



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT
Period (Quarter-Year): September – December 2017**

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| Project Number and Title: #66 Support to multi-hazard preparedness and response for Liberia | PROJECT START DATE¹: 30th August 2017 | AMOUNT ALLOCATED by MPTF: <u>US \$ 2,500,000</u> | RECIPIENT ORGANIZATION |
| Project ID: 00106849 | | <i>FAO: US\$ 212,166 IOM: US\$ 600,000 UNDP: US\$ 650,000 WHO: US\$ 1,037,834</i> | FAO, IOM, UNDP and WHO |
| Project Focal Point: Name: Dr. Peter Clement/ Dr. Monday Julius E-mail: clementp@who.int drmondayj@gmail.com | EXTENSION DATE: dd-mm-yyyy | FINANCIAL COMMITMENTS <u>US\$: 1,812,000</u> <i>FAO: 212,166 IOM: 350,000 UNDP: 650,000 WHO: 600,000</i> | |
| Strategic Objective (STEPP) SO5 PREVENT | PROJECTED END DATE | EXPENDITURES as of 31 Dec 2018 | IMPLEMENTING PARTNER(S): |
| Mission Critical Action MCA13 – Multi-faceted preparedness | 31 st March 2018 | <u>US\$: 627,473.86</u> <i>FAO: US\$: 0 IOM: US\$ 189,639.86 UNDP: 0 WHO: 437,834</i> | <ul style="list-style-type: none"> • Ministry of Health (MoH), Republic of Liberia • Ministry of Agriculture (MOA) • Ministry of Internal Affairs (MIA) • Disaster Management Agency (DMA) |
| Location: Liberia, African region | Sub-National Coverage Areas: Project activities to be implemented in all the 15 counties of Liberia | | |
| Report Submitted by: | Report Cleared by: | | |
| <ul style="list-style-type: none"> ○ Name: Dr. Clement Peter ○ Title: Disease Prevention and Control Advisor ○ Email address: clementp@who.int ○ Date of Submission: 30th January 2018 ○ Participating Organization (Lead): World Health Organization (WHO) | <ul style="list-style-type: none"> ○ Name: (Head of Agency) Dr. Alex Gasasira, WHO Representative ○ Date of Submission: 30th January 2018 ○ Email address: gasasiraa@who.int ○ Participating Organizations: FAO, IOM and UNDP | | |

¹ The date project funds were first transferred.

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QUARTERLY PROGRESS REPORT RESULTS MATRIX

Output Indicators

| Indicator | Geographic Area | Established Baseline and Projected Target (as per results matrix) | Quantitative results for the reporting period (Sept –December 2017) | Cumulative results since Project commencement (quantitative) | Delivery Rate (cumulative % of projected total) as of date |
|---|-------------------------------|--|---|---|--|
| Output 1: Finalize multi-hazard preparedness and response and establish mechanism for multi-disciplinary and multi-sectoral monitoring mechanism | | | | | |
| Multi-hazard preparedness and response plan available | Plan prepared for the country | Baseline: 0 Target: 1 | NA | Draft multi-hazard preparedness and response plan developed and circulated to key agencies for inputs | 20% |
| Availability of multi-sectoral coordination platform | National level | Baseline: 0 Target: 1 | NA | Existing ToR for multi-sectoral platform reviewed for upgrading. | 0% |
| Output 2: Increase laboratory capacity for specimen collection, processing and timely confirmation to contain outbreaks. | | | | | |
| Number of outbreaks timely confirmed Percentage of zoonotic and animal diseases detected | 15 counties | Baseline: TBD Target: 15 counties | 5 outbreaks (3 measles, 2 Lassa fever) confirmed by the laboratory within 48 hours of alert | 5 outbreaks (3 measles, 2 Lassa fever) confirmed by the laboratory within 48 hours of alert | 100% (on-going activity dependent on eruption of an outbreak) |
| Proportion of clinical laboratories with microbiology testing capacity | 15 countries | Baseline: 5 clinical laboratories in 4 counties Target: 15 counties | 1 out of targeted 5 clinical laboratories testing for microbiology (118 specimens tested in Q4) | 1/5 clinical laboratories | 25% |
| Ensure functional Rapid Response Teams (RRTs) and preposition emergency preparedness and response supplies. | | | | | |
| Proportion of counties that conducted simulation exercises | 5 counties | Baseline: 10 Target: 15 | 0 | Planning to undertake in Q2 2018 | 0% |
| Functional National level Rapid Response Team (RRT) | Montserrado county | Baseline: 0 Target: 1 | 0 | Planning to undertake in Q1-Q2 2018 | 0% |



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| Hand hygiene compliance rate (%) | All health facilities in 15 counties | Baseline: TBD Target: 15 Counties (100%) | 70% | 70% | 70% |
| Availability of emergency medical supplies | 15 counties | Baseline: TBD Target: 15 Counties | 0 | 0 | 0% |
| Strengthen national capacity for detection, early warning and sensitive surveillance in all counties | | | | | |
| Number of outbreaks investigated within 48 hours of surpassing alert threshold | 91 health districts | Baseline: 75% Target: 100% | 11 outbreaks in 4 counties reported, investigated and response action started within 48hrs | 11 outbreaks in 4 counties reported, investigated and response action started within 48hrs | 100% |
| Number of outbreaks reported using eIDSR platform | 5 health districts (health) 7 counties (animal health) | Baseline: 0 Target: 5 (health districts- human health) 7 counties (animal health) | eIDSR is currently being piloted in 7 health districts | eIDSR is currently being piloted in 7 health districts | 0% |
| Enhance early detection of zoonotic diseases at high risk spots (Live Bird Markets - LBM, Slaughterhouse. | | | | | |
| Number of risk points under surveillance | 2 Live Bird Markets (Duala and Red light), 1 Slaughter house (Freeport) in Monrovia and identified PoE areas | Baseline: 0 Target: 3 CVL staff, 7 QO, 15 Livestock officers | NA | NA | 0% |
| Strengthen IHR capacities at PoE | | | | | |
| Number of trained officials (PHO, QO, LIS and CHTs/DHTs) | 9 PoE in 5 Counties, Freeport of Monrovia in Montserrado, | Baseline: TBD Target: 9 PoE (2 seaports and 7 land PoE) | N/A | N/A | 0% |
| Number of PoE equipped to implement the developed SOPs and PHECPs | Port of Buchanan in Grand Bassa, Bo waterside in GCM, Ganta & Yekepa in Nimba, and Medicoma, Solomba, Yeala & Foya Customs in Lofa. | | N/A | N/A | 0% |
| IHR focal point reporting and monitoring | | | | | |
| Number of outbreaks & events reported to WHO | 15 counties | Baseline: 0 Target: 1 | Meningococcal and Lassa fever | Meningococcal and Lassa fever | 100% |



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| | | | outbreaks reported to WHO | outbreaks reported to WHO | |
| IHR monitoring reports discussed at the multi-sectoral meetings | | | Quarterly supportive supervision & monitoring reports discussed at the NEPRC meetings | Quarterly supportive supervision & monitoring reports discussed at the NEPRC meetings | 100% |

Introduction

The MPTF project is a joint collaboration between IOM, UNDP, FAO and WHO to strengthen the government of Liberia’s resilience and capacity to mitigate, prevent and respond to threats, epidemics and disasters based on lessons learnt from Ebola epidemic and the joint external evaluation on International Health Regulations (IHR). The intervention focus is on multi-hazard preparedness, surveillance, IHR at ports of entry, Laboratory services, and Disaster Risk Reduction (DRR) in the context of one health and multi sectoral-or multi-disciplinary coordination mechanism.

This report is a summary of actions undertaken by the four implementing organizations in the first 3 months of the project implementation period (1st August to 30th October 2017).

Project funds

All the four organizations received the funds allocated to each of them as indicated in the approved proposal in September 2017. A lot of time in the first quarter was devoted to preparatory work and much of the implementation started effectively from November 2017 onwards. The aim is to finalize the planned activities within the project implementation period.

Key activities conducted in the reporting period

Project coordination:

Partners’ first quarter coordination meetings were held at WHO and attended by all representatives from IOM, UNDP, FAO and WHO during which progress on activities implementation, monitoring and evaluation strategy as well plan to fast track the implementation process was discussed.

The meetings are chaired by WHO as well as coordination of the progress reports.



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Agency specific Achievements

1. FAO

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| Narrative |
| Nothing specific to report |
| Achievement |
| National Action Plan for Health Security (NAPHS) workshop was held in Buchanan, with the objective to develop NAPHS to address IHR JEE identified gaps. FAO participated in this workshop, mainly contributing for the development of the action packages: Biosafety/Biosecurity; Laboratory Diagnosis; Zoonoses P&C; Work force development. This set the base for other activities FAO will be supporting in Liberia, which complement those addressed by this project, namely: Surveillance and diagnosis, POEs interventions, early detection of zoonoses, workforce development. |
| Delays or Deviations |
| <ul style="list-style-type: none"> • Implementation of activities was slightly delayed due to the fact the previous Country Team Leader (CTL) was absent due to illness. FAO is working currently on streamlining the activities concerning this project as well as looking into complementarity with other projects implemented by FAO, and in collaboration with MoA / Other partners (as relevant). • FAO will ensure smooth implementation over the remaining period of the project’s lifetime. • Current delays in the implementation process are also due to the late approval of the project and transfer of funds. |
| Additional information |
| <ul style="list-style-type: none"> • None |

2. IOM

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| Narrative |
| <p>Border Coordination Group (BCG) with its Border Technical Working Group (BTWG) were reactivated with the support of “Support to multi-hazard preparedness and response for Liberia” through IOM in collaboration with WHO and partners under the lead of MoH/NPHIL. The BCG chaired by MoH/NPHIL organized regular biweekly meetings of BTWG to review/revisit the project’s work plan and prioritize interventions (trainings, simulations, operational support, coordination structure –national, county and cross-border levels -, etc.) as needed during the course of implementation given the updates/situation on ground as captured during monitoring activities. In addition, the TWG reviewed, endorsed and submitted for validation the developed SOPs/PoE specific PHECPs for the targeted ground crossing points.</p> <p>Activities implemented up to date</p> <ul style="list-style-type: none"> • Updated the ground crossing PoE toolkit and conducted baseline needs assessment using the revised tool, • Developed Procurement plan based on the needs assessment report reviewed and endorsed by the BTWG, |



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| <ul style="list-style-type: none"> • Developed ground crossings PoE specific Public Health Contingency Plans (PHECPs) for targeted PoE, the developed PHECPs were reviewed and endorsed by the TWG, and submitted to NPHIL’s Director General for validation, • Procurement process for the equipment needed to operationalize the updated SOPs and developed PHECPs at the targeted PoE is ongoing following IOM internal rules and regulations, pending distribution, • Developed ground crossings PoE training materials/tools, and developed simulation exercise tools (ToR, checklist, actor’s guide, etc.) for both ground crossings and seaports. Developed materials/tools were reviewed and endorsed by the BTWG, • Developed IEC materials (Ring cards with updated emergency contacts on it, health messages and laminated updated referral flow charts) for targeted PoE, pending the printing and dissemination. The IEC materials were developed by BTWG in consultation with Health Promotion Technical Working Group (HPTWG), |
| Achievement |
| <ul style="list-style-type: none"> • Baseline assessment completed at 7 ground crossing and one seaport using updated PoE toolkit, • Updated ground crossing PoE SOPs, • Developed Public Health Emergency Contingency Plans (PHECPs) for ground crossing PoE. |
| Delays or Deviations |
| <p>The validation of developed PHECPs and materials was delayed because of the elections and holidays, which might affect the implementation of the rest of activities (trainings, simulations, etc.)</p> |
| Additional Information |
| <p>As mentioned in the previous report, the main challenge is the central multi-hazards plan development versus National EPR plan update, for which it was agreed with WHO and partners under the lead of MoH/NPHIL to use the current national/county level outdated EPR plans instead.</p> |

3. UNDP

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| Narrative |
| <p>The approved joint MPTF proposal required UNDP to develop two key national documents, the multi-hazard preparedness and response plan and multi-sectoral coordination platform. Following the approval, the UNDP/RC office is seeking for a major shift from the approved project document from preparation of the multi-hazard preparedness and response plan and multi-sectoral platform to procurement of tangible items (vehicles, motorbikes, furniture, office equipment, supplies, etc) that will enable the NDMA to start up as a new agency. Based on this, the activities and budget have been revised. The RC has pledged to seek approval of this shift directly with the MPTF headquarter. Due to this unresolved matter, the project has not done much in terms of implementation. However, the ToR for recruitment of a dedicated project manager was completed and pending advertisement.</p> |
| Achievement |
| <ul style="list-style-type: none"> • Approved project activities and budget revised based on shift requested by RC office • ToR for project manager developed |
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Delays or Deviations

As mentioned above, the proposed shift/deviation from the approved UNDP activities has delayed implementation of the project. UNDP/RC office is seeking a major deviation from developing multi-hazard preparedness and response plan and multi-sectoral coordination platform to procurement of tangible items for the NDMA. The main justification for the change is to enable the NDMA, a newly established disaster manager agency, to start up. The NDMA has been given a building by the Government of Liberia but it will need basic logistics including transportation, office equipment, supplies and furniture to start operation. We see the MPTF fund as an opportunity to ensure the provision of these basic start up items for the NDMA.

Additional Information

- None

4. WHO

Narrative

WHO has started to implement priority activities as indicated in the project proposal. The initial activities focused on the development of the National Action Plan for Health Security. This plan is built on the lessons learned and recommendations from the IHR Joint External Evaluation to improve Liberia’s capacity to prepare, detect and respond to public health threats and events.

Improving national capacity on infection prevention and control was critical to protect health workers and patients. Mentorship and supervision on infection prevention and control practices as well as assessment on hygiene practices were conducted.

Strengthening laboratory capacity for prompt confirmation of epidemic prone diseases is a priority for the country, and decentralization of microbiology testing to additional 5 clinical laboratories in 4 counties is key in improving promptness in confirmation of outbreaks including cholera, meningitis, acute bloody diarrhea, among others, as well as conducting laboratory surveillance for antimicrobial resistance. Procurement of materials is ongoing, training has partially been conducted and will be completed in Q1 of 2018, and mentorship of personnel is ongoing.

Timely reporting of alerts and rumors from the communities and health facilities is an important element of the integrated disease surveillance and response. The Ministry of Health with support of WHO is piloting e-surveillance in two counties. Lessons learned from this exercise will help the Ministry to scale up e-surveillance in the country.

Achievements

- National Action Plan for Health Security (NAPHS) workshop held which is to develop NAPHS to address IHR JEE identified gaps
- In collaboration with MOH WHO updated and undertook hand hygiene audits in 18 public and private hospitals
- Supervision, mentorship and reassessments conducted at 746 health facilities to ensure adherence to IPC standards. Overall IPC standards compliance (for 11 indicators) was 66% (improvement of 25% from baseline which was completed approximately one year ago).
- Piloted the introduction of e-surveillance (e IDSR) platform to improve timely reporting of alerts conducted in Margibi and Grand Cape Mount counties.
- Comprehensive list with bills of quantities for laboratory equipment, reagents and supplies for microbiology testing, RDTs for priority epidemic prone diseases and Ebola cartridges developed. International procurement for the equipment and supplies is in progress.



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- Five outbreaks of measles (3) and Lassa fever (2) confirmed by the laboratory, within 48 hours of alert representing 100% outbreak confirmation promptness
- Forty-eight personnel from the five targeted facilities for bacteriology testing were trained in basic and/or advanced bacteriology testing. Continued mentorship, supervision, and monitoring has been provided to approximately 40 personnel in four of the five laboratories
- Microbiology testing established at one of five targeted laboratories and approximately 118 specimens were tested during the reporting period (Q4 2017).

Delays or Deviations

Some of the laboratories targeted for microbiology testing capacity development have required major facility structural modifications to be fit-for-purpose hence contributing to delays rolling out testing and thus poor target score for the reporting period. It is expected that facility modifications will be finalized by end of February 2018 and testing capacity building including training and mentorship of personnel will commence immediately upon completion of modifications.

Additional Information

- Activities implemented under this project benefit the people of Liberia from all age groups including children, women and men.