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Governance Commission Presents Policy Paper On Ebola to President Sirleaf

The Governance Commission recently presented a policy document on Ebola to President Ellen Johnson Sirleaf at her Foreign Ministry office, with several recommendations geared toward strengthening the national fight against the killer disease and its resulting issues.

Presenting the document titled "Ebola Response Governance" GC Chairman Dr. Amos Sawyer said "the fight against Ebola is as much a governance challenge as it is a medical challenge; consequently, in the fight against Ebola, Liberia will do well to strategically draw upon its governance reform agenda to assist in achieving the short term objective of eradicating Ebola while establishing long term institutions and systems for emergency management, socio-economic transformation and good governance".

The Ebola Response Governance policy document is a result of weeks of intensive research and consultative work by the Governance Commission on Ebola. The GC's informed policy document also took into consideration reports from international and other national researches on Ebola including data on the killer disease's history, strains, transmission, prevention strategies, challenges, and lessons learned from previous outbreaks.

Having benefitted from these local, national and international efforts, the GC advanced a number of recommendations, it believes, will assist in strengthening the fight against Ebola as well as contributing to the consolidation of foundations being established for long term emergency management, socio-economic transformation and good governance. The recommendations include:

a). Prompt Enactments of Legislation Establishing the Ministry of Gender, Children and Social Protection, and a Legislation Establishing the Ministry of Health
The Ministry of Health has typically been preoccupied with "health issues" and has not fully engaged with "social welfare issues". A Legislation revising its mandate will relieve it of responsibilities for addressing social welfare challenges as a lead agency and allow it to focus exclusively on health issues, perhaps putting greater attention on, and organizing more resources for preventive, curative and rehabilitative health.

b). Transforming County Councils and district administrations into Ebola Task Forces

The Commission recommended transforming County Councils and district administrations into Ebola Task Forces to ensure what it calls "county level implementation coordination". This assures of the much needed local level coordination of service delivery in the fight against Ebola.



H. E. President Ellen Johnson Sirleaf (left) with Dr. Amos C. Sawyer Chairman of the Governance Commission

Leadership of these County and district taskforces are expected to be structured such that they comprise county councils and district administration.

According to the report "existing County Councils and District administrations should constitute the core of county and district Ebola taskforces at these levels. Superintendents and District Commissioners become the chairpersons of county and district level task forces respectively. Local representatives of line ministries, chiefs, representatives of civil society (especially county-wide), women, youth and faith-based groups should all be members of the local councils".

This arrangement further supports the De-concentration Strategy which has already been approved by the President and pending implementation, and provides a seamless transition into implementation of the De-concentration Plan. A draft Executive Directive to the effect is already under consideration by the President.

The Ebola Response Governance Policy Paper points out that In addition to being Chairpersons of County Ebola Taskforces, superintendents should be represented at the level of the National Taskforce Committee where resource allocation decisions are made; that international partners also form part of the local level mechanisms (local councils) in the implementation of the work of the Task Force at local levels; and that County Superintendents provide local oversight and ensure performance in the delivery of services to eradicate Ebola, reporting to the Minister of Internal Affairs and Co-Chairman of the National Task Force.

It can be recalled that a draft protocol for implementation of the De-concentration Implementation Strategy was submitted to President Sirleaf on May 2, 2014 for consideration, though the toll of Ebola was not an issue at that time. In the face of the upswing in the ravages of the pandemic, GC believes the time is propitious to implement the De-concentration Strategy to ensure that the Liberian Government delivers as one at sub-national levels. The delivering as one has long been the goal of the government.

Also forming part of the Ebola Response Governance Policy, ERGP, are the:

c) Enactment of the Ministry of Local Government Act and d) Passage of the Local Government Act

Another recommendation of GC is Accountability and Transparency, a concern that continue to plague the minds of almost every Liberian particularly since international supports started coming in in support of the national fight against Ebola. Liberians, at home and abroad accused the government of corruption and mismanagement of such funds, expressing very little confidence in government's ability to be just in the disbursement and management of such funds. To this GC noted that the State of Emergency may not allow us to follow procedural safeguards against corruption. GC notes that regular reporting of government's financial commitment, donations, and expenditure towards Ebola, as well as policy to protect whistle blowers of improprieties in the fight against Ebola will allay concerns of mismanagement and reassure the public of government's resolve in fighting the scourge. The Commission commended the Finance Ministry for providing reports of the expenditure of funds committed by Government of Liberia. It recommended that those funds be subjected to periodic audit so as to inform the Liberian people of their proper use.

On the issue of Community Engagement, Sensitization and Advocacy on Ebola, the Commission notes that one of the major strategies to break the transmission of the

disease requires the effective dissemination of information about how the disease is transmitted and, the adoption of appropriate behavior and actions by individuals and communities. The Commission says "We discern at least two aspects to this strategy: first, the provision and dissemination of information (knowledge) about Ebola; second, the adoption of appropriate behavior by individuals and communities. We are pleased that considerable progress has been made on both aspects".

Complementing the current flow of information with a bottom-up approach

The rapid spread of Ebola in Liberia can be attributed to Liberians love for social interactions which prioritizes physical contact such as handshakes and hugs, and our religious (Islamic) rites such as bathing of the dead as a way of cleansing the soul of the deceased. Because the transmission of Ebola is mainly from person to person the virus was able to spread like wild fire in Liberia. This necessitated government's warning of no physical contact to break the transmission of EVD in Liberia. But the people's lack of confidence in government and their continuous denial of the killer disease, probably to avoid stigmatization, undermined adherence to warnings against physical contacts during this period of Ebola pandemic. The GC has joined in the "no physical contact strategy" message.

The GC's Ebola Response Governance policy, among other things, recommends a bottom-up approach to intensify community and neighborhood-based organizations' involvement in the campaign to break the link in the transmission of Ebola virus, and strengthen local ownership of the fight against the deadly disease.

The flow of information about Ebola began, understandably, through state-run media and by information officials of the State. While such information delivery system is authoritative, it can be inadequate, especially in transmitting messages to public skeptics. The downward flow of information needs to be complemented by an intensive flow of information initiated from local communities and neighborhoods.

The Commission noted that "We of the GC are of the view that by intensifying the systematic involvement of local communities, they will subsequently become prime actors in the implementation of public health policies and practices as well as prime promoters of our National Vision of "ONE PEOPLE, ONE NATION, UNITED FOR PEACE AND SUSTAINABLE DEVELOPMENT."



According to the Commission, this process assures of a deepened peoples' participation in governance, and thereby reduces the perceived gap between government and the people.

GC also expressed readiness to join the appropriate national and local committees of the National Ebola Task Force to strengthen efforts for the intensification of local communities' involvement.

GC Lead Role in Monitoring and Evaluation of Ebola Response Performance

The Commission has expressed interest in playing a lead role in Monitoring and Evaluation of the Ebola response performance. GC says the periodic Ebola situation reports continue to provide information on the progress made so far in the medical dimension of the response particularly on recovery, new cases, and deaths. This could be complimented with a monitoring and evaluation process that also provides periodic reports on other activities and issues such as human resource requirement and deployment, quality of coordination and overall performance of the Ebola response regime. The monitoring and evaluation of these important governance dimensions of the fight against Ebola can be led by GC, in collaboration with LISGIS, and the support and cooperation of other actors.

Accelerated Development of Human Capacity in the Area of Health Care and the Sustainment of Salary Increments and Benefits of Health Care Workers

While the case for the accelerated development of human capacity for the delivery of services in the public sector cannot be overstated, the need for the accelerated development of human capacity for the delivery of health care takes on added importance and urgency under current circumstances. GC therefore recommends (if one does not already exist) the development and implementation of an action plan aimed at prioritizing the recruitment and training of physicians, public health practitioners, nurses and a full range of health workers. GC lauded government for salary increments and benefits now being given to health workers, and hopes that it can be sustained through the revised Pay and Grade System being finalized by the Civil Service Agency.

In a related development, GC has recommended the "Establishment of the National Disaster Relief Commission (NDRC)" and the enactment of an appropriate legislation. The creation of such a permanent body will strengthen the coordination of emergency management.

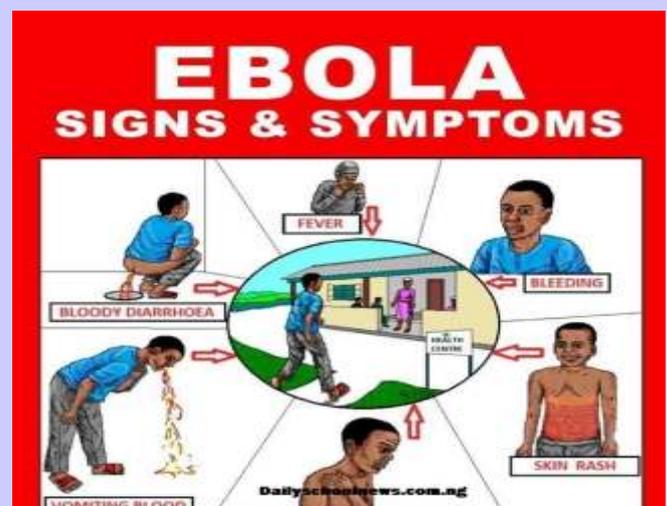
To increase the number of foot-soldiers on the ground, GC also recommended "deployment of Civil Servants in

the fight against Ebola". GC says the fight against Ebola is human resource intensive and requires full mobilization. With schools closed and many Ministries and Agencies of government providing essential services only, the Liberian government is operating at a lower level of productivity in most areas except in public health-related areas. GC therefore recommends the redeployment of many of the civil servants of the various ministries and agencies to the various ancillary and supportive tasks in the fight against Ebola. Examples of such tasks are data gathering and statistical tabulations, community level provision of information, relief provision, staffing of calling centers, among others. Services which require minimum training to complement the levels of professional training already acquired by individual civil servant could be performed by civil servants. Cost of transportation can be borne by the various home agencies of civil servants.

Concluding Statement: Conquering Ebola in the Short Term while Strengthening Long Term Institutions for Good Governance

GC's Ebola Response Governance Policy paper recommendations were not exhaustive. They largely address Ebola-related governance issues which are within the mandate of GC. However, the GC remains convinced that the fight against Ebola is compatible with and supportive of the Agenda for Transformation if that agenda is smartly and strategically recalibrated. The Commission remains confident that Liberia can conquer Ebola while strengthening longer term structures, institutions and systems of governance.

President Sirleaf thanked the GC family and promised to take the policy document into serious consideration. Government has already begun implementing some recommendations put forward by the GC Ebola Response Governance policy document.



Dr. Jerry Brown Urges Liberians to be proactive in times of pending health emergencies

Dr. Jerry Brown of ELWA hospital observes that the Liberian Government and people were not proactive in the initial stage of Ebola because we knew and understood very little about the disease. He made the observation during a recent visit at the Governance Commission in Sinkor.

In summarizing the ELWA hospital's effort at fighting Ebola, Dr. Brown noted that his team's decision was made when news hit Liberia about Ebola in neighboring Guinea. He, his colleagues and staff decided to be proactive as they anticipated the possibility of Ebola hitting Liberia.

The ELWA doctors began by researching more about Ebola, its signs, symptoms, spread, and history of its various types and outbreaks. Though ELWA hospital had limited capacity to, at the time, address a possible outbreak of EVD in Liberia, findings of Ebola, its rapid spread and fatality geared the hospital's doctors, nurses and support staff into action. A quick impact training to bring the entire workforce up to speed about EVD was carried out, and the hospital's Chapel was prepared as a holding unit to host the first three cases in isolation. The hospital's kitchen was later prepared to host additional twenty beds. The Samaritan Purse (also the hospital's partner) equipped ELWA hospital with personal protective equipment, PPE, a very necessary outfit for health workers tending to Ebola cases. Samaritan Purse also built ELWA's Ebola emergency room.

The rapid spread of EVD and its leaving behind a stream of fatality of both health workers and care givers (including family members) caused the reluctance of health workers to work in Ebola treatment centers around Liberia. Doctors, nurses and other health practitioners have staged series of peaceful strikes causing hospitals and health facilities to intermittently shut down, leaving the sick destitute. Many have to self-medicate, others die from curably diseases such as malaria, while pregnant women give births at home with local midwives using unsterilized equipment, and experience to help with the delivery. One gave birth to twins in the street after being rejected from a private clinic in Paynesville city.

The ELWA health care workers including some nurses were equally skeptical about providing care for Ebola infected patients even when threatened with dismissals but later reconsidered to help save lives. To avoid the rapid spread of the disease among ELWA staff, Dr. Brown noted that his workers were advised to avoid physical contacts with family members Ebola infected patients. This advice paid off as ELWA hospital, unlike all other health facility, is yet to

report any Ebola victim among its healthcare workers. The ELWA hospital was the first local health facility to boast of Ebola survivors. Dr. Brown attributed this to victims being given other medications/drugs other than the ORS that were given Ebola victims at treatment centers around the country. To date, there are still more survivors among Ebola cases treated at ELWA hospital. Dr. Brown urged Liberians not to sit idly and wait for others to come and do what we, Liberians, can do for ourselves. As at October 15,



Dr. Brown in photo speaking to GC technocrats

2014, 209 health care workers have been infected with Ebola with 96 deaths reported among them in Liberia. Also as of the same date, a total of 1,149 deaths have been reported in Liberia.

Earlier, Dr. Amos Sawyer welcomed Dr. Brown to the Governance Commission noting that the Commission wants to be knowledgeable about the deadly Ebola Viral disease (EVD), supportive of the fight against Ebola, and contribute toward ending its spread in Liberia. According to Dr. Sawyer, the Commission seems to be sitting outside the boardroom. This runs true to the fact that the Commission is not party to the National Ebola Task Force set up by President Ellen Johnson Sirleaf and is yet to be named to any such Task Forces on Ebola in Liberia. Dr. Sawyer said the Commission is involved in policy formulation and therefore needs to understand problematic issues in order to recommend effective policies that address the needs of the people. In other words, the Commission needs to know the challenges in order to proffer adequate and effective solutions.

Meanwhile, the Governance Commission recently presented a policy paper titled "Ebola Response Governance" to President Sirleaf at her Foreign Ministry office in Monrovia. The Policy document was presented after weeks of research and meticulous study of the spread of Ebola in Liberia. Recommendations of GC in the position statement are already being implemented by the government.

Stakeholders Deliberate on Code of Conduct Implementation.



Cross section of panelist and participants at the stakeholders forum

Liberia now has a Code of Conduct (CoC) to guide Public Officials, government employees, and other agencies/organizations conduct at the workplace. The document is a commendable achievement for Liberia though it is still being discussed among stakeholders. Recently, the Governance Commission held a Code of Conduct Implementation Strategy conference for stakeholders at the National Election Commission. Those in attendance included Legislators, lawyers, politicians, heads of Public institutions, autonomous agencies and Commissions, and representatives from Civil Society Organizations, World Bank and United Nations Development Program.

In remarks Vice President Joseph Boakai pointed out that though the enactment of the Code of Conduct was a major achievement, this was "no time to rest on our laurels". He urged conferees to "use their diverse expertise to discuss the CoC and come up with a document that truly supports transparency, accountability and good governance for the new Liberia".

Vice President Boakai noted that Liberia's transformation highly depends on laws and policies that address the concerns of all Liberians and promote unity among the people. He said Conferees should make constructive recommendations that enhance sustainable peace and development in Liberia.

The Vice President also reminded the audience that the change in Liberians' conduct must not come from the Code alone

but from Liberians themselves. He lauded GC for being one of the entrepreneurs, advocates and champions of the CoC.

Commissioner Ruth Jappah Heads the National Integrity Systems Mandate Area of the Governance Commission. Cllr. Jappah did a brilliant presentation of the CoC at the Conference. Her presentation stimulated a lot of discussion on the CoC. She proposed a strategy to help make the CoC more acceptable to Liberians. Commissioner Jappah, describing conferees as institutional entrepreneurs, said they should strive to make government more functional, "though there are limits to what can be accomplished". Commissioner Jappah who is also a lawyer concluded with a quotation from the book titled "The Limits of Institutional Reform in Development, Changing Rules for Realistic Solutions" by Mark Andrews. Andrews says "Despite billions of dollars spent for reforms, Governments remain dysfunctional".

She said legal minds want to make government look good, solve problems, and function properly. Therefore they promulgate rules, regulations, legislation and laws. She pointed out that "yet those real problems that negatively influence people's behavior, why they do the things they do, cultural values and norms are not addressed". She warned that "if we just make laws and don't address those behaviors, government will continue to look good but dysfunctional".

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The general take of the Conference on the CoC was that it was long overdue but needed improvements which could be accomplished with more consultations with stakeholders. The document addressed, among other things, issues such as:

1. What constitutes good conduct?
2. Transparency and accountability of State's fund and property
3. Use of office for private interest, and Abuse of staff time
4. Nepotism and Sanctions for nepotism
5. Conflict between personal belief and public duties
6. Personal behavior and work ethics – which includes sexual harassment
7. Promotion and merit system
8. Dress code, and improper behavior
9. Consumption of alcohol, usage of drugs and related Substances, and the
10. Creation of the Office of Ombudsman

The dialogue on the Code of Conduct continues. Major controversial issues in the CoC are the issues bribery, misuse of public office and property, and sexual harassment at the work place. It is the norm in society for government officials and the ordinary worker (in most cases) to receive bribe. This is considered a gift to facilitate a job or process. It is also common for bosses to demand sexual favors from their staff or a prospective employee. In order to retain their jobs or gain

employment the whistle blower act needs to be widely discussed to encourage more victims report these issues. Caution should also be taken to assure that such a privilege is not abused, and bosses unduly victimized.

Earlier in opening remarks, the Executive Director of the Liberia Anti-Corruption Commission, Cllr. James Verdier, welcomed conferees to the dialogue and debate on how to successfully and effectively implement the long awaited National Code of Conduct, CoC. The CoC intends to govern the conduct and activities of government officials to assure good governance.

Cllr. Verdier commended the National Legislature for finally mustering the courage to enact into law the CoC, though, as he put it, "there are still concerns and work to be done to make it perfect. He also commended President Sirleaf for her effort to see that the bill was passed into law.

Cllr. Verdier noted that the CoC was something that legal minds can now work with but that debates and discussions around the CoC should begin to identify and resolve hitches in the law that might hinder its active and effective implementation. Others have expressed similar concerns, noting that provisions of the law could have multiple interpretations, and therefore subject to manipulations.

Cllr. Said the meeting was important so that "stakeholders can discuss different concerns, the different hitches, what we would see as obstacles or challenges and see how we can divert those challenges or circumvent those challenges or improve upon them, so that this could give some meaning and force to this code of conduct".

Governance Commission and European Union sign 4.5 million Euros agreement



Government officials, UNDP staff, European Union delegation and the press in photo during the ceremony

Liberia's Governance Commission and the European Union recently signed a 4.5 million Euros agreement in Monrovia. The Agreement assures of the implementation of the Liberia Decentralization Support Program, LDSP. The signing ceremony was held on August 4, 2014.

In furtherance of its decentralization effort, the Governance Commission held a consultation meeting with the newly established National Decentralization Implementation Secretariat, NDIS, of the Ministry of Internal Affairs to acquaint it with the Commission's work particularly its Decentralization Mandate Area. Both GC and the Internal Affairs Ministry have agreed to collaborate efforts geared toward ensuring that Liberia's decentralization process is achieved.

At the consultation meeting, Commissioner Elizabeth Mulbah noted the importance of decentralization and local governance, and the enormous impact it can have on the current fight against Ebola in Liberia. Also making remarks was Commissioner Weh-Dorliae, head of the GC Decentralization Mandate Area. He highlighted the need for a strategic working

relationship between his Mandate Area and the NDIS in backing decentralization in Liberia with the law. Political will and funding are two major challenges to the successful implementation of Liberia's decentralization process.

The head of NDIS, Roosevelt JayJay, welcomed and thanked the Commission and promised that NDIS will be in regular consultation, and work collaboratively with the GC.

The consultative meeting between GC and NDIS was also graced by the Minister of Internal Affairs Morris Dukuly, the European Union Ambassador to Liberia, UNDP representative to Liberia among others.

At the meeting, UNDP donated several vehicles to the Ministry of Internal Affairs, (Co-Chair of the National Task Force on Ebola) to be used in the fight against Ebola in Liberia.

Hon. Yah Zolia Introduces Ebola 101 in the fight against Ebola

As Government announces that it has lost the fight against Ebola in Liberia, Deputy Health Minister for Planning, Research and Development Yah Zolia, introduces what she calls “Ebola 101” in the fight against the deadly disease. Ebola 101 highlights the theme “Bridging the gap between knowledge and the practice to end Ebola in Liberia by November 30, 2014.

In her presentation at the Governance Commission recently, Minister Zolia discussed the urgent need for three key strategies to tackle and eradicate the spread of Ebola Viral Disease, EVD, and at the same time enhance behavioral change among Liberians.

This three prong approach involves:

a). Decentralize control efforts and use existing local structures and resources

This involves the use of County structures already in place to be used as foot soldiers for the dissemination messages on Ebola, its transmission, treatment and prevention; the use of public designated facilities as emergency treatment centers.

b). Consolidate all best practices into National Strategy and implement in a coordinated and focused approach

This involves the history of Ebola outbreaks in other parts of the world, taking into account what worked and lessons learnt in such fights against EVD. These data will then inform the Liberian context and how we pattern our strategy and methodology in eradicating Ebola in Liberia.



Cross section of participants

c). Involve all citizens for maximum impact

This highlights the education and participation of citizens in efforts to enhance behavioral change and end the transmission of the killer disease. Also the dissemination of relevant information on impact of religion and other social norms that support the rapid spread of Ebola such as the bathing of the dead and physical contact with an Ebola infected person.



Hon. Yah Zolia presenting “Ebola 101”

Minister Zolia explained the Ebola 101 Strategy will assure a major reduction of death rates, break of Ebola transmission, increase survivor rates, assure of a robust social mobilization of local communities throughout the country, and restore routine services.

Minister Zolia's three prong approach adequately addresses three major short falls in government's fight against Ebola. Namely the lack of treatment centers to cater to probable, suspected and confirmed cases of Ebola, the absence of a national strategy to address the Ebola Pandemic, and the lack of peoples' trust in the government regarding the presence of Ebola in Liberia. This distrust undermined Ebola prevention and transmission messages from the Health Ministry and the fight against EVD.

Other objectives of Zolia's Ebola 101 include alert and preparedness – use of the media to for social mobilization, identify or set up holding centers in all districts for all suspected cases, make provision for resources for holding centers, and all burials supervised by the Emergency Health Teams of health workers.

Minister Zolia also recommended the need for more Ebola testing units/laboratories to ensure speedy test results, provision of more vehicles to serve as ambulances, and the need for locally manufactured personal protective equipment using tarpaulin.

President Ellen Johnson Sirleaf, in a desperate attempt to curb the rapid spread of Ebola in Liberia, called on the United States, the United Nations, and other friendly governments and international organizations to help Liberia fight the killer virus. Liberia, like many other third world nations rely heavily on international support to help address national pandemic.

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But Minister Zolia has joined others who believe that Liberians can do a lot more for themselves than they admit to. "Heavy reliance on Experts and Technical Assistants, even though they consistently say they have no experience dealing with Ebola of this nature and scale is unpalatable" she says.

In Conclusion, Minister Zolia say "to end Ebola epidemic in Liberia and reverse the current Epidemic from response state to preparedness state by November 30th, 2014, the nation shall have to reduce Ebola related deaths from 54.6% to 25% through improved care and treatment of all cases at the ETU; Increase Ebola survival rate from less than 10% to at least 30% through early case detection, swift referral and improved care and treatment; Reduce denial & stigma and ensure compliance through robust communication and information dissemination strategy; Restore the general health care delivery system of Liberia to normal through health workers motivation and protection;

Prevent non-response counties from becoming Ebola response counties; and improve coordination, ensure mass citizen participation and tracking of Ebola suspected cases through engagement and involvement of all stakeholders.

The chairman of the Governance Commission, Dr. Amos Sawyer Responding on behalf of the commission described the presentation as hard facts and generally useful for both policy making and health care practitioners at the frontline of the Ebola control initiatives.

He reminded participants that the Commission is highly interested in working with institutions and professionals to craft an Ebola response strategy to control the epidemic. He said GC is working toward formulating a policy that adequately responds to the outbreak and improves on the Liberian experience for a long term strategy to control an Ebola reoccurrence in Liberia.

GC Accelerates Capacity Development Program

Two staff of the Governance Commission recently left Liberia to attend Master Degree program at the University of Nairobi in Kenya. The scholarship program was made possible through the African Development Bank, ADB. The two staff are Mamuna Kamara and Netugba Wisseh and Research Assistants of the National Integrity Systems Mandate Area.

The Ebola crisis currently in Liberia had complicated their travel arrangements last August causing their late arrival in Kenya. However, after several weeks of negotiations, both Mamuna and Netugba are currently in Kenya pursuing their Master degree program. They finally began classes this October. The two should have started classes in September, 2014.

At the same time three other staff of GC recently returned from a five-week training program (July 11-August 20) on Decentralization Policy Analysis at the Kerala Institute of Local Governance India. This training strengthens the beneficiary's ability in analyzing critical issues emanating from the on-going decentralization reform process in Liberia; ensure the understanding and application of decentralization best practices to emerging democratic reforms and in

the process inform the draft Local Government Act. In a related development, six employees from various Mandate Areas of the GC received certificates after completing several weeks of trainings in a variety of professional disciplines provided by the Liberia Institute of Public Administration, LIPA, and the Kenyan School of Government. Employees of several government Ministries and Agencies also benefitted from the trainings. The trainings were geared toward strengthening and sharpening middle managers' skills in economic and social development, and a better understanding of Management and Governance.

Speaking at the July 11, 2014 ceremony in Monrovia, GC's Vice Chair Elizabeth Mulbah urged the graduates used the newly acquired skills to help "eradicate ignorance and poverty in Liberia". She said the certificates should serve as a motivating factor that inspires the graduates to work harder at improving their performances at their various offices and the image of government.

The Liberia Institute of Public Administration emphasized the importance of such trainings in Liberia's transformation process, and its vision of reaching middle income status by 2030.

National Civil Society Ebola Task Force Launches “Situational room”

National Civil Society Ebola Task Force launched its “Situation room” at the Liberia Media Center in Jallah Town on Wednesday, October 1, 2014.

The Situation Room is fully equipped to fulfill four main objectives of the Task Force. These include:

1. To analyze the social, security and economic implications of the Ebola outbreak in Liberia;
2. To monitor the coordination mechanism of the Liberian government and its international partners;
3. To raise mass awareness on the Ebola virus disease, EVD, and increase citizens' access to information on the trend of the Ebola situation and
4. To advocate for effective measures to contain EVD and providing sufficient personal protective equipment, PPE, facilities, and benefits to the health workers, as well as providing adequate treatment centers.

This move comes seven months after Ebola first hit Liberia. The epidemic has now covered twelve of Liberia's fifteen counties.

Civil Society Ebola response approach

The National Civil Society Ebola response initiative takes on a multivariate approach to end the spread of Ebola in Liberia. This approach highlights the involvement and control of civil society organizations with expertise in community mobilization and outreach, as well as participatory monitoring and use of technology platform, county health teams and national structures.

Situational Analysis

The civil society Ebola response highlights four major issues:

1. The situational analysis which analyses the level of international financial commitment, technical assistance, logistical support, and humanitarian support to quarantine communities; The effective and accountable use of state and international contributed resources; assesses the distribution of medicines, PPE materials and equipment, assignment and decentralization of vehicles to the various counties/health facilities/health workers; assesses the effectiveness of government's response; create a feedback mechanism to assure of information sharing among civil society

organizations throughout Liberia; and assess the level of coordination and knowledge sharing between the National Task Force and its international and local partners. Contents of these analyses are expected to inform a weekly situation report.

2. Quality Public health services – civil society organizations will provide coordinated support for Contact Tracing, community sensitization, case-finding/investigation, burial and disposal, monitor social behavior change to halt Ebola transmission, and the right to food when quarantined.
3. Information and technology – this highlights the use of the situation room as a hub to facilitate the channeling of information from communities, the media and civil society throughout Liberia, as well as data analyses. The situation room is co-managed by the Liberia Media Center (LMC) and the Center for Transparency and Accountability in Liberia (CENTAL). Both organizations already have existing structures and human resource capacity in place to collate and analyze information.
4. Advocacy-this involves strategic engagement with policy makers and the international community on the collective findings of the analysis. This constructive engagement adopts a problem solving approach that is evidence based, and generated from national and sub-national interactions and analyses.
5. Publications/Policy Dialogues– this involves weekly updates monthly consolidated reports and newsletters on Ebola nation-wide by the project, providing expert analysis of the trend of EVD, and what is being done to curb its spread in Liberia. Dialogues focus on identifying effective and alternative solutions to fill in gaps in the National Ebola implementation action plan.
6. Coordination with Liberia Government, local and international partners – Civil society's Ebola response program is expected to work in collaboration with national and sub-national structures involved in the fight to rid Liberia of EVD, and relies on partner organizations,

Program Highlights

Frances Greaves, Chairperson of the National Civil Society Council of Liberia, and Cllr. Abba Williams, Executive Director Liberia Refugee, Repatriation and Resettlement Commission, LRRRC, officially launched the National Civil Society Organization's Situation room. The program was well attended and brought together more than thirty five civil society organizations,

international partners, representatives of the Government of Liberia including the Governance Commission and diplomats. In remarks at the program, Dr. Nyanquoi Kargbo of the Liberia Medical and Dental Council identified several contributing factors to the continuous transmission of this killer disease in Liberia. These include:

1. Insufficient Ebola treatment and holding centers in Liberia;
2. Lack of a defined national protocol for foreign/ and national medical experts to follow;
3. Because EVD is new to Liberia, drugs used to combat symptoms of the disease such as Finnegan to stop vomiting also has side-effects such as sleepiness and weakness, which also cause patients to lose appetite and weight.
4. Foreign medical practitioners ignore Liberia's procedural registration process with the Ministry of Health with impunity.

These concerns of Dr. Kargbo have been expressed by many other Liberians and institutions in and out of the medical profession, including Liberia's Governance Commission.

Recommendations by Dr. Kargbo

Ebola virus disease has plagued Liberia for over seven months now. Though there is a "state of emergency still being enforced and curfew in place, transmission rate of this deadly disease continues to increase. During the question and answer period, Dr. Kargbo made several suggestions as to the way forward.

1. People must begin to talk to each other about Ebola prevention.
2. The community must get actively involved in identifying the sick and getting them to treatment centers as quickly as possible.

Engage the community through their leaders. Liberians should be determined to rid Liberia of Ebola using non-essential staff. "This should be a collective effort" he stressed.

3. Liberians should use the Ebola pandemic to transform Liberia's health sector. Households should be trained to prevent the transmission of diseases, provide home kits to every home, Identify alternative measures to keeping people safe using simple and practical steps.

Dr. Kargbo noted that Liberia has a peculiar system that prefers curative rather than preventive measure of addressing public health issues. He urged Liberians to make frequent hospital visits when ill rather than avoid them or wait until it is too late. Responding to a question as to whether the international experts were here to help or conduct research, Dr. Kargbo pointed out that Liberians should understand that there are "Experts" and what he pronounced as "Expats". He said some partners would send either or both to Liberia. He emphasized that the burden to eradicate Ebola from Liberia rests with Liberians.

CSO partners commend National Civil Society Task Force

The program was graced by more than 35 civil society organizations and international partners including Action Aid, IREX, OSIWA, USAID, and Citizens Organized for the Promotion of Transparency and Accountability, COPTA. The program's theme was "Strengthening government and international initiatives to fight Ebola through coalition of civil society organizations (CSOs) in Liberia".

William Burke of IREX commended the CSO Task Force for the initiative. He pointed out that at a time when people suffering from diseases and illnesses are denied medical attention, Ebola centers refusing to treat those without Ebola, and others dying because of hospitals' closure, it is good to know that we still have a potent civil society sector, refusing to sit idly while Liberians die. Burke said Ebola will continue if Liberians refuse to fight to eradicate the disease. He added that "we Liberians have a culture that depends greatly on government but this is the beginning to change with Civil Society serving as a buffer between government and the people".

Several other speakers expressed similar sentiments and hoped that a decline in the rate of the Ebola transmission in Liberia soon will assure the success of the fight against Ebola in the country. Governance Commission Vice Chair Elizabeth Mulbah urged all care givers and providers to "keep safe but keep serving".