



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

<b>Project Number and Title:</b> Accelerating Progress Towards Interruption of Ebola Response – Report #10: MCA1	<b>PROJECT START DATE<sup>1</sup>:</b> 19 Dec-2014	<b>AMOUNT ALLOCATED by MPTF</b>  WHO-\$3,655,050 UNFPA-\$4,549,552 UNDP-\$3,398,610  Total: \$11,603,212	<b>RECIPIENT ORGANIZATION</b>  WHO, UNDP, UNFPA
<b>Project ID:</b> 00093218			
<b>Project Focal Point:</b> Dr. Alex Gasasira (WHO) Sekou Toure, Mamba Point, Monrovia Telephone: +231 77528 1157 <a href="mailto:gasasiraa@who.int">gasasiraa@who.int</a>  Dr. Remi Sogunro (UNFPA) Sekou Toure, Mamba Point, Monrovia +231 77000 40001 <a href="mailto:sogunro@unfpa.org">sogunro@unfpa.org</a>  Dr. Kamil Kamaluddeen (UNDP) Sekou Toure, Mamba Point, Monrovia +231 77000 4000 <a href="mailto:kamil.kamaluddeen@undp.org">kamil.kamaluddeen@undp.org</a>	<b>EXTENSION DATE:</b> <b>30-05-2015</b>	<b>FINANCIAL COMMITMENTS</b>  WHO-\$48,651 UNFPA-\$663,511	
<b>Strategic Objective (STEPP)</b> SO1 – STOP the outbreak	<b>PROJECTED END DATE:</b>	<b>EXPENDITURES as of [31 October 2015]</b>	<b>IMPLEMENTING PARTNER(S):</b> Ministry of Health (MoH), 6 County Health and Social Welfare Teams, Africare, MERCI and Action Aid
<b>Mission Critical Action</b> MCA01 – Identify and trace people with Ebola	<b>31-12-2015</b>	WHO- \$2,559,725 UNFPA- \$3,786,041	
<b>Location (Country or Regional): Liberia</b>		<b>Sub-National Coverage Areas:</b> Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa, Montserrado, and Nimba Counties.	

<sup>1</sup> The date project funds were first transferred.



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<b>MONTHLY PROGRESS REPORT RESULTS MATRIX</b>				
<b>OUTPUT INDICATORS</b>				
<b>Indicator<sup>2</sup></b>	<b>Geographic Area</b>	<b>Projected Target (as per results matrix)</b>	<b>Quantitative and results for the (one month) reporting period</b>	<b>Cumulative results since project commencement (quantitative)</b>
<b>Prompt case investigation, identification of all potential contacts, effective data integration</b>				
Proportion of counties that have trained contact tracers in all districts.	<i>Montserado, Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba</i>	7	1	5,023 Contact tracers trained in all counties
<i>% of contacts that have been followed up daily</i>	<i>Montserado, Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba</i>	100%	No contacts to follow-up due to no new EVD cases	N/A
<i>Number of active case finders/contact tracers incentivized on time</i>	<i>Montserado, Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba</i>	2,802 (August-Dec)	Systems to incentivize active case finders are currently being put in place	In progress, all contact tracers to be incentivized by November
<i>% of community deaths that have been swabbed</i>	<i>Montserado, Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba</i>	100%	221 swabs collected	30% of expected mortality rate
<b>EFFECT INDICATORS (if available for the reporting period)</b>				
<b>Number of New EVD cases resulting from unknown transmission chain</b>	<i>Montserado, Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba</i>	0	0 EVD cases have been reported during the reporting period	2
<b>Proportion of counties with at least 90% of districts submitting weekly surveillance reports</b>	<i>Montserado, Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba</i>	100%	100%	100%
<b>Proportion of Counties with enhanced active surveillance operations</b>	<i>Montserado, Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba</i>	100%	100%	100%

<sup>2</sup> The Indicators should be disaggregated by gender, age and region as and where applicable



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\*30% of the projected total of deaths nationwide have been swabbed. Due to a lack of capacity to physically swab every community death in the country, teams have focused on population in high-risk areas and individuals that may be at higher risk at contracting EVD. Figure 1 below shows the actual number so those swabbed, and figure 2 shows the projected community deaths by county.

**Figure 1: September 2015 Oral Swab Collection Data**

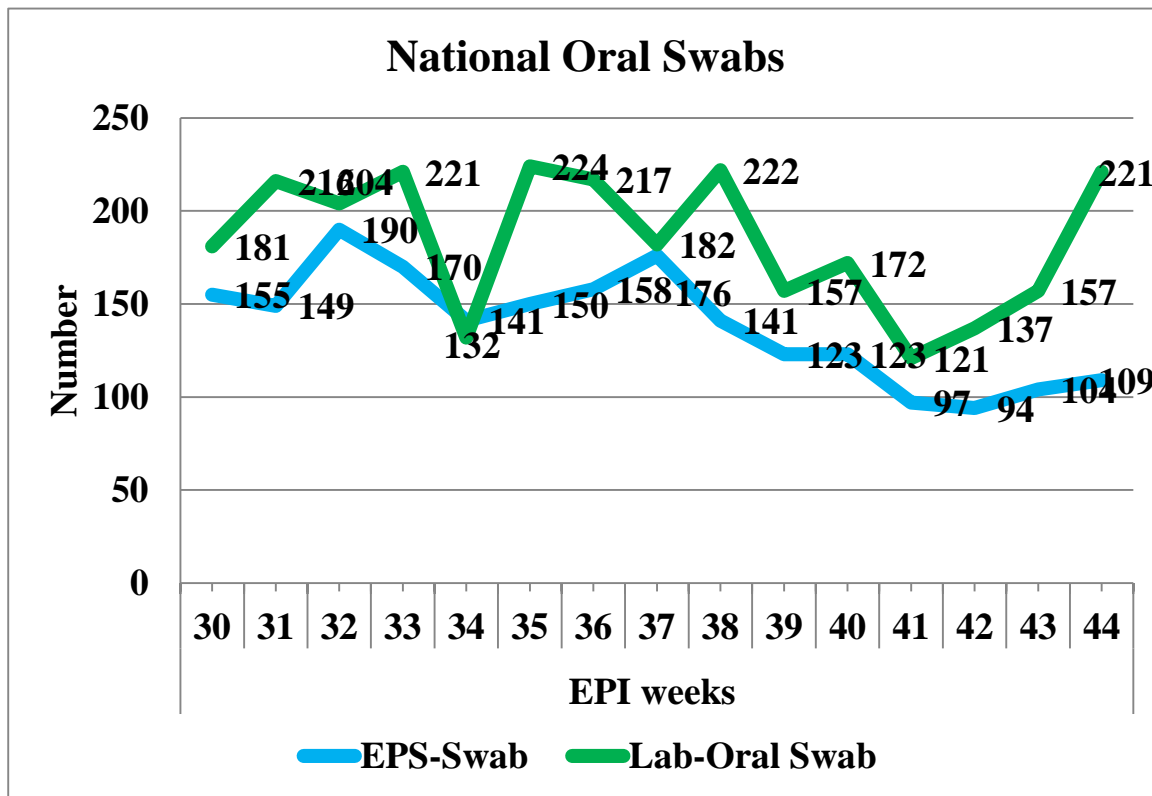
County	Week 40 September 28 - October 4		Week 41 October 5 - October 11		Week 42 October 12 - October 18		Week 43 October 19 - October 25		Week 44 October 26 - November 1		Monthly Totals	
	Number of swabs collected	% population deaths	Number of swabs collected	% population deaths	Number of swabs collected	% population deaths	Number of swabs collected	% population deaths	Number of swabs collected	% population deaths	Number of swabs collected	% population deaths
Bomi	1	5.3%	0	0.0%	0	0.0%	5	26.4%	3	15.9%	9	11.0%
Bong	0	0.0%	0	0.0%	0	0.0%	1	1.3%	38	50.7%	39	12.0%
Gbarpolu	0	0.0%	2	10.7%	1	5.3%	2	10.7%		0.0%	5	6.2%
Grand Bassa	6	12.0%	5	10.0%	12	24.1%	18	36.1%	8	16.0%	49	22.7%
Grand Cape Mount	4	14.0%	2	7.0%	4	14.0%	6	21.0%		0.0%	16	12.9%
Grand Gedeh	2	7.1%	4	14.2%	1	3.6%	5	17.8%	2	7.1%	14	11.5%
Grand Kru	1	7.7%	6	46.1%	2	15.4%	1	7.7%	3	23.0%	13	23.0%
Lofa	0	0.0%	0	0.0%	0	0.0%	3	4.8%	21	33.7%	24	8.9%
Margibi	12	25.4%	14	29.7%	5	10.6%	13	27.5%	16	33.9%	60	29.3%
Maryland	2	6.5%	2	6.5%	6	19.6%	1	3.3%	3	9.8%	14	10.6%
Montserrado	99	39.4%	76	30.2%	80	31.8%	113	44.9%	90	35.8%	458	42.0%
Nimba	3	2.9%	1	1.0%	6	5.8%	13	12.5%	23	22.1%	46	10.2%
River Cess	0	0.0%		0.0%	0	0.0%		0.0%	1	6.2%	1	1.4%
River Gee	0	0.0%	3	20.0%	8	53.3%	2	13.3%	3	20.0%	16	24.6%
Sinoe	4	17.4%	2	8.7%	5	21.7%	3	13.0%	6	26.1%	20	20.0%
NP	11		2		5		4		3		25	
<b>National</b>	<b>145</b>	<b>18.5%</b>	<b>119</b>	<b>15.2%</b>	<b>135</b>	<b>17.3%</b>	<b>190</b>	<b>24.3%</b>	<b>221</b>	<b>28.3%</b>	<b>810</b>	<b>23.9%</b>

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**Figure 2: Project total of deaths by county**

County	Total Pop./County	Expected Deaths	October
Bomi	99,352	76	11%
Bong	393,873	300	12%
Gbarpolu	98,489	76	6%
Grand Bassa	261,840	200	23%
Grand Cape Mount	150,089	116	13%
Grand Gedeh	147,942	112	11%
Grand Kru	68,401	52	23%
Lofa	327,001	248	9%
Margibi	247,939	188	29%
Maryland	160,556	124	11%
Montserrado	1,320,748	1004	42%
Nimba	545,696	416	10%
River Cess	84,459	64	1%
River Gee	78,884	60	25%
Sinoe	120,933	92	20%
<b>National</b>	<b>4,108,217</b>	<b>3128</b>	<b>24%</b>

**Figure 3: National Live Alerts**





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**NARRATIVE**

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

On 3<sup>rd</sup> September the Ministry of Health (MOH) and WHO declared Liberia free of Ebola transmission in the human population. Liberia is now in a 90-day period of heightened surveillance and as of the end of Oct was two-thirds (59 days) through that period. No new Ebola cases have been reported.

The project has been a collaborative effort between WHO, UNFPA and UNDP. In response the Ebola outbreak in June/July 2015, the implementing partners submitted a revised project extension proposal to MPTF with the objective of enhancing surveillance capacity in Montserrado County, where the majority of the country lives and had the most reported cases, and six additional counties in border areas, which remained at risk due to the continued EVD presence of Guinea and Sierra Leone. The primary goal of the revised project is early case detection and rapid identification of the sick and dead, and their visitors.

The extension was approved and the new listing of personnel i.e. contact tracers, supervisors, monitors and coordinators by county was compiled in close consultation with the various county health teams (CHTs). The planned activities for July-December 2015 included:

1. Supporting outbreak response activities in Montserrado (active case finders, community engagement, cash incentive of response team and operational fund)
  - a. UNDP supported the payment incentive for July for 4,171 active case finders in Montserrado, refresher training, community engagement and operational costs.
  - b. WHO continues to support 2,146 active case finders (a 50% reduction from the original number) from Aug to Dec 2015.
  - c. UNFPA supports the payment of incentive to 123 response teams in Montserrado and provides operational support.
2. Support active case finding in six counties (Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba) with UNFPA supporting incentives through December 2015.
  - UNFPA will continue supporting the 6 mandated counties by incentivizing the 656 active case finders, 176 supervisors 42 monitors and 14 coordinators, as well as training and providing them with operational cost for the extension period July-December 2015.

UNDP support ended as of July 2015 and UNFPA and WHO support will end in December 2015.

In Montserrado, WHO supported a total of 2,146 active case finders from 412 communities including supervisors/community leaders, monitors, response team coordinators, psychosocial counselors and zonal coordinators. All active case finders have been previously trained and arrangements were made during the month of October for refresher sensitization and coordination trainings to be conducted in early November. UNFPA also supported the Montserrado County Health Team, submitting payments were made for August and September 2015 for 113 personnel including District Health Officers, zonal surveillance officers, psychosocial counselors, data clerks and members of four response teams.

During October, WHO surveillance teams, in collaboration with CHTs, continued conducting rapid assessment of EVD surveillance performance by district. County disease surveillance was conducted in all seven counties and timely reporting to Ministry of Health. All counties reported live and dead alerts. During October (Epi weeks 40-44) total of 4,923 samples were tested for EVD nationwide including 4,113 from live patients and 810 oral swabs from dead bodies.

County disease surveillance has continued to emphasis on border communities to Sierra Leone and Guinea. UNFPA supported field personnel participated in various cross border surveillance coordination meetings and continued to provide daily reports and updates on disease surveillance in the border counties.



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By end of October, all counties with the exception of Grand Cape Mount has been covered by the community structure profiling exercise in preparation for the community engagement activities included in the extension period of the project. On average, all the counties that were mapped so far identified Malaria as the most commonly occurring disease reported most often through surveillance activities. Also, two main structures have been identified for continued disease surveillance as part of community engagement and these are women and youth groups.

During October, WHO, in partnership with the MoH, supported Integrated Disease Surveillance and Response (IDSR) trainings at the district and health facility level for a total of 1,315 health care workers from 715 health care facilities and 91 districts in 14 counties. The training is part of the IDSR county roll-out to develop HCW knowledge to detect, report and respond to epidemic-prone diseases. Pre and post-test indicated average increases in IDSR knowledge from about 30% to 70%.

By the end of October 91 DSOs had been hired by the MoH to scale up surveillance, as part of the implementation of the national Investment Plan for a Resilient Health System. WHO field teams, present in all counties, are providing supportive supervision, working directly alongside CHTs to provide technical advice on the job training.

WHO has conducted an IDSR baseline assessments undertaken by counties at the health facility & district level to identify strengths and gaps in implementating the IDSR guidelines. The WHO IDSR team will support MoH to develop action points and work plans to fill these gaps so that surveillance can be implemented as recommended. Of the 245 health facilities from 91 districts in 15 counties surveyed, 137 (56.1%) of health facilities had health workers trained in IDSR, 186 (76%) of them had standard case definitions displayed on the wall, 119 (48.6%) had transport for surveillance, 127 (52%) had IDSR reporting forms, 54 (22%) had laboratory results for epidemic prone diseases, 105 (42.7%) had case management guidelines for priority diseases, 149 (60.8%) had supervisions done form the counties and feedback provided and only 66 (26.9%) has burial teams for dead body management.

As a major component of IDRS implementation the first phase of Community Event Based Surveillance (CEBS) has been completed in border counties with introductory meetings with county health teams and selection of implementing partners to support training delivery. Electronic Disease Early Warning System (eDEWS) is being piloted in four counties. National level training commenced at the end of October delivered by WHO and MoH for 38 district and county surveillance officers from the four pilot counties.



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

- UNFPA supported six border counties submitting payments for active case finders and response teams in Montserrado County
- UNFPA provided operational support and led community engagement activities.
- WHO supported 2,146 active case finders from 412 communities in Montserrado County
- Payments for August and September for Montserrado County Health Team have been made and October payments are pending.
- Mapping/profiling for community engagement completed for 5/6 counties.
- Community engagement advocacy meetings were held in 5/6 counties for mobilise community structures in support of disease surveillance
- Contact tracing continues to be concentrated in high risk areas especially boarder communities and gCHVs (CT/ACS) are helping to identify and refer sexual and gender based violence and maternal health related cases in communities while promoting hand washing for prevention of EVD.
- Nationally, a total of 4,923 samples were tested for EVD including 4,113 from live patients and 810 oral swabs from dead bodies.
- Sustained timely reporting of suspected and probable EVD cases and other disease conditions as part of the disease surveillance on-going.
- A total of 1,315 front line health care workers from 715 health care facilities and 91 districts in 14 counties trained in IDSR
- IDSR baseline assessment surveyed in 245 health facilities from 91 districts in 15 counties
- The first phase of CEBS completed in border counties and eDEWS launched in four border counties

**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))

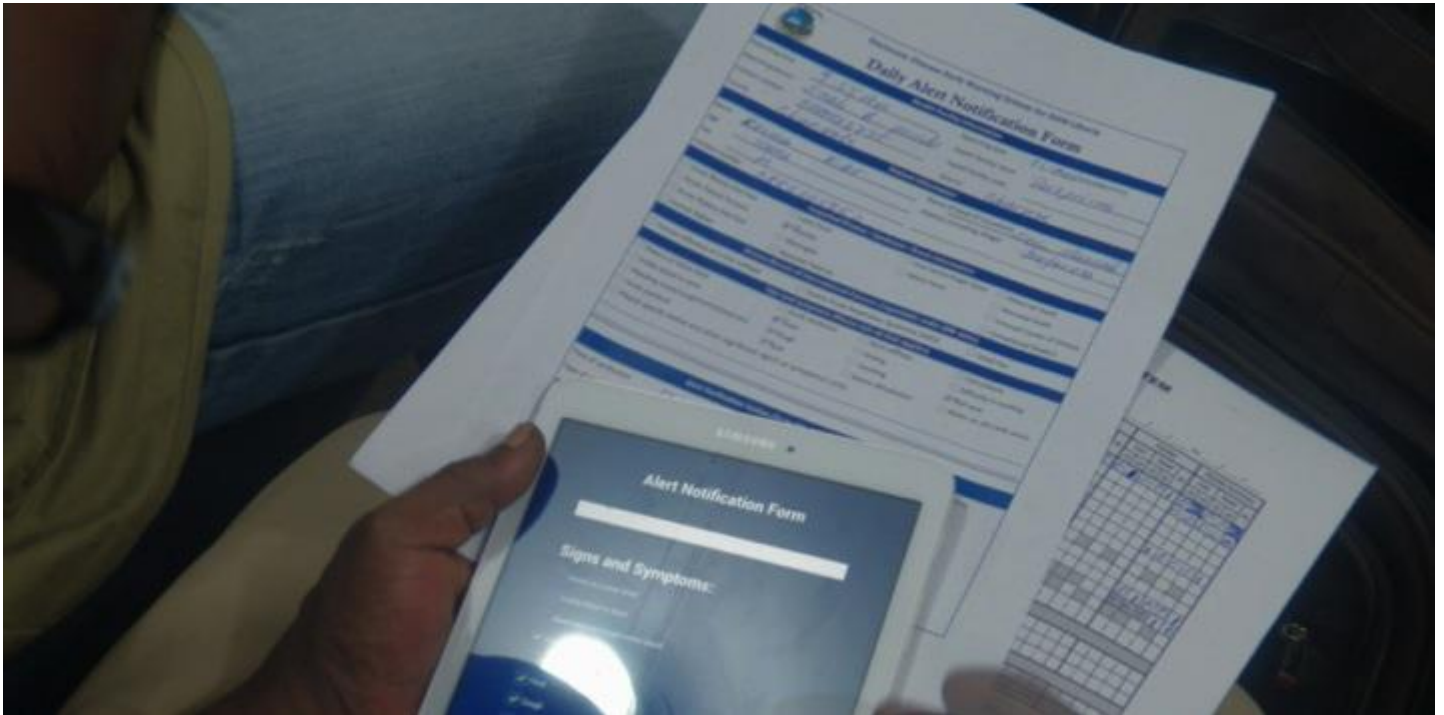
Payments for active case finders have been delayed due to delays in receiving requests for payment for the MoH. The issue has been addressed and payment is now pending.

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

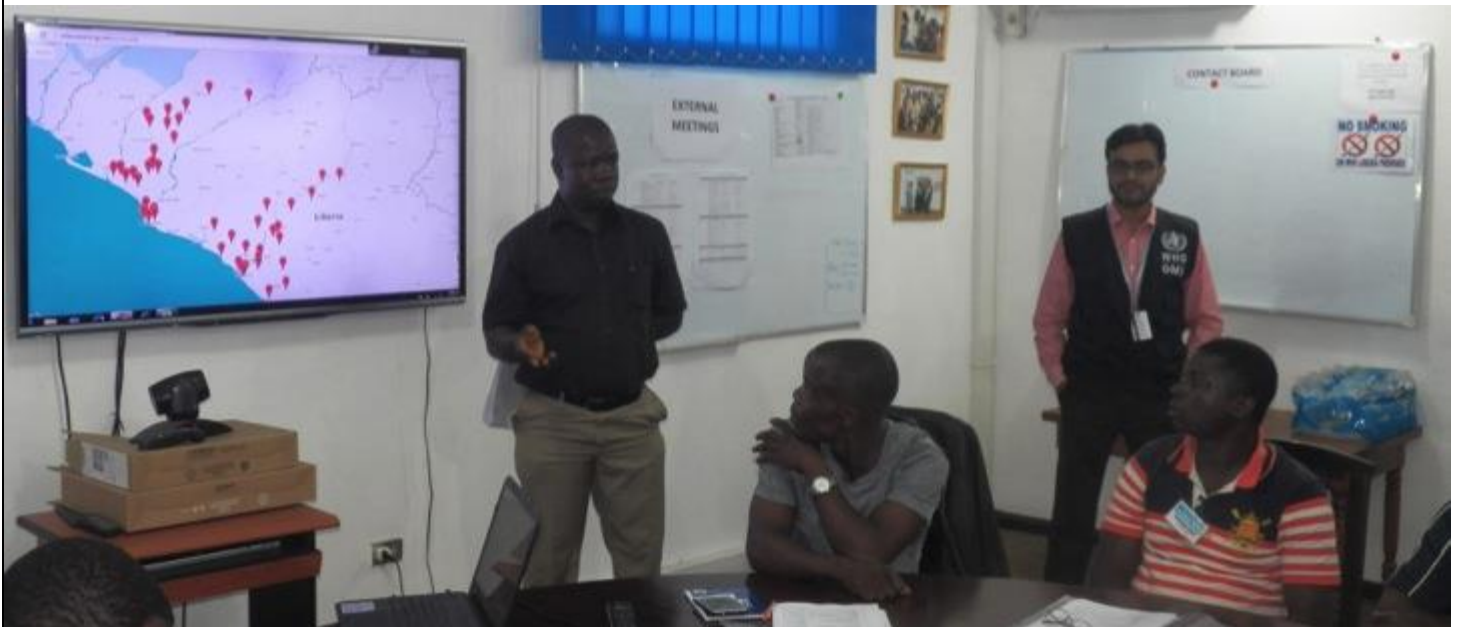
County	Number Of Contact Tracers	Number Of Female Contact Tracers	No. Of Supervisors	No. Of Female Supervisors	No. Of District Monitors	No. Of Female Monitors	No. Of County Coordinators
Bomi	61	14	12	2	4	0	2
Bong	60	15	14	3	8	0	3
Gbarpolu	38	16	13	2	12	1	2
Grand Cape Mount	92	33	19	3	5	1	2
Lofa	106	10	66	17	7	1	3
Nimba	299	104	52	9	6	0	2
<b>Totals</b>	<b>656</b>	<b>192</b>	<b>176</b>	<b>36</b>	<b>42</b>	<b>3</b>	<b>14</b>

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**Additional Information (Optional)**



**Electronic Disease Early Warning System Training in Monrovia**



**Surveillance training at WHO office in Monrovia**