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**Assessment of the effectiveness and utilization of protection kits during the Ebola outbreak in the 15 Counties in Liberia (September to December, 2014)**

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**Introduction**

During the peak of the Ebola Virus Disease (EVD) outbreak in Liberia in 2014, infections at the community-level were happening before cases were moved to Ebola Treatment Units (ETUs) in hard-to-reach or communities with limited or no cell phone coverage. The use of Household Protection Kits (HPKs) was an Infection Prevention and Control (IPC) strategy initiated as a first-line, community-based intervention. A total of 133 kits were pre-positioned in hard-to-reach communities and training on their use was provided to Community Health Volunteers for onward cascading to care-providers. Here we describe an assessment of the intervention in terms of utilization and transmission reduction.

**Methods**

A qualitative assessment was conducted with care-providers across the 15 Counties of Liberia from 17th to 27th February, 2015. Key informant interviews and focus group discussions were held with county-level stakeholders (County Health Teams, Red Cross County Offices) and community-level stakeholders (town chiefs, care-providers), respectively.

**Results**

Interviews and focus group discussions revealed that 48 of the 133 pre-positioned kits were utilized in 6 Counties by a total of 16 care providers who had undergone training. There was no record of any care-provider developing symptoms after rendering care to a sick family member using the kits. The 9 counties that did not utilize the kits attributed the lack of use to the lack of EVD cases in the area or the fact that distribution was not timely.

**Conclusion**

The assessment suggested that utilization of the kits, with proper training, prevented transmissions at the community level. In order to optimize the impact of HPKs as an intervention, timely distribution, pre-positioning, trainings, sensitization on the use, and monitoring of HPKs should be prioritized. This IPC strategy can also be incorporated into routine health programs to reduce the time to large-scale implementation during an outbreak.