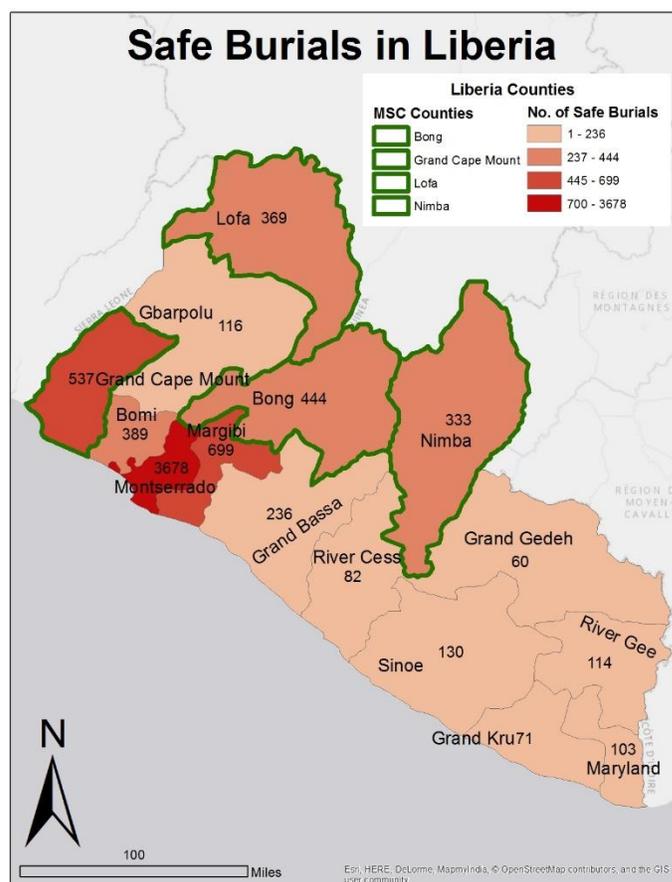
Relationship with the CHT	A change in the community’s relationship with the CHT, such as an increase in trust in the CHT and a newfound willingness to contact the CHT about Ebola-related and other health issues
Quality of Life	A change in the overall quality of people’s lives, including reporting a reduction in priority diseases amongst community members

Field-based M&E Officers collected stories of significant change from 33 communities served by burial teams in total in Bong, Grand Cape Mount, Lofa, and Nimba counties. These counties were selected because Global Communities had retrained a presence there at the time of the assessment, while it had withdrawn from other counties. M&E Officers identified communities in coordination with CHTs by reviewing a database of burials and selecting communities that had experience one or more safe burials during the Ebola outbreak.

M&E Officers practiced established methods of community entry, meeting with town chiefs and explaining their intentions before speaking with potential storytellers. Stories were initiated by asking the question: “In your opinion, during the past year, what was the most significant change that took place from your community’s interaction with a burial team?”

The domains were mentioned in an open-ended manner: “In your response, please consider healthy behaviors, your community’s relationship with the CHT, the quality of life in your community, and any other factors that you consider important.” Mentioning the domains served to increase the likelihood that storytellers understood the initial question. M&E Officers encouraged respondents to describe why they considered a particular change to be significant. M&E Officers took notes while listening, and after the stories concluded, they asked clarifying questions (i.e. who, what, where, when, why, how). Stories were transcribed by M&E Officers while they were in the communities. The written stories were read back to the storytellers to confirm their authenticity and accuracy.

M&E Officers reviewed the collected stories and selected the single most significant account of change from each community. Ultimately, 28 stories, seven from each county, were filtered to senior M&E staff who used group discussions to review the stories. Several stories were later verified by field staff through site-visits.

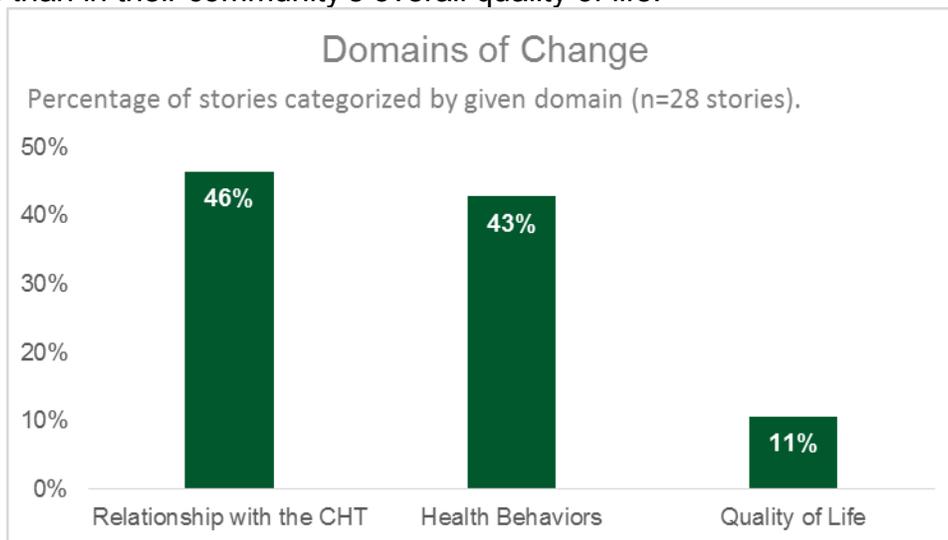


County	MSC Storyteller Gender		Total
	Female	Male	
Bong	3	4	7
Grand Cape Mount	2	5	7
Lofa	2	5	7
Nimba	2	5	7
Total	9	19	28

A panel of senior M&E personnel then selected four stories, one from each county, that best exemplified significant community-level change. Please see the section below entitled “Excerpts” for more on these four stories.

Analysis

The assessment collated all 28 stories according to the three domains of change. Participants were more likely to describe significant changes in their community’s relationship with the CHT and in their health behaviors than in their community’s overall quality of life.

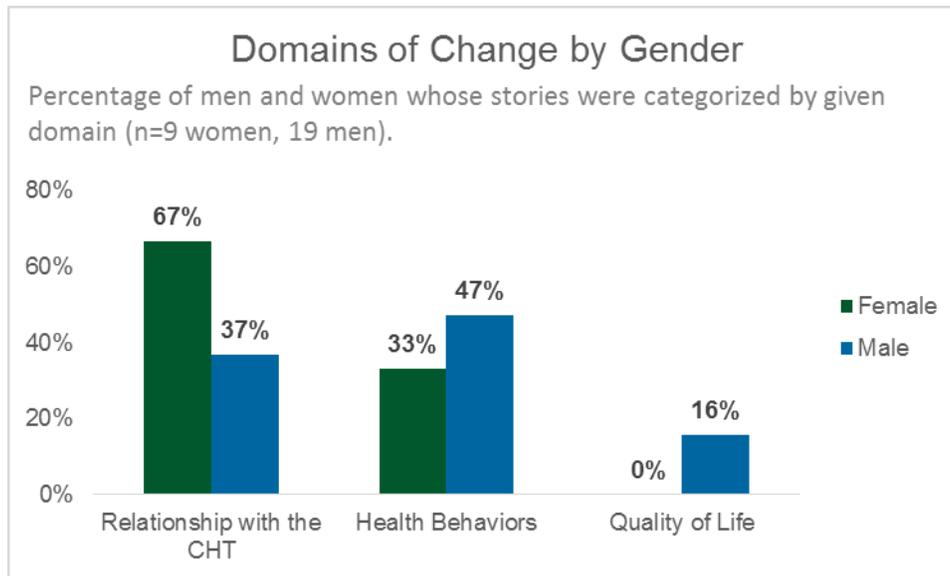


The assessment then disaggregated the stories and their domains according to the storyteller’s gender and county. Women were more likely to described significant changes in their community’s relationship with the CHT than men. Men were more likely to express significant changes in their community’s health behaviors than women.

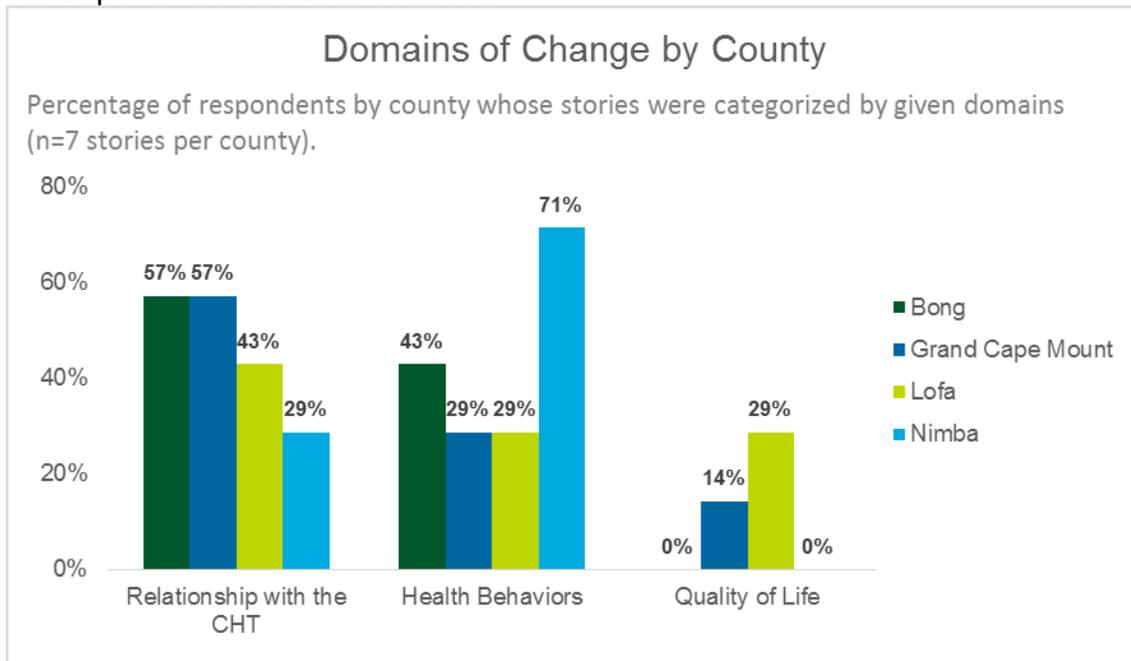
Traditional Leaders

“The CHT sent the burial team to help our community do burials for us... The burial team was greeted with protests from the community. They shunned the team on many occasions. The town chief later told us that we should calm down and that the burial team had come to help. With that, we changed our view and welcomed them into our community.”

-A 37-year-old man from Voinjama District in Lofa County



In their stories, participants from Bong, Grand Cape Mount, Lofa, and Nimba counties all described significant changes in their communities' relationships with CHTs and in their communities' health behaviors. However, stories referring to changers in their communities' quality of life were recorded only in Grand Cape Mount and Lofa counties.



Avoiding Risky Practices

“At first, we were bathing the dead body and plaiting the hair, but when the burial team got there, they called us to a palaver hut. We were told that treating the body in the traditional way is not good because these are things that spread sickness to the family.”

-44 year old male from Sanniquellie – Mah District in Nimba

The assessment identified nine categories of change that reoccurred in the stories. These categories disaggregate the three domains and overlap with each other to varying degrees. In order to qualify as a category, a change had to play an important role in the plot of at least two stories. This role was then characterized as either primary or secondary in order to better understand the nature of the change being described.

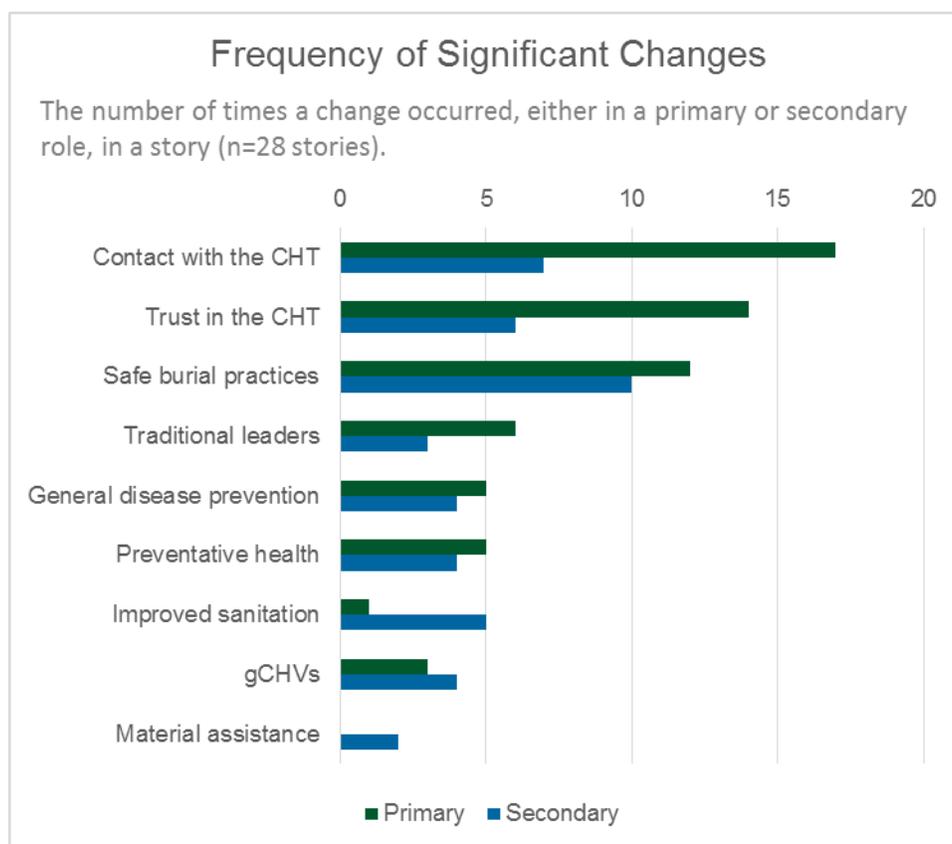
Category	Definition	Domain
Contact with the CHT	A community demonstrates an increased willingness to contact the CHT in the event of illness in the community as well as to perform safe burials.	Relationship with the CHT
Trust in the CHT	A community displays an increase in trust toward the CHT and the health messages promoted by the CHT.	Relationship with the CHT
Safe Burial Practices	A community avoids traditional practices thought to transmit Ebola (e.g. washing and dressing dead bodies, sleeping next to dead bodies) and adopts safe burial practices.	Health Behaviors
Traditional Leaders	A traditional leader convinces his or her community to accept outside assistance and to engage in rapid behavior change to reduce Ebola transmission.	Relationship with the CHT
General Disease Prevention	Fewer cases of Ebola, cholera, dysentery, diarrheal diseases, and other illnesses are reported by the community.	Health Behaviors
Preventative Health	A community accepts general preventative health behaviors (e.g. handwashing, vaccinations, screening).	Health Behaviors
Improved Sanitation	A community begins on a path towards improved sanitation, such as community-led total sanitation (CLTS), which contributes to a reduction in water-borne illnesses.	Health Behaviors
gCHVs	General Community Health Volunteers (gCHVs) extend Ebola education and sensitization to communities within their jurisdiction.	Relationship with the CHT
Material Assistance	Infection prevention and control materials (e.g. soap, chlorine, point-of-use water treatment products) are received and used by the community.	Health Behaviors

A community’s contact with the CHT and trust in the CHT ranked as the most significant changes to result from interacting with a burial team. Stories indicate contact with burial teams often represented the first positive interface for communities with the CHTs during the Ebola outbreak. Prior contacts were marred by unsuccessful attempts to force behavior change. Government actions to halt the spread of Ebola, such as a “no touch” policy and the closure of markets and schools, fostered fear, misinformation, and mistrust amongst community members.

Behavior Change

“I and many members of my faith believe in honoring our dead by washing, clothing and performing rituals before the burial... After receiving instructions from our leaders, we decided to stop accepting these practices. We began to allow the body to be placed in body bags, and we followed the burial team and stood at a distance to offer prayers.”

-A 47-year-old male from Gola Konneh District in Grand Cape Mount County



The adoption of safe burial practices also ranked highly as a category of significant change. Stories indicate burial teams engendered behavior change through social engagement. The team lead, an Environmental Health Technician, often spoke with local leaders and community members about what they were doing and why, welcoming input from the community before burying a body. Conversation coupled with community engagement proved effective at changing how communities treated their dead. Also prominent was the role of traditional leaders in encouraging communities to halt risky practices and teach Ebola prevention. Stories indicate the fear inspired by Ebola had increased resistance to health messaging. The intervention of traditional leaders was often cited as the key determinant in a community accepting a burial team and adopting safer practices.

Improved sanitation was a secondary but notable category of change that reoccurred in stories. The messages delivered by burial teams included suggestions for improved sanitation, and an Environmental Health Technician, who routinely conduct large-scale community education, led each burial teams. Stories indicate communities accepted their messages. These stories support evidence from an earlier study by Global Communities that suggests a relationship between CLTS and community resilience to Ebola.⁵

Although not

Improved Sanitation

“And now through the help of Global Communities’ community-led total sanitation program the community is free from a lot of sickness. Money that we used to spend at the clinic is now spent on children’s school and other developments in the community.”

-A 30-year-old male from Zota District in Bong County

⁵ http://www.globalcommunities.org/publications/Global-Communities-Ebola%20Study%20Report_081015.pdf

categorized as a change, the bravery of burial team members was frequently cited in the stories. Burial teams undertook incredibly difficult and sensitive work. They entered remote and grief-stricken communities at great personal risk. These stories illustrate the challenges burial team members faced and the significant changes that they brought to Liberia.

Excerpts

Below are the stories selected from the four counties that best exemplify the significant community-level changes.

“During the Ebola epidemic, a neighbor of mine died. The community was going to bury him, but a few days before, I had heard on the radio that whenever people die the community should call a free hotline. This way, the person can be buried by the CHT... I decided to make a call to the CHT, and after a few minutes, a group of people that were dressed all over in white plastic clothes arrived. The community was afraid of the burial team because of the way they appeared. The burial team leader told me that the plastic was what you call the full PPE and that the container had chlorine to disinfect the dead person. He also told me what they were doing was called a safe burial, and he described the steps of a safe burial for all of us. After the burial team finished and left, we called everyone together and agreed that we should stop doing the riskiest traditions that the burial team had mentioned. We decided to stop doing things like [touching] the dead bodies, washing the dead bodies and using the water to wash our faces, and sleeping next to the bodies as if they were alive. Now we don't do this, and our community has a place where bodies are buried safely.”

- A 57-year-old man from Sanniquellie-Mah District in Nimba County

“Ebola devastated the lives of so many residents in my area. A boy by the name of K--- was brought by his family from Monrovia to take treatment in the community without letting anybody know... not long after, the boy died. Some community members were afraid of the dead body and some were not. Those who were not afraid prepared the body in the traditional way, washing and dressing the body. Later they got sick, and three more died from Ebola. This was too many. The head of our community called the CHT. When the burial team entered the community, some of us ran into the bush. We were afraid of the burial team because they were all dressed in white, looking like ghosts. After we watched the burial and saw the team did not do evil things to the body, those who ran away came back. We listened to what the burial team had to say. They were telling us not to run away again and giving advice on how to protect ourselves from Ebola. We were taught not to eat dry meat, not to touch dead bodies, and to always be washing our hands. After the meeting, living conditions started improving in the community. Several of us became involved in educating community members about hygiene. Even now we are carrying on these practices.”

- A 50-year-old man from Jorquelleh District in Bong County

“I was in denial of Ebola before the death of one of the crew of my fishing canoe. J--- traveled from Robertsport to a nearby village to take part in the burial of a relative.

When he returned, weeks after, he took sick while we were out fishing in the ocean. He complained of fever and head pains, which caused us to return very early, and he went to his house... from that day until today, I have not set my eyes on him. We were told he died of Ebola in Monrovia which is very sad because J--- and I were very close. After J--- [died], another of my friends from my fishing canoe joined a burial team. I think R--- joined the team because of J---. They were very close too. I had never wanted the burial team in my community, but I changed. R---- even educated me on the importance of safe burials. I encouraged the other people in my community to call the burial teams when there was a death in their home. People in Robertsport city are not doing those secret burials, and even the fishing canoes have handwashing materials now.”

- A 41-year-old man from Commonwealth District in Grand Cape Mount County

“It all started when my sister, who came from Guinea to visit me, got sick. I kept her in the house for fear of my community finding out until she got worse. Then I carried my sister out of my home at night to a traditional healer for a cure. But the situation got worse. My sick sister was not responding to the treatment given by the traditional healer. Two days later my sister died of the Ebola virus, and the traditional healer, who was also treating other people with the virus, died too. We buried my sister in our traditional way, and the person who did the washing of my sister’s body before the burial also became very sick... when she died, the town chief called the CHT. Some people treated by the traditional healer were able to survive due to the CHT. Later the burial team came for those who did not survive. We accused the burial team of being responsible for the deaths of our loved ones and for bringing the sickness. This changed though when we noticed that community members were not getting sick so fast. We contacted the burial team many times during the Ebola outbreak. We now view the CHT as the one that defeated Ebola.”

- A 29-year-old woman from Voinjama District in Lofa County

Building Trust in the CHT

“At first, our traditional practices were the only solution to continue respecting the norms and ethics of our fathers. But, with the help of the CHT, we were taught to wash our hands, avoid contact with blood and bodily fluids, and avoid touching items from infected persons. Now we are calling the CHT more than before.”

-A 40-year-old male from Suakoko District in Bong County

Overcoming Challenges

“The father of the boy who died took a gun and said that no one should touch the body of his son. After that, a community elder went to the father. The father apologized and agreed to let the burial team take a swab to the hospital for testing and to bury his son. The old man was resisting falling sick, but after two days, he died too.”

-A 26-year-old man from Sanniquellie-Mah District in Nimba

Conclusion

Burial teams performed a necessary and dangerous role during the Ebola outbreak in Liberia. The need for effective dead body management stemmed from the nature of the disease. However, what made Global Communities' safe burial teams successful was rooted in effective community engagement. Burial teams worked to rapidly change the behaviors of the communities that they served while building trust in the CHTs. These changes often occurred through the help of traditional leaders and by emphasizing improved sanitation. The results identified in this assessment demonstrate the effectiveness of health strategies that encourage community engagement as a means to stopping the spread of infectious diseases.

ANNEX B: GLOBAL COMMUNITIES TEAM LEADERS HONORED AT DISCO HILL SAFE BURIAL SITE

MARGIBI COUNTY, LIBERIA – More than one year ago, during the height of the 2014 Ebola epidemic, a small group of staff from Global Communities Liberia identified a plot of land approximately 30 miles outside of Monrovia, overgrown with vegetation, known simply as “Disco Hill.” In response to Montserrado County’s controversial cremation policy that had been instituted at the time, Global Communities, along with traditional community leaders, had been searching for a site that could provide an alternative to cremation.

“The site perfectly met our criteria,” said Josh Balsler, Global Communities’ Acting Country Director. “It was a large space and it was very accessible to the road. Most importantly the community was accepting and welcoming of our idea to use it as a burial site.”

Negotiations between community leaders and the Government of Liberia soon ensued and construction rapidly began at the site. In just two months, Disco Hill opened its doors and thus began a pivotal time of the response as the practice of cremation ceased. Since its opening in late 2014, more than 2,200 deceased – both Ebola and non-Ebola cases – have received safe, dignified burials at Disco Hill.

On Sunday, November 22, Disco Hill staff organized a ceremony to honor all team leaders at the site, namely Site Manager Matt Ward. Ward joined Global Communities in the fall of 2014 and has been instrumental in leading the development, management and operations of the site.

Balsler added that initially, Matt was supposed to come to Liberia to do health messaging and promotion. “He was going to travel around teaching communities about Ebola transmission and prevention. I called him one night and said ‘Matt, there’s been a change of plans. We need you to come out here and build a burial site.’ Matt’s immediate response was ‘When is the next plane?’ Matt has been an extremely dedicated member of the team, working weekends and late nights. He deserves to be congratulated,” said Balsler.

Chief Zanzan Kawar, head of the National Council of Chiefs and Elders of Liberia, attended the celebration and expressed his gratitude and satisfaction with the site and what Global Communities has helped the Government of Liberia achieve through the USAID OFDA-funded *Assisting Liberians with Education to Reduce Transmission (ALERT) Program*.





When asked about his thoughts looking back on the site and his experiences in Liberia, Ward responded, “I have a lot of memories of this place but the most rewarding times were when families would personally thank my team and me for providing their loved ones with a burial. I will always be proud to have been part of an operation that allowed victims of this virus to be laid to rest safely and with dignity. I also would add that my team has been amazing here. I am proud that now the Disco Hill team has taken full ownership of the site and can successfully run it without my supervision.”



After nearly one year of intensive support for construction and burials at Disco Hill, Global Communities is now working to hand over the site, as well as the management and operations responsibilities, to the Government of Liberia by the end of January, 2016. Chief Zanzan Kawar ended the ceremony with a statement to Global Communities: “We have greatly appreciated Global Communities’ work and collaboration with us. We wish you could stay and work with us forever. During the fight against Ebola, this place [Disco Hill] brought us together and gave us strength. This is something we cannot forget and the Traditional Leadership looks forward to continued work with Global Communities in the future.”

ANNEX C: DEAD BODY MANAGEMENT DATA IN QUARTER 3

Figure C.1: Total burials by month for Montserratado County

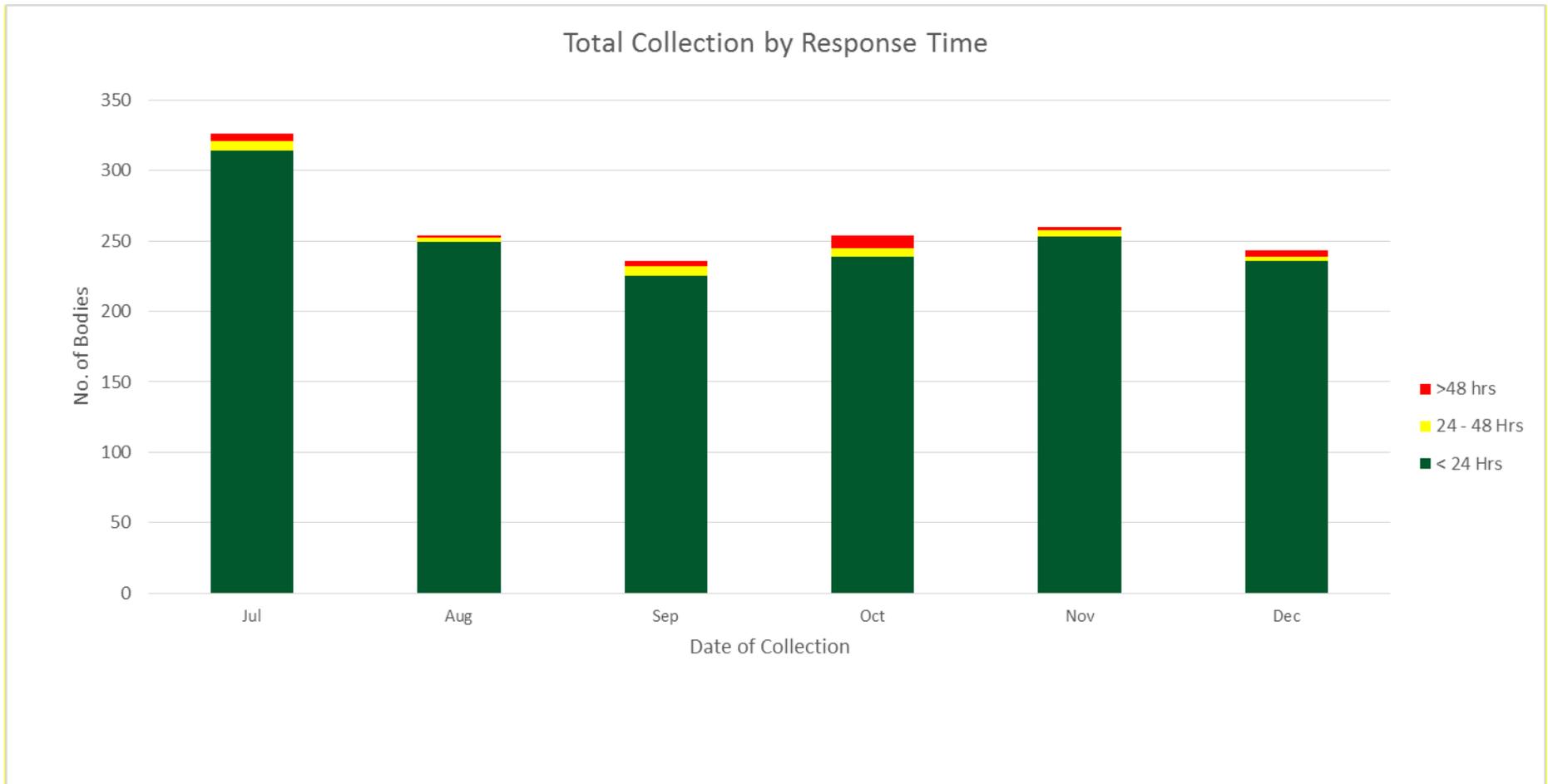


Figure C.2: Total burials by week for Montserrat County

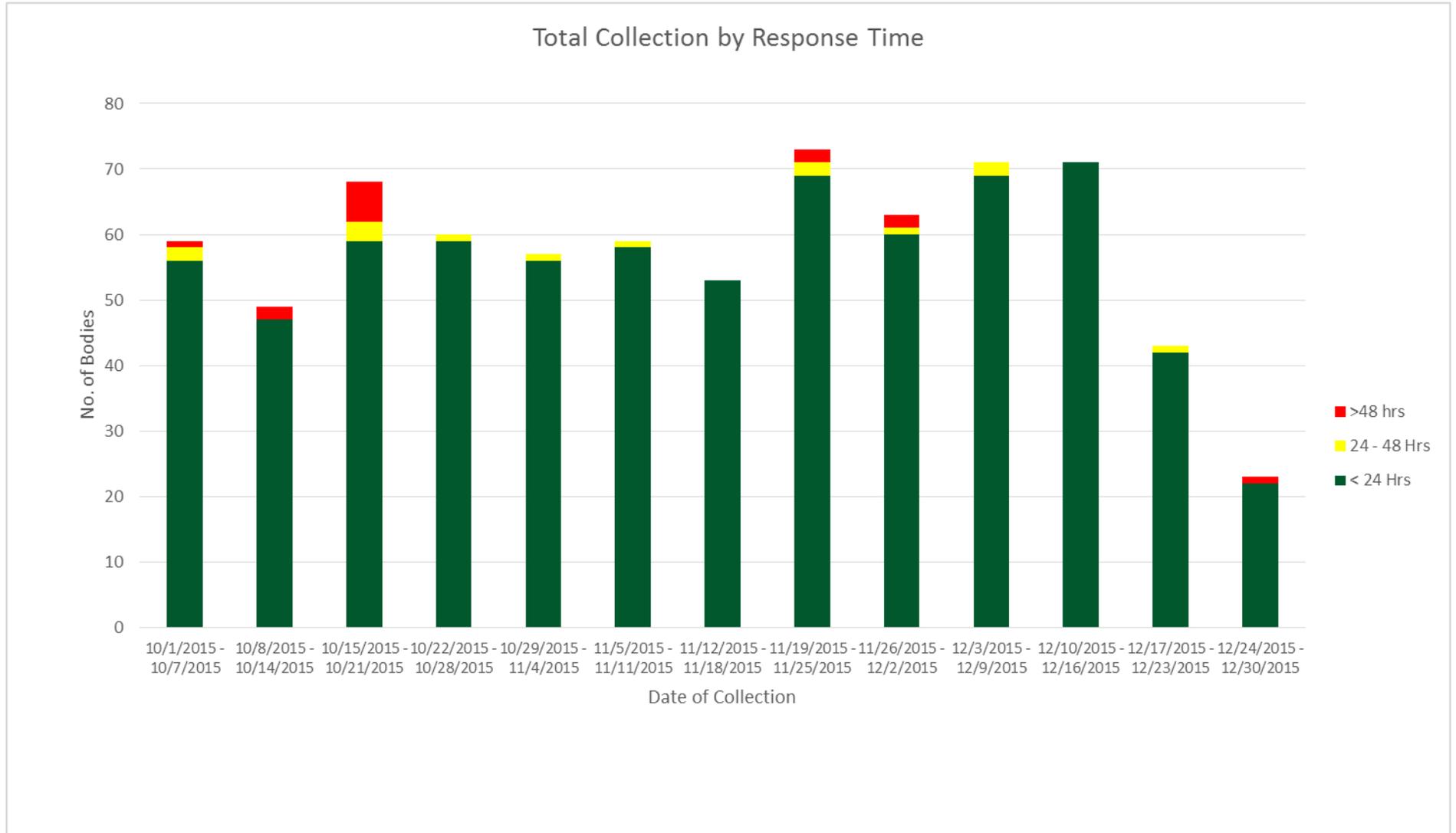


Figure C.3: Total burials by sex for Montserrado County

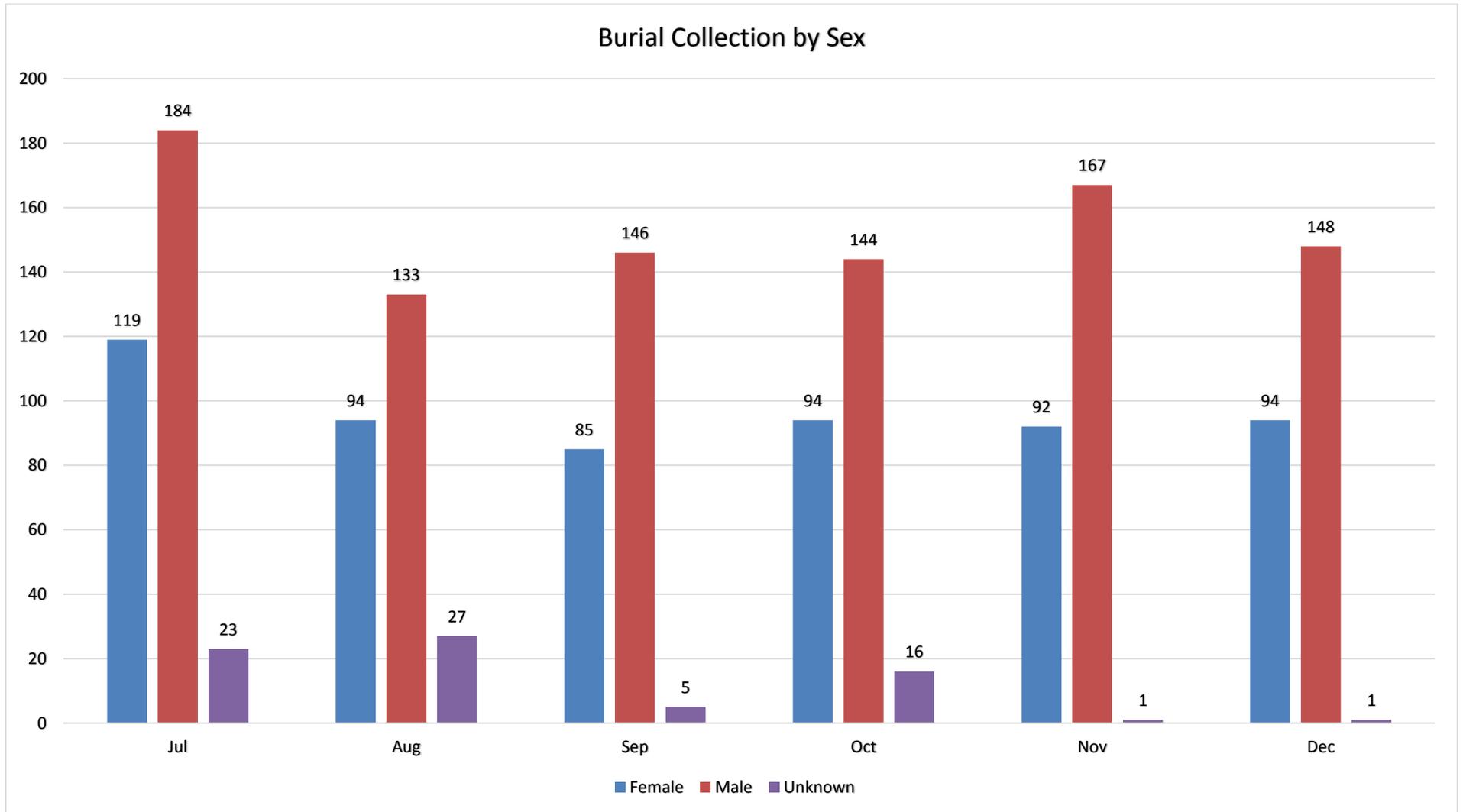


Figure C.6: Burial breakdown for Disco Hill Safe Burial Site

Date	# Buried	By Religion		By Sex			By Point of Origin		
		Christian	Muslim	Female	Male	Unrep.	ETU	Community	Hospital
Quarter 4 (Oct 1 – Dec 31, 2015)	621	554	67	227	377	17	2	151	468
Percent	100%	89%	11%	37%	61%	2%	<1%	24%	75%

Date	# Buried	By Religion		By Sex			By Point of Origin		
		Christian	Muslim	Female	Male	Unrep.	ETU	Community	Hospital
LOP	2559	2194	365	945	1448	166	121	841	1585
Percent	100%	86%	14%	37%	57%	6%	5%	33%	62%

ANNEX D: PROGRAM RESULTS AGAINST INDICATORS

Indicator	Sub-Sector	Aug-Sept 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sept 2015	Oct- Dec 2015	Total	Total Target	Notes
Number of CHWs trained and supported (total and per 10,000 population within project area), by sex	Community Health Education / Behavior Change	471 (83% M, 17% F)	16,305 (76% M, 24% F)	7,281 (70% M, 30% F)	6,411 (75% M, 25% F)	1,684 (83% M, 17% F)	-	32,152 (75% M, 25% F)	N/A	
Number and percentage of CHWs specifically engaged in public health surveillance	Community Health Education / Behavior Change	-	15,655 (96%)	7,156 (98%)	6,411 (100%)	1,684 (100%)	-	30,906 (96%)	N/A	
Number and percentage of community members utilizing target health education message practices	Community Health Education / Behavior Change	-	90%	90%	-	89%, 164,839	-	89%, 164,839	85%	
Number of community clusters establishing active border and health surveillance system	Community Health Education / Behavior Change	-	-	-	19	37	37	37	N/A	Border surveillance activities concluded in October 2015. Jul-Sept: 21 Lofa, 5 Cape Mount, 4 Lofa, 4 Bong, and 3 Gbarpolu. Results are cumulative (Jul-Sept includes Apr-Jun, etc.).
Number of operational formal or informal border crossing points with active Ebola surveillance activities	Community Health Education / Behavior Change	-	-	-	49 formal, 287 informal	52 formal, 275 informal	52 formal, 275 informal	52 formal, 275 informal	N/A	Border surveillance activities concluded in October 2015. Results are cumulative (Jul-Sept includes Apr-Jun, etc.).
Number of general Community Health Volunteers (gCHVs) active in hygiene promotion and health monitoring for border surveillance	Community Health Education / Behavior Change	-	-	-	270	322	500	500	N/A	Results are cumulative (Jul-Sept includes Apr-Jun, etc.).
Number of Environmental Health Technicians (EHTs) active in hygiene promotion	Community Health Education	-	-	-	6	12	12	12	N/A	Border surveillance activities concluded in October 2015. Results

and health monitoring for border surveillance	/ Behavior Change									are cumulative (Jul-Sept includes Apr-Jun, etc.).
Number of Ebola cases reported during the last three months of the program in Liberian border clusters	Community Health Education / Behavior Change	-	-	-	0	0	0	0	N/A	
Number of safe burials completed in the safe burial area	Community Health Education / Behavior Change	-	65	691	606	581	621	2,564	N/A	
Number of Global Communities-supported burial teams that are active and operational	Communicable Diseases	20	58	57	49	34	11	72	47	Currently 8 teams operate during the day. One operates at night, and we activated 2 teams to rotate in. The project supported 72 separate burial teams since its inception.
Number of bodies collected and buried by burial teams (disaggregated by sex)	Communicable Diseases	-	2,290	1,577	1,327	1,545	772 (285 F, 469 M, 18 unknown)	7,511	100	
Average percentage of total burials completed with a 24 hour county-wide response time for burial teams	Communicable Diseases	-	92%	95%	97%	95%	96%	95%	90%	
Number of EHTs trained to monitor and supervise oral swab collection from dead bodies	Communicable Diseases	-	-	-	-	-	88	88	88	
Percentage of dead bodies tested for Ebola via oral swab	Communicable Diseases	-	-	-	-	-	TBD	TBD	30%	466 individuals have been swabbed at funeral homes and health facilities with personnel trained by GC. We are working on a national percentage.
Number dead bodies testing positive for Ebola	Communicable Diseases	-	-	-	-	-	1	1	-	Three patients tested positive for Ebola, and

										one was swabbed by GC staff.
Number of new healthcare facilities (non-major hospitals) that complete capacity building and training to test oral swabs for Ebola	Communicable Diseases	-	-	-	-	-	1	1	400	
Number of healthcare facility clinicians trained in oral swab testing	Communicable Diseases	-	-	-	-	-	23	23	800	
Number of new funeral homes that complete capacity building and training to test oral swabs for Ebola	Communicable Diseases	-	-	-	-	-	7	7	40	
Number of funeral home personnel trained in swab collection from dead bodies	Communicable Diseases	-	-	-	-	-	13	13	80	
Percentage of healthcare facility and funeral home personnel who report the a significant level of skills growth as a result of Global Communities' trainings	Communicable Diseases	-	-	-	-	-	32%	32%	60%	
Number of individuals transported to health facilities by ambulance team	Communicable Diseases	-	197	173	81	64	-	515	N/A	Ambulance teams were phased out in September 2015.
Number of supplies distributed by type (e.g., medical kits, equipment, consumables)	Medical Commodities	-	See table below.	See table below.	See table below.	See table below.	See table below	See table below.	N/A	Disaggregated by commodity type below.
Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	Hygiene Promotion	-	-	-	51,873	9,636	8,481	69,990	N/A	
Number of Natural Leaders trained and active in border communities	Hygiene Promotion	-	-	-	152	108	98	358	350	

Number and percentage of all border-targeted communities triggered in CLTS	Hygiene Promotion	-	-	-	91	51	38	180 (103% of target)	175	
Number and percent of triggered communities verified open defecation-free (ODF)	Hygiene Promotion	-	-	-	0	73	73	146 (81% of trigger)	122 (70% of trigger)	
Number of people directly benefitting from the sanitation infrastructure program	Sanitation Infrastructure	-	-	-	0	25,776	19,590	45,366	N/A	
Number of household hand-washing stations installed in CLTS communities	Sanitation Infrastructure	-	-	-	275	704	947	1,926	N/A	
Number of latrines installed in CLTS communities	Sanitation Infrastructure	-	-	-	230	865	775	1,870	N/A	

NO	ITEM Description	UNIT	QUANTITY ISSUED					Total
			Oct. - Dec.	Jan.-Mar.	Apr.-Jun.	Jul.-Sept. 2015	Oct.-Dec. 2015	
1	Aprons (disposable)	pcs	2,697	4,406	1,942	0	0	9,045
2	Aprons (reusable)	pcs	1,076	1,388	1,380	875	630	5,349
3	Bio-Waste Plastic	pcs	94	1,069	2,031	3034	3276	9,504
4	Body Bag (large)	pcs	1,462	654	1,953	417	410	4,896
5	Body Bag (small)	pcs	160	50	27	0	0	237
6	Bucket (Faucet)	pcs	117	269	389	61	5	841
7	Bucket (No Faucet)	pcs	104	102	186	151	0	543
8	Chlorax 475ml	pcs	26	126	0	20	3	175
9	Chlorax 4L	pcs	0	3	12	21	0	36
10	Chlorax 5gal	pcs	0	0	0	0	0	0
11	Chlorine	kg	1,715	1,120	910	1260	810	5,815
12	Face Shield	pcs	826	80	544	168	27	1,645

13	Gloves -heavy Duty	pairs	1,158	3,107	592	2602	1073	8,532
14	Gloves -surgical	pairs	27,461	22,568	32,336	26705	25550	134,620
15	Goggles	pcs	1,278	1,350	1,474	1167	655	5,924
16	Gum Boots	pairs	457	409	344	295	96	1,601
17	Isolation Gown	pcs	0	0	0	0	0	0
18	Nose Masks	pcs	13,480	7,812	7,972	9358	4070	42,692
19	PPE (Overall)	pcs	6,062	5,941	6,285	13380	2038	33,706
20	Roller Tape	pcs	251	272	88	166	0	777
21	Sprayer - Backpack	pcs	206	131	47	53	26	463
22	Sprayer - Hand Held	pcs	30	95	37	20	60	242
23	Stretcher	pcs	7	2	9	2	0	20
24	Thermoflash	pcs	569	698	190	12	0	1,469