



**UN EBOLA RESPONSE MPTF
LIBERIA PROJECT QUARTERLY PROGRESS REPORT
Period (Quarter-Year): April - June 2018**

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> <i>FAO: 212,166 US\$</i> <i>IOM: 600,000 US\$</i> <i>UNDP: 650,000 US\$</i> <i>WHO: 1,037,834 US\$</i>	RECIPIENT ORGANIZATION FAO, IOM, UNDP and WHO
Project ID: 00106849			
Project Focal Point: Name: Dr. Monday Julius Rude E-mail: mondayj@who.int drmondayj@gmail.com	EXTENSION DATE: 30th June 2018	FINANCIAL COMMITMENTS <u>US\$: 1,812,000</u> <i>FAO: 212,166 US\$</i> <i>IOM: 2,247.00 US\$</i> <i>UNDP: 650,000 US\$</i> <i>WHO: 600,000 US\$</i>	
Strategic Objective (STEPP) SO5 PREVENT	PROJECTED END DATE	EXPENDITURES as of 30 June 2018	IMPLEMENTING PARTNER(S):
Mission Critical Action MCA13 – Multi-faceted preparedness	30th June 2018	<u>US\$: 1,840,701.00</u> <i>FAO: 115,066.00 US\$</i> <i>IOM: 599,967.00 US\$</i> <i>UNDP: 498,900.00 US\$</i> <i>WHO: 1,034,834.00 US\$</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: <ul style="list-style-type: none"> ○ Name: Dr. Monday Julius Rude ○ Title: Epidemiologist ○ Email address: mondayj@who.int ○ Date of Submission: 3rd July 2018 ○ Participating Organization (Lead): World Health Organization (WHO) 	Report Cleared by: <ul style="list-style-type: none"> ○ Name: (Head of Agency) Dr. Alex Gasasira, WHO Representative ○ Date of Submission: 3rd July 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 (April -June 2018)	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	1	The finalized plan was validated through regional workshops. Training on usage planned for July 2018.	100%
Availability of multi-sectoral coordination platform	National level	Baseline: 0 Target: 1	1	Existing platform members mobilized, meeting schedule in place. ToR revision on going.	90%
Availability of National Emergency Operation Center	National level	Baseline: 0 Target :1	1 (Procurement of all equipment launched and awaiting delivery and installation)	Procurement of all equipment launched and awaiting delivery and installation.	60%
Availability of Standard Operation Procedures and Manual for the NDMA	National level	Baseline: 0 Target: 1	1	SOP developed and CDMCs trained on usage	100%
Output 2: Increase laboratory capacity for specimen collection, processing and timely confirmation to contain outbreaks.					



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<p>Number of non-EVD outbreaks timely confirmed.</p> <p>Percentage of zoonotic and animal diseases detected</p>	<p>15 counties</p> <p>Target: 15 counties</p>	<p>Baseline: 0</p>	<p>6 of 6 outbreaks (Lassa fever,) confirmed by the laboratory within 48 hours of alert in humans</p> <p>1 outbreak of Rabies in animals (1 cat, 2 dogs) was detected and confirmed by Liberia Central Veterinary Laboratory and external quality control (proficiency testing) done in Legnaro, Padua Italy produced similar results</p>	<p>24/25 outbreaks (10 measles, 12 Lassa fever, 1 meningitis, 1 shigellosis, 1 scabies) confirmed in humans by the laboratory within 48 hours of alert</p> <p>1 outbreak of Rabies in animals (1 cat,2 dogs) confirmed by Liberia Central Veterinary Laboratory</p>	<p>100% zoonotic and animal diseases detected</p>
<p>Proportion of clinical laboratories with microbiology testing capacity</p>	<p>4 countries</p>	<p>Baseline: 0</p> <p>Target: 5 clinical laboratories in 4 counties</p>	<p>4 out of targeted 5 clinical laboratories testing for microbiology (104 specimens tested in Q2 2018. Training completed for all 5 facilities (34 personnel trained in total)</p>	<p>5/5 clinical laboratories (cumulatively, 300 tests conducted to-date)</p>	<p>100%</p>
<p>Ensure functional Rapid Response Teams (RRTs) and preposition emergency preparedness and response supplies.</p>					
<p>Proportion of counties that conducted simulation exercises</p>	<p>5 counties</p>	<p>Baseline: 10</p> <p>Target: 15</p>	<p>1 National level simulation conducted by WHO In collaboration with Regional Hub in Dakar, involving Senegal, Nigeria and Liberia, to test the functionality of regional and country EOC</p>	<p>5 simulation exercises (1 national and 4 sub national) conducted since the start of the project</p>	<p>45%</p>



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Functional National level Rapid Response Team (RRT)	National level	Baseline: 0 Target: 1	1	National RRT established and all 15 counties have functional RRTs, but require refresher training.	100%
Hand hygiene compliance rate (%)	All hospitals in 15 counties	Baseline: TBD Target: 15 Counties (100%)	30 hospitals (23 public and 7 private) assessed (hand hygiene compliance was 79%)	All the hospitals in the country 36 Hospitals Hand Hygiene (47 public and 13 private hospitals) assessments conducted in all 15 counties	100%
Hand Hygiene Self-Assessment Frame Work Compliance rate (%)	15 Counties	Baseline: TBD Target: 15 Counties	22 health facilities (16 public and 6 private) assessed. Self - assessment frame work compliance was 67%	52 lower level health facilities in 14 counties i.e. 39 public and 13 private health facilities assessed. Overall hand hygiene self - assessment frame work compliance was 87%	93%
Availability of emergency medical supplies	15 counties	Baseline: TBD Target: 15 Counties	Assorted emergency medical supplies (Laboratory IDSR sample collection materials IPC supplies, some drugs) supplied 11 counties	Assorted emergency medical supplies (Laboratory IDSR sample collection materials IPC supplies, emergency drugs-Benzyl Benzoate) supplied to 15 counties	80%
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%	6 outbreaks in 5 counties reported, investigated and response action started within 48hrs	25 outbreaks in 14 counties reported, investigated and response action started within 48hrs	100%

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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)	1 outbreak (Lassa fever) in humans reported through eIDSR	4 outbreaks (Lassa fever 2 and measles 2) reported through eIDSR	30%
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 Central Veterinary Laboratory (CVL) staff, 7 QO, 15 Livestock officers	Surveillance maintained for 3 risk points in Montserrado 2 risk points in Nimba 1 in Bo waterside, Cape Mount	2 slaughter houses under surveillance with adequate staff (17 trained) 2 CVL staff, 4 Epi Unit Staff and 4 FAO Staff conducted surveillance at the Red-light live bird market and congregational site at the Free Port slaughter house	80%
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, Port of Buchanan in Grand Bassa,	Baseline: TBD Target: 9 PoE (2 seaports and 7 land PoE)	156	156 (106 M, 50 F)	100%
Number of PoE equipped to implement the developed SOPs and PHECPs	Bo waterside in GCM, Ganta & Yekepa in Nimba, and Medicoma, Solomba, Yeala & Foya Customs in Lofa.		12	12	133.3%
IHR focal point reporting and monitoring					
Number of outbreaks &	15 counties	Baseline: 0 Target: 1	1 Lassa fever outbreak reported	2 outbreaks (meningitis, Lassa	200%



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events reported to WHO			to WHO	fever) reported to WHO	
IHR monitoring reports discussed at the multi-sectoral meetings	15 counties	Baseline: 0 Target: 1	IHR reports, 1 Quarterly supportive supervision & monitoring report discussed at the NEPRC and NPHIL quarterly review meetings	IHR reports, 1 Quarterly supportive supervision & monitoring report discussed at the NEPRC and NPHIL quarterly review meetings	100%

Introduction

The MPTF project being implemented by IOM, UNDP, FAO and WHO aims at strengthening the Liberia government capacity and resilience to mitigate, prevent and respond to multi-hazard threats (epidemics and disasters) and Disaster risk reduction with focus on multi-hazard national preparedness and response plan, surveillance and laboratory services for human and animal health, emergency preparedness and response and IHR core capacities based on lessons learnt from Ebola epidemic and the joint external evaluation on International Health Regulations (IHR).

This report is a summary of actions undertaken by the four implementing organizations covering 1st April to 30th June 2018 project implementation period.

Project funds

All funds allocated to each organization are utilized according to approved proposal September 2017 and amended approved proposal for the case of UNDP December 2017.

Key activities conducted in the reporting period

Project coordination:

Under WHO coordination, the project strengthened the integrated collaboration among UN and other agencies on preparedness, resilience and response to epidemics and disasters in Liberia.

Joint project activities monitoring and supervision was done by technical team from the 4 UN implementing agencies under the coordination of WHO in order to learn lessons from each other activities implementation strategy, advise each other to how to fast track progress, maintenance of quality and technical advice where possible.

Partners' monthly coordination meetings chaired by WHO were held on a rotational basis and attended by all representatives from IOM, UNDP, FAO and WHO during which progress on activities implementation, monitoring and evaluation strategy was discussed.



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Agency specific Achievements

1. IOM

Narrative

During the period under reviewed; bi weekly meetings for Border Coordination Group (BCG) with its Border Technical Working Group (BTWG) were conducted with the support of this activity through IOM in collaboration with WHO and partners under the lead of MoH/NPHIL.

Organized a project close out meeting at National Public Health Institute of Liberia (NPHIL) chaired by MoH/NPHIL to provide feedback to the line ministries, partners and key stakeholders about implemented activities, challenges and recommendations under this project, discussing the way forward to continue and expand the scope of activities under the BCG operational plans.

Achievement

- Four cross border meetings were conducted by IOM in collaboration with NPHIL/MOH in three counties at major ground crossings (One at Bo Water Side POE in GCM, Ganta, and Yekepa POE in Nimba and Mendikoma POE in Lofa). The objective of the meetings was to enhance the cross-border surveillance as a mean of maintaining the gains being realized by neighboring countries in an effort contain the further spread of diseases.
- Conducted a review workshop to update the air and sea ports public health emergency contingency plans (PHECPs) and developed specific POE as per the Collaborative Arrangement For The Prevention And Management Of Public Health Events In Civil Aviation (CAPSCA) recommendations (RIA, J. Spriggs, Freeport of Monrovia and Port of Buchanan)
- Reviewed and updated the referral pathways for air and sea ports' specific.
- Printed and distributed the reviewed PHECPs and referral pathways including the IHR guidelines and WHO Hand book for Inspection of Ship and Issuance of Ship Sanitation Certificate.
- Provided operational support for National Port Health office, three counties' Border Coordination Group (BCG) focal persons, visibilities and IPC materials for the airports, seaports and ground crossing PoE.
- Public Health Emergency Contingency Plan for air and sea ports reviewed, updated, printed and distributed.
- Provided operational support to the targeted 22 PoEs.

Additional Information

No additional information for the reporting period.



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2. UNDP

Narrative
<p>During the period, the validated multi-hazard preparedness and response plan was disseminated in the counties through three regional workshops. The aim of the regional workshops was to make the county disaster management committees knowledgeable about the plan and how it will work. The three regional workshops brought together representatives from the CDMCs from all fifteen counties.</p> <p>Information materials for advocacy and public awareness were produced and awaiting publication through the UNDP procurement Unit. The advocacy materials received inputs from the county disaster management committees through organized regional consultations. The advocacy materials also received inputs from journalists at the regional workshops.</p> <p>Like the multi-hazard preparedness and response plan, the SOP for the NEOC was reviewed with the CDMC. The representatives of the CDMC were trained on the use of the SOP. Contributions were also made to the production of the information dissemination materials for disaster response that is under production.</p> <p>The renovation of the NDMA building was advanced. The building is about 90% completed and the NDMA staff has already moved in. Procurement of equipment for the NEOC and the NDMA including motorbikes and a vehicle are far advanced. The items are expected by the end of July. Once delivery is done the EOC expert is expected to arrive for the installation.</p>
<p>Achievement</p> <p>During the period, the following results were achieved:</p> <ul style="list-style-type: none"> • Project manager recruited and functioning • The CDMCs were trained on the usage of the multi-hazard preparedness and response plan • The CDMCs were trained on the usage of the NEOC SOP • Advocacy materials for the NDMA were produced and now awaiting printing • The renovation of the NDMA building was 90% completed and staff have already moved in the building. • Assessment for the internet connectivity was done
<p>Delays or Deviations</p> <p>The development of the DRR communication strategy suffered another setback. The RFP was advertised twice and no applications received. It has been advertised for the third time.</p>
Additional Information
None

3. WHO

Narrative
<p>During the review period, WHO with funds from MPTF donated 10, 000 doses of benzyl benzoate medication to ministry of health to combat scabies outbreak of in 8 counties of Liberia.</p> <p>Mentorship and supportive supervision on infection prevention (IPC) and control practices and hand hygiene practices were conducted in both public and private hospitals as a continuous approach to improving national capacity for IPC and health workers/patients' protection, also the reassessment for the Hand Hygiene Self -Assessment Frame Work was conducted. Hand Hygiene</p>



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Self-Assessment Framework is a diagnostic tool to identify hand hygiene gaps at facilities, acting as a catalyst for implementing and sustaining a comprehensive hand hygiene programme. Quarterly hand hygiene audits at public and private hospitals are ongoing, with continuous feedback and supportive supervision.

Strengthening laboratory capacity for prompt confirmation of epidemic prone diseases was prioritised and decentralization of microbiology testing to additional 5 clinical laboratories in 4 counties strengthened for timely confirmation of outbreaks both bacterial and viral in origin as well as initiation of laboratory surveillance for antimicrobial resistance, training and mentorship of MoH Laboratory national and subnational staff in bacteriological testing.

Achievements

- Provided technical and logistical/operational support to IHR focal point, 15 county, 92 districts and 22 Zonal surveillance officers.
- Produced 13 Liberia early warning disease surveillance weekly bulletins, with IDSR core indicators performance analysis, presented at weekly NEPRC (national IMS) meetings and shared with all stakeholders. The IDSR health facilities reports completeness and timeliness was 96% and 94% respectively above the national target of 80% in Q2 2018.
- Supported MoH/NPHIL conduct quarterly IDSR supportive supervision in 314 health facilities and 14 Ports of health stations in 15 counties.
- Procured and distributed laboratory equipment, reagents and supplies for microbiology testing, RDTs for priority epidemic prone diseases and Ebola
- Training in bacteriology testing has been conducted in all 5 selected laboratories, 4 of them now have capacity to conduct bacteriology testing. – Approximately 104 specimens tested by the labs in Q2 2018. Mentorship is ongoing to develop testing capacity at the remaining facility and further strengthen testing capacity at all the 5 facilities.
- 6 of 6 outbreaks (Lassa fever) were confirmed by the laboratory within 48 hours of alert, representing 100% confirmation timeliness. 100% of the outbreaks were investigated and reported within 72hrs
- 130 suspected Lassa fever cases were reported of which 20 cases were laboratory confirmed (Nimba 9, Bong 4, Montserrado 3, Margibi 2 and Grand Bassa 2), 110 cases classified as NOT a case and case fatality rate (CFR) was 65% among confirmed cases.
- Developed, reproduced and disseminated outbreak investigation SOPs and guidelines, Lassa fever case management and IPC protocol for sub national level health workers and updated the Liberia IDSR health care facility operational guide.
- Validated and launched the national IPC guidelines, national anti-microbial resistance (AMR) plan and national action plan for health security (NAPHS)
- Ongoing support to Supported the development of disease specific contingency and



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strategic plans(Viral Hemorrhagic fever (Lassa fever, EVD) and Cholera)

Delays or Deviations

One of the laboratories targeted for bacteriology roll-out has only low cadre personnel (lab assistants and lab aids) that resulted in a need for prolonged mentorship to develop testing capacity for bacteriology in Liberia

Additional Information

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

4. FAO

Narrative

During the period under review, the FAO team focused the implementation to seven counties with much attention on Nimba for the construction of two Temporary Holding Grounds (THGs) for surveillance at risk points in Ganta and Loguato points of entries. In the selection process, the assessment was made in relation to the livestock movement and the risk associated with introduction of potential diseases of livestock. Livestock species that are imported from neighboring countries like Serra Leon, Guinea and Ivory Coast are mainly ruminants such as cattle, sheep and goat

Achievements

Two sites for the temporary holding grounds at the two ports of entries (Ganta and Loguato) were identified, A dialogue meeting between FAO and MoA and local authority was conducted.

Agreement to clear and prepare the site for the construction of quarantine station was made. This involves explaining the benefit of the station to the county in particular and to the country in general and how it operates in controlling entry of any disease through imported animals. This step was critical in signing the MoU by the new local administration that is new to the activity.

The Memorandum of Understanding (MoU) between the local government and the Ministry of Agriculture (MoA) was signed

The minimum standards to be included in the Temporary Holding Ground were obtained from a technical expert from FAO regional office.

Based on the technical specification, the layout for the quarantine station was drafted and detailed structural drawings prepared as well as the bill of quantity for tender bidding. In order to assure the quality of the construction and with the very limited time available, FAO has engaged UNOPS to provide technical advice on activity implementation



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Surveillance related activities

During the reporting period, a technical team of 6 people consisting of Central Veterinary laboratory (2), Epi Unit (4) and FAO (4) conducted active disease surveillance at Red-light live bird market, congregational site at Free Port slaughter house and the Chiesenei cattle ranch in Lofa county. A total of 61 different species of animals and birds were examined and 183 samples (nasal and cloaca swab, blood and fecal, rectal and environmental samples) were collected, transported in a transport medium, properly labeled and stored for laboratory Investigation at Central Veterinary Laboratory (CVL) primarily for detection of diseases such as Avian Influenzae (AI), New Castle Disease (NCD) and other zoonotic disease.

Results are expected to come soon as CVL had stock out of some vital reagents such as Rapid AI detection kit and these are being procured.

Delays or Deviations

The recent change in the government was followed by a change in local authorities (City Mayors). This necessitated to restart all over again the MOU signed between MoA and the local authorities in acquiring the Temporary Holding Ground at the Points of Entry. This in turn has delayed the steps needed to implement the construction including the layout design that goes with the size of the land. The MoU has now been signed with the newly elected local authorities and a draft layout of the holding ground was made.

Although the layout for the Temporary Holding Ground was done following a set of accepted criteria for Quarantine station, the detailed architectural design awaits technical clearance at FAO headquarter. In order to assure the quality of the construction and with the very limited time available, FAO has initiated a discussion with UNOPS to provide technical advice only to the implementation of the activity within the limited amount of money allocated to this activity (FAO will use part of the funds under category 4 of the project budget by UN categories under contractual services to finance the activity and the technical service from UNOPS).

The heavy raining season delay the survey and land clearance of the site of the Temporary Holding Ground.

The Epidemiology/Surveillance unit at the MoA is in phase of finalization and is not yet fully functional in implementing surveillance activities. The same is true with the Central Veterinary Laboratory (CVL). With the additional time expected to be granted, it will create an opportunity for the MoA to implement activities and generate data on animal health.

Additional information

None