Humanitarian Bulletin
Liberia: Ebola Response and Recovery

Office of the UN Resident Coordinator

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HIGHLIGHTS

- Principled partnership between Government and humanitarian actors results in effective response in the new Ebola outbreak.
- Government calls for enhanced monitoring of health centres and swabbing of all bodies at funeral homes.
- Prepositioning by partners and Government contributes to success of Margibi response.
- Protection partners form the Protection Partners Forum to ensure continued monitoring of protection concerns in the country.
- UNMEER officially closes operations in Sierra Leone and Guinea

FIGURES

Number of people affected by the new EVD outbreak	Est. 2,000 people
# Confirmed EVD cases as of 12 July 2015	6
# Reported EVD deaths since 29 June 2015	2
# Contact cases as of 31 July 2015	18 (0 as of 3 August)
# Official border points with Sierra Leone	12
# Official border points with Guinea	17
# Official border points with Ivory Coast	25

FUNDING

1.04 billion

Received for Liberia Ebola Response, since March 2014 (fts.unocha.org)

Border screening at Ganta, Guinea border
Photo: OCHA/TAK

In this issue

New Ebola outbreak: a test of preparedness

Principled partnership with the Government results in effective response

Following the new EVD outbreak in Margibi on 29 June and subsequently in Montserrado on 12 July, the Ministry of Health re-activated the Ebola response teams that functioned 24/24 seven days a week. As at 12 July, there were six cases confirmed; including two deaths. No new cases have been confirmed since and the country started the 2nd countdown to an Ebola-free Liberia on 24 July. The last two confirmed cases still in the ELWA treatment unit were discharged on 28 July.

The Incident Management System (IMS) resumed daily coordination meetings at the Emergency Operation Centre, with invited partners. The IMS provides strategic leadership and guidance on the overall response. At County level, the response was coordinated by the County Health Officer and his teams and co-chaired by one international partner to harmonise information sharing.

EVD Responders debrief at the Margibi Operation Centre - Photo: OCHA/Ranjith George

Nine pillars of response were jointly identified and activated with the Government's Health authorities taking the lead as follows: Coordination (WHO/CDC/Save the Children),

The seamless integration of Government and partners facilitated the rapid response as part of a joint intervention

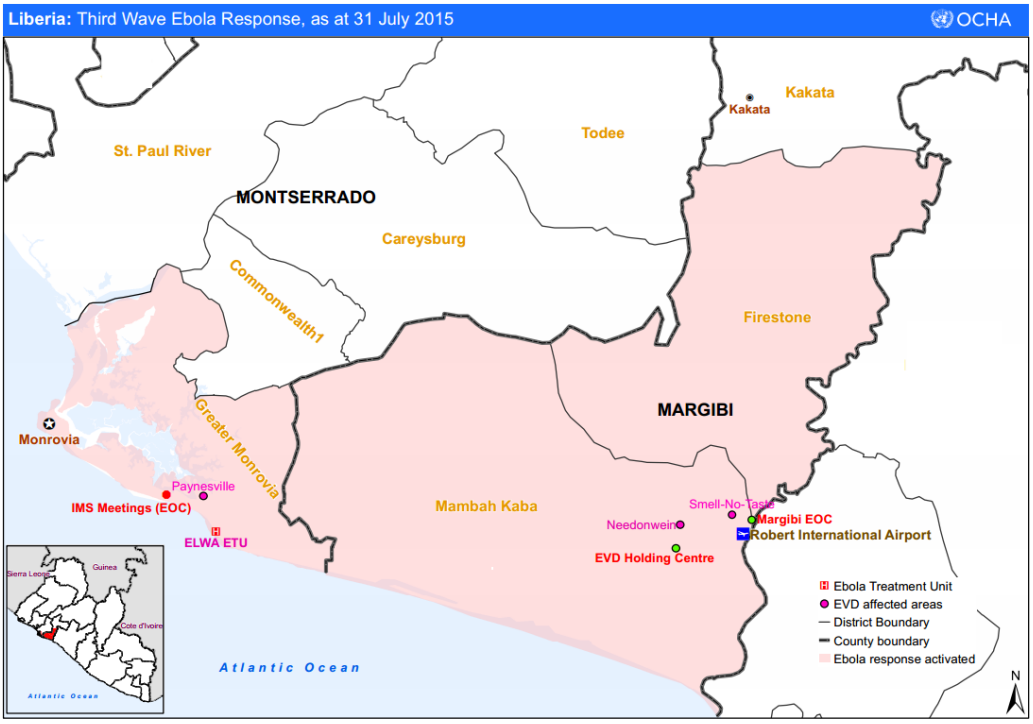
Health promotion/social mobilisation (UNICEF); Contact tracing (Save the Children); Case management (International Medical Corps); Infection Prevention and Control (JHPIEGO); Psychosocial support (UNICEF); Safe Burial (Global Communities); Food security (WFP) and WASH (UNICEF/Save the Children).

Social mobilisation teams were actively deployed and promoted the airing of preventive messages daily on radio. National non-governmental organisations, including the motor-bike association and religious leaders remained a critical support for social mobilisation, including contact tracing efforts. Social mobilization teams helped to achieve community entry for the four discharged cases. The Government and partners monitored the initial over 150 contacts in both counties twice daily. All contacts have successfully completed their 21 days observation period and as of 3 August there were no more contacts under follow-up.

UNICEF and partners supported the setting up of the temporary Emergency Operations Centre and Needowein holding centre in Margibi. All assets provided by donors including the three 72square meters tents from Save the Children International (SCI) were donated to the CHT as standby capacity for a possible new outbreak. UNICEF and IOM made interventions in the WASH sector, including distribution of Infection Prevention and Control (IPC) facilities, installations and regular cleaning of mobile toilets. JHPIEGO supported the construction of six temporary incinerators and ash pits and rehabilitated placenta pits in the six facilities. Education and psychosocial support response was also provided to the three immediate affected schools in Marshall, Margibi County. Over 300 solar lamps were also distributed by UNDP to families under precautionary observation.

The Liberian Red Cross National Society (LNRCS), supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) has reactivated and expanded community engagement teams in Margibi, Montserrado and Grand Bassa, and has together with UNICEF deployed 100 volunteers in Bong and Grand Bassa; while another 100 supported response efforts in Montserrado. Fifty trained volunteer are ready to be mobilized if needed. Safe and Dignified Burial teams are on stand-by.

WFP strengthened food distribution to the community under voluntary self-observation in both counties; while UNICEF provided ready-to-use therapeutic food to patients at the ETU and prenatal vitamins to pregnant women in households under precautionary observation. WHO and the African Union deployed a senior epidemiologist to support the teams on the spot. JHPIEGO provided staff and vehicles to participate in the IPC Task Force assessments in the high-risk clinics identified in Margibi County.



The seamless integration of Government and partners resulted in a number of gains as part of a joint intervention. As observed by the African Union in their monthly report for July, clustering response teams with specific activities and one command structure for all partners enhanced timely response and ensured non-duplication of resources and activities. Debriefing and planning meetings held after field work enhanced the operations optimally and ensured a well-managed operation. The Government and partners are in the process of documenting lessons learnt with the aim of translating this into stronger national and international systems to prevent and better respond to health crises and other emergencies.

Strengthening surveillance critical to monitoring possible new outbreaks

The rapid deployment of existing resources and capacities enabled the stakeholders to handle the response more effectively

The emergence of the new cases was a wake-up call to the possibility of latent cluster cases in Liberia that could stem from a non-suspecting survivor. The country further remains at risk due to ongoing active transmission in neighbouring Guinea and Sierra Leone. The cause of transmission for the new outbreak is still under investigation.

The Government has called for heightened surveillance, especially in health care facilities and has directed all funeral homes in the country to conduct mandatory swabbing of bodies, both at national and county levels to strengthen mortality reporting. As of end of July, swab collection extends to only about 25% of the total expected deaths.

During the current outbreak, the Ministry of Health provided regular situation reports but noted the weak reporting from the counties. Further support is required for the establishment of regular channels of communication and reporting at all levels.

As the country embarks on the strengthening of the health system, the African Union and other partners have recommended that County Health Teams identify and train standby staff to intervene and safely isolate EVD cases. The safe transportation of suspected patients to ETUs remains a priority. Local hospitals should also be equipped with ambulances for non-EVD medical emergencies for safety reason. According to the International Medical Corps (IMC), WASH/IPC considerations for vehicles returning from high-risk community sites should be enhanced. Safety considerations will require more emphasis around ambulance team deployment at night, as this presents risk of exposure, such as decontamination without visibility, equipment integrity checks, according to International Medical Corps (IMC).

Adequate pre-positioning crucial for preparedness and response

In view of the scaling-down and withdrawal of international partners in Liberia, humanitarian actors, led by MSF continue to emphasise on the need to strengthen emergency preparedness, including regular monitoring and stocking of relevant supplies, especially at the county level.

At the peak of the Ebola outbreak in Liberia (September-November 2014), the Ministry of Health and partners established eleven Ebola Treatment Units (ETU) across the country. As part of the Government preparedness plan, seven ETUs remain on standby to be reactivated in the event of any future outbreak. During the recent outbreak in Margibi and Montserrado, the ELWA 3 ETU run by the Ministry of Health in Monrovia was reactivated and the Sinje laboratory, previously in Grand Cape Mount, was moved to ELWA 3 to reinforce the screening process. IOM continued the clinical and operational management of the ETU in Sinje and in collaboration with the County Health Teams (CHTs) conducted active case finding as part of mobile clinics in Bomi, Grand Bassa and Grand Cape Mount. IMC is continuing to support ETU in Bong.

The humanitarian Agency GOAL and Women and Health Alliances International (WAHA) took on the management of the Voinjama ETU and the triage area in Voinjama's Tellewoyan Hospital. The organisations supported the MoH to implement the Voinjama EVD referral system to ensure safe management of suspected EVD cases and safeguard health workers. GOAL and WAHA will continue to support the ETU in Voinjama, as well as plan its decommissioning.

UNFPA is paying incentives to 66 per cent of the targeted 4,000 contact tracers in the six counties of Bomi, Bong, Lofa, Nimba, Gbarpolu and Grand Cape Mount. The agency has also provided computers and internet connectivity to the six Country Health Teams and ensured consistent communication and coordination of contact tracers by providing telephone scratch cards, vehicles, personnel and funds for coordination and monitoring.

The IMC Rapid Isolation and Treatment of Ebola (RITE) Teams (consisting of ambulance nurses, hygienists, ambulance drivers, psychosocial officers and IMC Training Program team of veteran EVD responders/trainers) were integrated into the Margibi RITE team to complement and strengthen the response capacity. According to IMC, the RITE toolkit will need to be upgraded consistently and adequately stocked to facilitate more rapid response that meets operational needs. The delayed replacement of missing items in the toolkits during the active phase of a response will certainly slow down the effectiveness of any response.

IOM social mobilisation meeting in Guassay, Grand Cape Mount
Photo: IOM

The rapid deployment of existing resources and capacities enabled the stakeholders to handle the response more effectively. Capacity building for County Health Teams and Government institutions remains a key priority during the recovery phase.

Regular preparedness training through simulations and scenarios that test the entirety of the system, from surveillance, to alert, to response should be prioritized

Regular simulation exercises and refresher training key to rapid response

A key observation during the EVD response in Marghibi was the need to ensure continued refresher training for health workers and responders in the field. Members of the joint RITE team, led by IMC reported the lack of proficiency by some members in safely handling and effectively using the personal protective equipment (PPE). Critical steps of the donning the PPE (suit, apron, hood, goggles, gloves, boots) were reportedly skipped, including lack of close monitoring of the individual during the process, thus raising the risk of transmission through the PPE itself. The construction of controlled PPE stations in an ETU may be necessary to ensure safety. Maintaining adequate supply of PPE in all healthcare facilities needs to be a priority.

The IMC teams facilitated onsite training through knowledge and skills refresher including RITE strategy didactics, scenarios, and simulations. This resulted in the rapid and effective deployment of the RITE teams and effective support for the transportation of patients to ETUs and transfer of blood samples to the Laboratory. In addition, JHPIEGO conducted the “Keep Safe Keep Serving “refresher training for staff at the clinics.

Regular preparedness training through simulations and scenarios that test the entirety of the system, from surveillance, to alert, to response should be prioritized in the response and preparedness plans for all partners.

Border surveillance to be strengthened

Results from the joint mid-term review conducted by the Border Coordination Group (BCG); in collaboration with MOH, suggest the need for heightened support for County authorities to ensure effective preparedness of points of entry (PoE) and health facilities close to the common international borders. The assessment was conducted in Lofa and Bong (Guinea border); Grand Cape Mount and Gharpolu (Sierra Leone border) and Nimba (Ivory Coast) counties. The assessments were consistent with the structure of the

county cross border operational plans, whose aspects include county coordination, ports of entry preparedness, community and health facility preparedness, monitoring and evaluation.

County coordination has reportedly improved, especially in places where the national level actively supported the elaboration of county action plans and reporting mechanisms. Further support is however required for Nimba and Lofa counties, starting with the appointment of a designated focal point, who will support BCG activities in the area, including the deliberate inclusion of monitoring and evaluation processes in their routine activities. This process will further ensure better coordination of the multiple actors in the field and will promote consistency and avoid overlapping of activities. Bong County is reportedly saturated with training activities, calling for urgent review of partners' programs in the area. The officers will in addition provide leadership in the development of specific terms of reference for officers at the border points, which were not harmonised across the board, according to the BCG report.

Structural needs, including inadequate communication and mobility equipment and insufficient personnel at points of entry are some of the notable concerns for effective border surveillance

As observed by the BCG team, structural needs at points of entry continue to hamper emergency response. Communication and mobility equipment and basic facilities such as electricity, water, and office space are either insufficient or non-existent in most areas, hindering the effective patrol of the border by Bureau of Immigration and Naturalization (BIN) officers.

Health facilities are reportedly striving to comply with medical procedures and are receiving regular supplies and trainings, but the majority lack basic facilities to ensure minimal hygiene conditions. Access to clean water remains a challenge and staff, patients and Ebola suspected cases are all using the same toilets. County authorities with the support of BCG partners continue to monitor the adequacy of border surveillance and are committed to addressing the concerns in partnership with local authorities.

National authorities should facilitate regular cross-border meetings with authorities from Guinea and Sierra Leone to ensure consistency in implementation of recommended Infection Prevention and Control measures

Proper registration and monitoring of travellers across the border remains a challenge. During a visit to Ganta, border in Nimba County, OCHA staff were informed that the average traffic through the Guinea border was about 6,000 people daily. Four officers; operating on shifts manned the entrance, where they conducted temperature checks and manual registration of the travellers. The process proved cumbersome and may require more strengthening to ensure the process is done effectively. BCG has recommended the cross-referencing of the border records with the Bureau of Immigration and Naturalisation (BIN) ledger and EVD screening ledger, for consistency. Only officers in Grand Cape Mount were reportedly using the EVD screening ledger approved by the BCG.

The BCG observed further that different screening procedures were applied in the respective countries hence the recommendation to the national level to facilitate regular cross-border meetings with authorities from Guinea and Sierra Leone to ensure consistency. Social messaging for Guinea on the importance of IPC at the borders was identified as a priority for the BCG mobilisation team.

Recommendation by the BCG will inform the development of the group's strategy and county action plans for July to December 2015.

New Protection Forum to ensure continued engagement on vulnerable groups

During the period under review, the Protection Cluster in Liberia, led by the Office of the High Commissioner for Human Rights and the Ministry of Justice, held extensive consultations with national and international stakeholders to ensure that an effective coordination mechanism remains after the deactivation of the Protection Cluster. This is in line with the overall transition from Emergency to Recovery.

The consultations agreed that the Protection Cluster will phase out, but be reconfigured into a Protection Partners Forum (PPF), a more sustainable and long term platform which will allow for continued engagement and coordination between the government of Liberia, civil society, international partners, and communities on the protection of vulnerable populations. *The* PPF will build on the achievements and challenges of the Protection Cluster in addressing salient human rights and protection concerns such as discrimination and stigma against Ebola survivors, orphans, and health workers.

In July, the Protection Cluster also advocated for the integration of protection in the national recovery strategy through active engagement in the Recovery Cluster. The Protection Cluster called for a human-rights-based and people-centered approach to all recovery, and subsequently development, programming in order to ensure that support reaches populations made most vulnerable by the Ebola outbreak. Notably, the sustained advocacy efforts of the Protection Cluster led to the government's prioritization of the protection of Ebola survivors, health workers, and orphans in its Economic Stabilization and Recovery Plan, which aims to mitigate the social and economic impact of the Ebola crisis.

The Protection Cluster also monitored and reported on the needs of Ebola survivors and persons under precautionary observation from communities affected by the recent Ebola outbreak in Margibi County and helped integrate the protection demands in the national response.

In Brief

UN Mission for Ebola Emergency Response (UNMEER) closes down

UNMEER officially closed operations in Liberia on 30 April and in Sierra Leone and Guinea on 31 July. This follows successful scaling up of the Ebola response capacity in the three affected countries. The World Health Organization has since assumed oversight responsibilities of the UN system's Ebola emergency response while maintaining high level leadership in the affected countries. In Liberia, the Deputy Special Representative and UN Resident Coordinator, Antonio Vigilante, will continue to provide leadership for the Ebola emergency response.

The weekly UNMEER sitreps will become weekly inter-agency sitreps consolidated by OCHA while the monthly Liberia Humanitarian Bulletin will continue to be published by the UN Resident Coordinator Office and OCHA.

Visit by High-Level Panel on the Global Response to Health Crises

The High Level Panel on the Global Response to Health Crises conducted a mission early August to review the Ebola response in the region. The United Nations Secretary General appointed the High Level Panel on the Global Response to Health Crises in April 2015 with the mandate to review and make recommendations to strengthen national and international systems to prevent and manage future health crises, taking into account lessons learned from the response to the outbreak of Ebola virus disease.

Panel members who visited Liberia include Her Excellency Ms. Micheline Calmy-Rey, Former President of Switzerland, His Excellency Mr. Marty Natalegawa, Former Minister for Foreign Affairs of Indonesia, Her Excellency, Ms. Joy Phumaphi, Executive Secretary of the African Leaders Malaria Alliance, Botswana, and His Excellency Dr. Rajiv Shah, Former Administrator of the United States Agency for International Development (USAID).

While in Liberia, the team held a series of consultations, including with civil society anf private sector organisations as well as attending the Humanitarian Action Committee meeting chaired by the Resident Coordinator.

For further information, please contact:

Laurent Dufour, Team Leader, OCHA Support to EVD response in Liberia, dufour@un.org
Truphosa Anjichi-Kodumbe, OCHA Humanitarian Reporting Officer, anjichi@un.org
Margaret Gulavic, Strategic Planning Advisor/Head of RCO, Margaret.gulavic@one.un.org

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