



**UN EBOLA RESPONSE MPTF
LIBERIA PROJECT ANNUAL REPORT
Period (Year): 2017**

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: 31 th June 2018	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	30 th June 2018	<u>US\$: 747,473.86</u> <i>FAO: US\$: 5,000 IOM: US\$ 189,639.86 UNDP: US\$115,000 WHO: US\$ 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
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	Draft multi-hazard preparedness and response plan developed awaits official launching	Draft multi-hazard preparedness and response plan developed awaits official launching	80%
Availability of multi-sectoral coordination platform	National level	Baseline: 0 Target: 1	NA	Existing ToR for multi-sectoral platform reviewed ,advert placed	20%
Availability of National Emergency Operation Center	National level	Baseline: 0 Target: 1	NA	- Design of center agreed by stakeholders and procurement of equipment and construction started.	25%
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.					



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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	1	RRT at national county levels exist, drafted SoPs and ToRs- yet to be validated	80%
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	15 Counties	Procured and supplied IDSR samples collection kits and IPC materials to 15 counties and Ciprofloxacin tablets for meningococcal disease out- break chemoprophylaxis to one (1) County	65%
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	Activity planned for 2018	0%



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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, Bo waterside in GCM, Ganta & Yekepa in Nimba, and Medicoma, Solomba, Yeala & Foya Customs in Lofa.	Baseline: TBD Target: 9 PoE (2 seaports and 7 land PoE)	148 officials : 104 M, 44 were trained	148 officials : 104 M, 44 were trained	98.6%
Number of PoE equipped to implement the developed SOPs and PHECPs			12 PoE equipped	12 PoE equipped	133.3%
IHR focal point reporting and monitoring					
Number of outbreaks & events reported to WHO	15 counties	Baseline: 0 Target: 1	Meningococcal and Lassa fever outbreaks reported to WHO	Meningococcal and Lassa fever outbreaks reported to WHO	100%
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 (Executive summary)

The MPTF project is a 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 of the International Health Regulations (IHR 2005). The main interventions include 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.

Partners’ monthly coordination meetings were hosted and chaired by WHO; and attended by all representatives from IOM, UNDP, FAO and WHO during which progress on activities implementation, monitoring and evaluation as well as how to fast track the implementation of the project were discussed.

All the four organizations received the funds allocated to each of them as indicated in the approved proposal in September 2017. This report is a summary of actions undertaken by the four implementing organizations in 2017 project implementation period (1st August to 31st December 2017).

During the project implementation, lessons learned and best practices are used to accelerate implementation of the activities in 2018. This report is an account of the progress achieved in project implementation in 2017 with the aim of supporting the country in preparing for and responding to disease outbreaks and other public health events in human and animal populations.



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The report shows modest progress on activities implemented in last quarter of 2017.

Agency specific Achievements

1. FAO

Narrative
The reporting period was mainly used to engage with all stake holders as a way of laying ground for implementation of the approved project activities. FAO also used the period to build internal capacity and recruitment of more staff to manage the project activities.
Achievement
<ul style="list-style-type: none"> • FAO streamlined the activities concerning this project as well as looking into account complementarity with other projects implemented by FAO, and in collaboration with MoA / Other partners (as relevant). • 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. • Delays in the implementation process were also due to the late approval of the project and transfer of funds.
Additional information
<ul style="list-style-type: none"> • None

2. IOM

Narrative
<p>Border Coordination Group (BCG) with its Border Technical Working Group (BTWG) were reactivated with the support of this project through IOM in collaboration with WHO and partners under the leadership 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 during the period under review:</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



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<p>BTWG;</p> <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 points and one seaport using updated PoE toolkit, • Updated ground crossing PoE SOPs; • Developed Public Health Emergency Contingency Plans (PHECPs) for ground crossing PoE; • Trained 39 port officials and CHT staff on seaport Public Health Emergency Contingency Plan and SOPs.
Delays or Deviations
<p>The validation of developed PHECPs and materials was delayed because of the elections and holidays, which affected 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-hazard 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

Narrative
<p>The initial 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 approval UNDP at the request of the RCO requested 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) and setting up of an EOC that will enable the NDMA to start up as a new agency. Based on this, the activities and budget was revised, resubmitted and was approved. This process led to delay in the start of project implementation.</p> <p>The revised project implementation was accelerated during the reporting period. A UNDP Regional DRR</p>



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expert was seconded to the project for twenty one days and is expected to return during the installation of the EOC equipment. During the period the following engagements/consultations were done:

- Security agencies (AFL, Liberia Police, Immigration, Fire Services, and US AfriCom) to inform them of the establishment of the EOC and secure their support;
- Government agencies (EPA, Ministry of Transport/Meteorology/Hydrology, NPHIL) to assess capacities and systems on early warning, response and risk management;
- University of Liberia Mass Communication Department to establish a partnership on resilience and DRM communication strategy;
- NDMA senior management team (SMT) to brief them on progress and work to be done;
- NDMA technical staff to work on various documents for the NEWEOC, communication strategy, national platform and NDMA itself.

The current capacity for disaster risk management in various agencies is almost non-existent. There are no surveillance systems (except for health) and even the Meteorology department does not have any modeling/forecasting system that it can use to provide climate and weather information. There are no databases of which historical data can be culled from (to be used in modeling systems) and technical capacity is very low. On the affirmative side, the project received a lot of cooperation and support from agencies, especially once they understood what the project is aiming to achieve. The agencies are keen to link with the work on resilience and DRM not only because of its objectives but also because of its complementarity to their work which will allow them to better deliver on their respective mandates.

Achievement

- Approved project activities and budget revised based on shift requested by Resident Coordinator's office;
- ToR for project manager developed;
- Agreement from NDMA on the National Early Warning and Emergency Operations Center (NEWEOC) structure and functions, procurement plan, and detailed design/floor plan;
- Rehabilitation of the NEWEOC on the detailed design/floor plan has commenced;
- The NEWEOC procurement plan has been given to the UNDP Procurement Unit for appropriate action;
- Harmonized communication channels with security agencies and established an understanding of operating procedures based on the structure and function of the NEWEOC;
- Secured commitment from the AFL and Liberia National Police for the secondment of security personnel (at least 3) to the NEWEOC to handle communication, liaison, and support coordination of on-the-ground personnel;
- Secured commitment from Meteorology and Hydrology Departments for the secondment of personnel (meteorologist, hydrologist) to the NEWEOC to be part of the early warning analysis cluster/team;
- Completed drafting of Terms of Reference for the development of a resilience and DRM communication strategy and plan, including the conduct of a scientific study that looks into the socio-cultural dynamics of



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risk education and communication in Liberia;

- Secured commitment from University of Liberia to partner with NDMA on resilience and DRM communication and to be part of the National Platform;
- Understanding with the Health EOC on the manner of which the EOCs will link and operate. Had a common understanding on co-location of County EOCs;
- Detailed review of the National Multi-Hazard Contingency Plan. Final draft completed and awaiting validation.
- Detailed review of the Standard Operating Procedures (SOPs);
- Revision of the National Platform Terms of Reference

Delays or Deviations

As mentioned earlier, the shift/deviation from the original approved UNDP activities delayed implementation of the project. UNDP/RC office requested a major deviation from only 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 was 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 needed basic logistics including transportation, office equipment, supplies and furniture to start operation. The MPTF fund was seen as an opportunity to ensure the provision of basic start up items for the NDMA

Additional Information

- None

4. WHO

Narrative

WHO implemented the priority activities as indicated in the project proposal as soon as funds were made available. 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



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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 to develop NAPHS; taking into account gaps identified from the IHR JE;
- 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;
- 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 required major facility structural modifications to be fit-for-purpose; hence contributing to delays in rolling out testing. It is expected that facility modifications will be finalized by end of February 2018 so that testing and 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.