



**UN EBOLA RESPONSE MPTF
PROJECT MONTHLY PROGRESS REPORT - VERSION 1
Period (Month-Year): June 2015**

Project Number and Title: #16- Epidemiologist District management Team	PROJECT START DATE¹: 19 Dec-2014	AMOUNT ALLOCATED by MPTF \$5,312,789	RECIPIENT ORGANIZATION WHO
Project ID: 0000000 (Gateway ID)			
Project Focal Point: Name: Dr. Alex Gasasira WHO Representative E-Mail: gasasiraa@who.int	EXTENSION DATE: 31 Dec 2015	FINANCIAL COMMITMENTS \$...	
Strategic Objective (STEPP) SO1 – STOP the outbreak	PROJECTED END DATE: 06-Feb-2015	EXPENDITURES as of [July 2015] \$2,642,184	IMPLEMENTING PARTNER(S): WHO
Mission Critical Action MCA01 – Identify and Tracing			
Location: Country or Regional	Sub-National Coverage Areas: Bomi, Bong, Gbarpolu, Grand Bassa, Grand Kru, Grand Gedeh, Grand Cape Mount, Lofa, Maryland, Margibi, Montserrado, Nimba, River Cess, River Gee and Sinoe.		

MONTHLY PROGRESS REPORT RESULTS MATRIX

OUTPUT INDICATORS

Indicator²	Geographic Area	Projected Target (as per results matrix)	Quantitative results for the (one month) reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
Prompt case investigation, identification of all potential contacts, effective data integration					
1. Proportion of suspect cases investigated within 24 hours of notification	<i>Liberia</i>	> 90%	In all counties the suspected cases reported and investigated within 24hrs		98%
2. Weekly average of proportion of contacts	<i>Liberia</i>	> 95%	*141 contacts are being closely monitored		100%

¹ The date project funds were first transferred.

² The Indicators should be disaggregated by gender, age and region as and where applicable



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monitored			(reference to recent case in Margibi and Montserrado, the last contacts graduated were 2 nd of August).		
EFFECT INDICATORS (if available for the reporting period)					

NARRATIVE

Situation Update *(please describe critical changes, if any, in the situation that affect the project (1-2 paragraphs))*

Liberia was declared free of Ebola transmission on 9 May 2015, after reporting no new cases for 42 consecutive days. The country subsequently entered a 3-month period of heightened surveillance, during which approximately 30 blood samples and oral swabs were collected each day from potential cases and tested for EVD. On 29 June, this routine surveillance detected a confirmed case of EVD in Margibi County, Liberia—the first new confirmed case reported from the country since 20 March.

WHO is supporting the 15 counties by deployment of 44 international and national epidemiologists. The team works directly with the County Health Team and partners in the field.

Key Achievements *(please use this section to highlight your key achievements for the month, using bullet points if preferred):*

- In response to Margibi and Montserrado outbreaks in June-July 2015, the WHO supported the teams in both counties:
 - Deployed field epidemiologist to support the case investigation and monitor the quality of the contact tracing,
 - Refresher training on contact tracing and active findings conducted in Margibi and Montserrado.
 - In collaboration with other partners agencies, incentivized the contacts that were under observatory precaution, so they can stay for 21 days period.
 - Supported Montserrado County to re-activate the 4 Response Team, dividing the 7 Health districts into 4 response team.
 - Support the operation and communication cost of the CHT.
- The WHO surveillance officers in collaboration with the national Ministry of Health finalized the Integrated Disease Surveillance and Response (IDSR) Liberia National Guideline, and training manuals, expected to roll out the training in August 2015.
- To ensure heightened EVD surveillance, WHO surveillance team in collaboration with CHT continued conducting



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rapid assessment of EVD surveillance performance by district. The main purpose was to identify silent or underperforming districts so as the team can immediately take an appropriate action to ensure that these districts are supported to improve performance in reporting live alerts and dead body swabbing.

- WHO continue supporting the CHT to continue vigilance in increasing the number of alive and dead alerts, currently Liberia collecting by week 600-800 samples (whole blood and oral swab) per week.
- Routine activities are going on, which include outbreak investigation, rumor verification, reporting, ect.

Delays or Deviations (if any, briefly describe the delays or changes in focus, approach or targets, and provide a short justification for the change (1-2 paragraphs))

Gender and Environmental Markers (Please provide disaggregated data, if applicable)

No. of Beneficiaries		Environmental Markers	
Women		e.g. Medical and Bio Hazard Waste	
Girls		e.g. Chemical Pollution	
Men			
Boys			
Total			

Please explain what strategies are being used to reach out to the most vulnerable sections of the population (women, children, etc) and how it is making a difference.

Additional Information (Optional)

Surveillance activities will be going on, WHO putting place that per county to have International and National epidemiologist in all 15 counties.