



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME¹ NARRATIVE REPORT
DATE: 15 JANUARY 2019**

<p align="center">Project Number(s) and Title(s)</p> <p>Title: #66 Support to multi-hazard preparedness and response for Liberia</p> <p>Gateway ID (Project ID): 00106849</p>	<p align="center">Recipient Organization(s)</p> <p>RUNO(s): FAO, IOM, UNDP and WHO</p> <p>Project Focal Point: Name: Dr Alex Gasasira E-mail: gasasiraa@who.int</p>
<p>Strategic Objective & Mission Critical Action(s)</p> <p>SO (STEPP) – SO5 PREVENT</p> <p>MCA 13 – Multi-faceted preparedness</p>	<p>Implementing Partner(s)</p> <p>Republic of Liberia ministries and agencies;</p> <ul style="list-style-type: none"> • Ministry of Health (MoH) • Ministry of Agriculture (MOA) • Ministry of Internal Affairs (MIA) • Disaster Management Agency (DMA)
<p>Location:</p> <p>Liberia, African region</p>	<p>Sub-National Coverage Area:</p> <p>Project activities implemented in all the 15 counties of Liberia (Montserrado, Margibi, Bong, Bomi, Nimba, Lofa, Gbarpolu, Grand Cape Mount, Grand Bassa, Grand Kru, Grand Gedeh, River Cess, River Gee, Mary Land and Sinoe)</p>
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project proposal document: MPTF²</p> <p>US \$ 2,500,000 of which; FAO: 212,166 US\$ IOM: 600,000 US\$ UNDP: 650,000 US\$ WHO: 1,037,834 US\$</p> <p>Agency Contribution (Financial Commitments)</p> <p>US \$: 1,512,166 of which; FAO: 212,166 IOM: 350,000 UNDP: 650,000 WHO: 600,000</p>	<p align="center">Programme Duration</p> <p>Overall Duration</p> <p>Project Start Date³</p> <p>Originally Projected End Date⁴</p> <p>Actual End date⁵</p> <p>Agency(ies) have operationally</p> <p>30th August 2017 <i>(7 months original project duration)</i></p> <p>30th March 2018</p> <p>30th November 2018 (15 months actual project duration)</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Government Contribution (if applicable)</p> <p>100,000 USD \$ (For renovation of national EOC)</p>	

¹ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the originally projected end date. The end date is the same as the operational closure date, which is the date when all activities for which a Participating Organization is responsible under an approved project have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

² Financial Closure requires the return of unspent funds and the submission of the [Certified Final Financial Statement and Report](#).

³ Project can choose to contribute to all MCA or only the one relevant to its purpose.

⁴ Assuming a ZERO Baseline

⁵ If data is not available, please explain how it will be collected.

Other Contributions (donors) (if applicable) **None**

TOTAL:

Programme Assessment/Review/Mid-Term Eval.

Evaluation Completed

Yes No Date: *dd.mm.yyyy*

Evaluation Report - Attached

Yes No Date: *dd.mm.yyyy*

closed the programme in its(their) system

Expected Financial Closure date⁶: **30th January 2019**

Report Submitted By

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Project Proposal Title: Strengthening Liberia's Multi-Hazard preparedness and response capacity

Strategic objectives to which the project contributed:

- Finalize multi-hazard preparedness and response and establish mechanism for multi-disciplinary and multi-sectoral monitoring mechanism.
- Increase laboratory capacity for specimen collection, processing and timely confirmation to contain outbreaks.
- Ensure functional Rapid Response Teams (RRTs) and preposition emergency preparedness and response supplies.
- Strengthen national capacity for detection, early warning and sensitive surveillance in all counties.
- Enhance early detection of zoonotic diseases at high risk spots (Live Bird Markets - LBM, Slaughterhouse).
- Strengthen IHR capacities at PoE and cross border surveillance.
- IHR focal point reporting and monitoring strengthened.

MCA : 13 – Multi-faceted preparedness

Output Indicators

Indicator	Geographical Area	Baseline and Target (as per results matrix)	Budget	Final achievements since Project commencement (quantitative)	Cumulative delivery Rate (%)	Means of verification	Responsible Organization
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	\$ 47,896.5	The finalized plan was validated through regional and national workshops for adaptation and training on usage.	100%	Validated plan, consultation meetings minutes and validation workshop report	UNDP
Availability of multi-sectoral coordination platform, D-IMIS and Communication hubs	National level	Baseline: 0 Target: 1	\$ 178,025	Multi-sectoral Coordination Platform re-configured, setup, ToRs developed and platform functionalized.	100%	ToRs, composition of membership Minutes of meetings available	UNDP
Availability of National Emergency Operation Center	National level	Baseline: 0 Target :1	\$ 119,439	Procured EOC equipment. EOC equipment installation yet to be finalized.	90%	Availability of functional NEOC at NDMA	UNDP
Availability of Standard Operation	National level	Baseline: 0 Target: 1	\$ 61,590.5	SOP developed and County Disaster Management	100%	Availability of the SOP and manual	UNDP

Procedures and Manual for the NDMA				Committees (CDMCs) trained on usage		that were developed and in use	
Availability of equipment and transportation for CDMC and NDMA	National level	Baseline: 0 Target: 2 Vehicles, 3 Motorcycles	\$ 113,220	Procured 3 motor bikes, 1 Toyota land cruiser, 1 Toyota double curbin and handed them over to NDMA.	100%	Inventory and delivery reports/ note	UNDP
Rehabilitation of NDMA offices supported	National level	Baseline: 0 Target: 1	\$ 100,000	NDMA offices Rehabilitated	100%	Assessment and NDMA rehabilitation report reports available	UNDP
Output 2: Increase laboratory capacity for specimen collection, processing and timely confirmation to contain outbreaks.							
Number of outbreaks timely confirmed by Laboratory	All 15 Counties	Baseline: 0 Target: All outbreaks requiring Laboratory confirmation	\$ 100,000	91/91 (100%) outbreaks (46 measles, 28 shigelloses 13 Lassa fever, 2 meningitis, 1 scabies, 1 yellow fever) confirmed by the laboratory within 48 hours of alert	100%	Laboratory results	WHO
Percentage of zoonotic and animal diseases detected	All 15 Counties	Baseline: 0 Target: All animal outbreaks requiring Laboratory confirmation	\$ 100,000	National animal Diseases public laboratory set up, equipped and functional. 3 Rabies in animals ,2 Foot and mouth disease outbreaks confirmed by the laboratory within 48 hours of alert	100%	Laboratory results	FAO
Proportion of clinical laboratories with microbiology testing capacity	5 Counties	Baseline: 0 Target: 5 clinical laboratories in 5 counties	\$ 108,000	5/5 clinical laboratories (cumulatively, 1,287 tests conducted)	100%	Microbiology laboratory results	WHO
Output 3: Ensure functional Rapid Response Teams (RRTs) and preposition emergency preparedness and response supplies.							

Proportion of counties that conducted simulation exercises	5 Counties	Baseline: 0 Target: 5	\$ 45,000	3 hazard specific diseases contingency plans: Lassa Fever, Ebola and Cholera prepared, 5 counties full scale simulation exercises and 1 Global EOC functional simulation exercise (participation) were conducted	100%	Contingency plans and simulation exercise reports	WHO
Functional National level Rapid Response Team (RRT)	National level	Baseline: 0 Target: 1	\$ 5,000	National RRT oriented and supported to supervise 15 counties RRTs	100%	Report present	WHO
Hand Hygiene (HH) Self-Assessment Frame Work Compliance rate (%)	All hospitals in 15 Counties	Baseline: 0 Target: 15 Counties	\$ 47,000	A total of 48 high priority Health facilities (Hospitals and Health centers) in 15 counties four (4) quarters HH assessments/audits and Health workers mentorship conducted in all 15 counties with overall HH self-assessment frame work compliance rate is 84%	100%	Health facilities quarterly Hand hygiene audit reports	WHO
Availability of emergency medical supplies	15 Counties	Baseline: 0 Target: 15 Counties	\$100,000	Assorted emergency medical supplies (Laboratory IDSR sample collection materials IPC supplies, Benzyl Benzoate and other emergency drugs) procured and supplied to 15 counties	100%	Inventory/delivery notes	WHO
Output 4: Strengthen national capacity for detection, early warning and sensitive surveillance in all counties							
Number of outbreaks investigated within 48	91 Health districts	Baseline: 75% Target: 100%	\$ 102,834	94 outbreaks and other public health events reported investigated and	94.9%	Outbreak investigation reports available	WHO

hours of surpassing alert threshold				responded to; of these 94.9% were investigated and responded to within 48 hours			
Number of human and zoonotic disease outbreaks reported using eIDSR platform	5 Health districts	Baseline: 0 Target: 5 (health districts)	\$ 100,000	13 outbreaks (Lassa fever 3 measles 7 and shigellosis 3) were reported through eIDSR from Margibi County and Grand Cape Mount	100%	Daily alerts & weekly Epidemiological early warning summary reports, SMS alerts	WHO
Number of animal disease outbreaks reported using eIDSR platform	7 Counties	Baseline: 0 Target: 7 (health districts)	\$ 92,166	3 disease outbreaks in animals (1 rabies, 1 foot and mouth disease, 1 swine fever reported through eIDSR from 6/7 (86%) counties	100%	Daily alerts & weekly Epidemiological early warning summary reports	FAO
Output 5: 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 Slaughterhouse (Freeport) in Monrovia and identified PoE areas	Baseline: 0 Target: Train 3 CVL staff, 7 QO, 15 Livestock officers	\$ 20,000	2 live bird markets and 3 animal slaughter houses under surveillance with adequate trained staff (5 CVL staff, 7 QO, 15 Livestock officers)	100%	Training report; Contingency plan developed; Risk points surveillance reports	FAO
Output 6: Strengthen IHR capacities at PoE							
Number of trained officials (PHO, QO, LIS, CHTs/DHTs)	9 PoE in 5 Counties, (Freeport-Monrovia in Montserrado, Port of Buchanan in	Baseline: 0 Target: 9 PoE (2 seaports and 7 land PoE)	\$ 312,433	156 (106 M, 50 F) 9 simulation exercises involving 9 PoEs conducted	100%	Trainings and PoEs simulations reports	IOM
Number of PoE equipped to implement developed SOPs and PHECPs	Grand Bassa, Bo Water-side in GCM, Ganta & Yekepa in Nimba, and Medicoma, Solomba,	Baseline: 0 Target: 9 PoE (2 seaports and 7 land PoE)	\$ 162,567	12 PoEs equipped with tables, chairs, cupboards, Laptops, telephones, solar light and 5 with vaccine refrigerators	133.3%	Monitoring and Evaluation reports, Inventory/delivery notes	IOM

	Yeala & Foya customs in Lofa.						
Output 7: IHR focal point reporting and monitoring							
Number of outbreaks & events reported to WHO	National level	Baseline: 0 Target: 1	\$ 237,133	4 outbreaks and 1 other public health event reported to WHO (2 meningitis, 1 Lassa fever, 1 yellow fever and 1 Floods)	100%	Events reports And WHO notification reports	WHO
IHR monitoring reports discussed at the multi-sectoral meetings	National level	Baseline: 0 Target: 1		7- IHR reports, (2 Meningitis, 1 Lassa fever, 1 yellow fever, 1 Floods and 2 Liberia IHR self-assessment reports 2017 and 2018) discussed at the NEPRC and NPHIL high level management meetings	100%	Minutes of NEPRC meetings and copies of presentations made	WHO

Executive summary

The Liberia UN Ebola response MPTF project was a joint collaboration between IOM, UNDP, FAO and WHO based on their comparative advantages and capacities 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 (JEE) on International Health Regulations (IHR). The project focused on protecting and improving health through national and local partnerships with specific interventions 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. All the four organizations received the funds allocated to each of them as indicated in the approved proposal in September 2017 and amended approved proposal for the case of UNDP December 2017 (Total project budget and received funds was **US \$ 2,500,000 millions**).

WHO coordinated the project implementation, monthly coordination meetings chaired by WHO were held in a rotational manner at each of the 4 implementing UN agencies offices and attended by all representatives from IOM, UNDP, FAO and WHO during which progress on activities implementation, joint monitoring and evaluation plans and reports were discussed. Quarterly and annual progress reports were timely submitted to the MPTF secretariat by WHO.

This report is a summary of actions undertaken by the four implementing organizations from 1 August 2017 to 31 November 2018. The initial project period ended 30 March 2018 however extensions were requested and granted through 30 November 2018. The lessons learnt and best practices will be used to shape the country resilience and capacity to mitigate, prevent and respond to threats, epidemics and other public health events in human and wildlife populations in Liberia.

Agency specific Achievements

1. FAO

Narrative

With funds from MPTF, the FAO strengthened the animal health capacity of the country through improving the animal health surveillance system both at the central and county level particularly in selected Points of Entry (PoE) with the objective of enhancing the preparedness and response capacity to zoonotic and animal diseases. In general, The MPTF has enhanced Liberia's animal surveillance capacity, laboratory diagnostic capability and multidisciplinary approach for any outbreak investigations or preparedness and response of major disaster.

Achievement

- FAO epidemiology expert provided trainings for 30 Veterinary Laboratory Staff and Epidemiology unit of MoA on sample collection, handling and processing of biological specimen from birds, small ruminates in April 2018. The training was given to the Central.
- Animal disease surveillance was enhanced by livestock officers and quarantine officers in the three risk points of Montserrado County, two risk points in Nimba and one risk point in Bo waterside in Cape Mount. Some examples of activities taken in response to outbreak are:
 - In July 2016, the outbreak investigation and response team from MoA and MoH responded to Peste

de Petit Ruminates (PPR) outbreak in Twah River district of Nimba County that claimed the lives of over 3738 small ruminates. The team visited six communities, collected 16 samples and provided awareness to the community to prevent further spread of the disease. Out of the 8 samples examined at the Central Veterinary Diagnostic laboratory, 4 were positive for PPR.

- In November 2018, the International Epidemiologist along with the Epi-Unit and CVL staff responded to a disease outbreak (suspected PPR) in Meekor Township, Garwula District, Grand Cape Mount County. The epidemiological investigation was carried out in collaboration with human health technicians. Forty (40) specimens from 10 animals were collected for analysis and confirmation. 60% of the samples were positive using conventional PCR test.
- FAO epidemiology expert supported the development of an electronic surveillance and database tool for animal disease in close collaboration with MoA staff. The Epi-Unit and CVI staff received a week long training in April 2018.
- The project established an **animal quarantine station** at one of the **Point of Entry** (PoE) in Ganta, Nimba County, bordering with Guinea. This temporary animal holding ground will allow the inspection of imported animal with possibility of quarantine for sick or suspected infected animals with appropriate sanitary measure taken. The holding grounds have its own laboratory, incinerator, animal restraining unit/crush, water and all essential elements including staff residence. It will be the first of its kind in Liberia and will play a significant role in securing the introduction of animal pathogens through trade and movement of animals from border countries. .
- A total of ten staff (2 staff from the Central Veterinary laboratory, 4 Epi Unit Staff and 4 FAO Staff) conducted active disease surveillance at the Red-light live bird market and congregational site at the Free Port slaughter house. Apparently no HPAI case is detected from examined birds.
- In September, 2018 an outbreak investigation team were deployed to Bambala Check point, Porkpa District, Grand Cape Mount County in response to FMD outbreak rumor declared in Sierra Leone border town. The team collected 20 samples and referred to the CVL. The investigation was a preventative measure to assess the possibility of spill of the declared FMD outbreak in Sierra Leone.

Delays or Deviations

- Construction of Temporary Holding Ground was delayed due to some land ownership issue that arose. The Minister of Agriculture stepped in to the ownership issue.
- Delays in the implementation process were delayed due to heavy rainfall between June to October 2018.

Additional information

- The construction of the temporary Holding Ground is currently at 85% completed

2. IOM

Narrative

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, district

and cross-border levels) 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. The Procurement process for the equipment needed to operationalize the updated SOPs and developed PHECPs at the targeted PoE was completed following IOM internal rules and regulations, distribution and installation completed.

The number of PoE supported by IOM under this project increased from 9 to 12, extending different levels of operational support to other strategic PoE as identified by the BCG as follows:

- i. Roberts International Airport, communication support through the coverage of internet services,
- ii. J. Spriggs airport, as it started to operate international flights (regional) end of November 2017,
- iii. Konadu ground crossing PoE for being one of few PoE that has PHOs, and has high importance as identified by relevant partners because Konadu is the main entry point to the capital city of Lofa county, Voinjama, from Guinea, high flow of travellers with an average of 70/day and Guinean people come to Serkonadu Health Facility for medical services through Konadu.

Achievement

The UN Ebola Response MPTF project made important achievements towards the establishment of a well-managed health and border management system with enhanced primary health care capacity transforming the challenge of impeding cross-border transmission in an opportunity to prevent, detect and respond infectious diseases along mobility patterns. IOM accomplished the following key achievements:

- Conducting the International Health Regulations (IHR) core capacity assessment for the seven designated PoE namely: Solumba, Mendikoma, Foya Tengia, Yeala in Lofa County, Bo-Waterside in Grand Cape Mount County, Ganta, Yekepa in Nimba County, Port of Buchanan in Grand Bassa County and James Spriggs Payne Airport in Montserrado County.
- Development, validation and endorsement of Ground crossing PoE Standard Operating Procedures (SOPs), and Public Health Emergency Contingency Plans (PHECPs);
- Training of trainers and rolling trainings out to officials operating at the designated PoE: Port Health Officers, Quarantine Officers, Immigration Officers and Customs collectors;
- Development of simulation exercise tools (ToR, checklist, actor's guide, etc.) for both ground crossings and seaports.
- Development of Information, Education and Communication (IEC) tools (Health messages, ring cards with emergency contacts per Port of Entry (PoE), and laminated referral pathway charts with contacts) for the use of officials operating at designated Ports of Entry (PoE), to efficiently communicate with the public and among themselves.
- Reviewed and updated specific Air and Sea ports PHECPs (RIA, J. Spriggs Airport, Freeport of Monrovia and Port of Buchanan)
- Provided operational support to the targeted PoE for the staff to implement the developed PHECPs and SOPs
- Trained 270 PoE officials (PHOs, QOs, LIS officers, Customs officers, etc.) and CHT on PHECPs at selected PoEs (ground crossings and port of Buchanan), in five counties at targeted PoE and

CHT staff on Public Health Emergency Contingency Plans and SOPs

- Conducted six cross border meetings at (Konadu and Mendikoma PoE in Lofa county, two meetings at Bo Water side in Grand Cape Mount county, Ganta and Yekepa in Nimba county). 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 simulation exercises at two sea ports (Freeport of Monrovia in Montserrado and Port of Buchanan in Grand Bassa), James Spriggs airport in Monrovia and four ground crossings (Yeala in Lofa, Ganta and Yekepa in Nimba, Bo Water Side in Grand Cape Mount),
- Conducted review workshop to update the air and sea ports PHECPs and developed the POE specific PHECP as per CAPSCA recommendations
- The ground crossings PoE training materials/tools, and developed simulation exercise tools (ToR, checklist, actor’s guide, etc.) for both ground crossings and seaports were developed, reviewed and endorsed by the BTWG, while IEC materials (Ring cards with updated emergency contacts on it, health messages and laminated updated referral flow charts) for targeted PoE, were developed by the BTWG in consultation with Health Promotion Technical Working Group (HPTWG), printed and dissemination completed.

Delays or Deviations

IOM relocated some budget from the coordination support component to PoE strengthening (Office furniture, ITC equipment, Motorbikes, Solar system and Solar vaccine fridge) for the James Spriggs Airport in Monrovia as they have started international flights (regional) recently, and to Konadu PoE in Lofa county as one of major ground crossing, in addition to communication support to PHOs’/RIA Nurses’ office at RIA. These three PoEs were not included in the initial project proposal. Support will be provided to Port Health and Plant and Animal Quarantine officers to be able to implement the SOPs and PoE specific PHECPs

Additional Information

The main challenge was the national 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 for initial implementation.

3. UNDP

Narrative

Liberia now has a national multi-hazard preparedness and response plan and a standard operating procedure for disaster situations. Additionally, the MPTF funds supported the establishment of a national emergency operation center and succeeded in getting the endorsement of all stakeholders to support it. The capacity of the newly established National Disaster Management Agency (NDMA) was built at some level to take on its statutory responsibilities. State of the art equipment was procured for the national emergency operation center including a mobile emergency operation center and a rough terrain vehicle to enhance field operations in the rural areas.

The operationalization of the NDMA and the development of these national documents have filled significant gaps in Liberia’s efforts toward disaster risks reduction. These successes have improved overall coordination of disaster related issues by the NDMA including the reactivation and operationalization of the National Platform on disaster risks reduction which now meets periodically.

Achievement

- The Multi-Hazard preparedness and response plan was prepared, validated and activated during the flood emergency that affected over 62,000 people in 6 counties
- 15 County Disaster Management Committees trained on the usage of the Multi-hazard preparedness and response plan and the usage of the National Emergency Operating Center; Standard Operating Procedures;
- Reconfigured the existing Coordination Platform to Multi-Sectoral Coordination Platform which is now functioning at the National Disaster Management Agency (NDMA);
- Three motorbikes (3), one Toyota Land Cruiser Jeep and one Toyota Hilux Pickup procured and delivered to UNDP and subsequently presented to the NDMA to support the Emergency Operating Center and the National Disaster Management Agency daily operations;
- Emergency Operating Center equipment (Communications, Televisions, Chairs, Laptops, desktops, air conditions and cabling) were procured and delivered to NDMA, their final installation is yet to be completed
- University of Liberia committed to partner with National Disaster Management Agency on resilience and DRM communication National Platform
- The Arm Forces of Liberia and the Liberia National Police seconded security personal (at least 3) to the NEWEOC to support communication, liaison, and coordination of on-the-ground personnel and as well as harmonized communication channels with security agencies established based on the structure and function of the NEWEOC standard Operating Procedures;
- Rehabilitation of the NEWEOC on the detailed design/floor plan has completed
- Meteorology and Hydrology Departments secondment of personnel (meteorologist, hydrologist) to the NEWEOC to be part of the early warning analysis cluster/team
- NDMA and National Emergency Operations Center renovated

Delays or Deviations

The 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 had been given a building by the Government of Liberia but it need basic logistics including transportation, office equipment, supplies and furniture to start operation. The delay in completion of installation of the EOC equipment has been from the government delay in finalization of the renovation of part of the National EOC main conference room, work is 90% complete.

Additional Information

The operationalization of the NDMA and the development of national guiding documents (national multi-hazard preparedness and response plan and standard operating procedures (SOP) for National EOC) have filled significant gabs in Liberia's efforts toward disaster risks reduction. These successes have improved overall coordination National Platform on disaster risk reduction which now meets periodically than before.

4. WHO

Narrative

WHO initial activities focused on the development of the National Action Plan for Health Security. This plan was 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 was key in improving promptness of outbreaks confirmation including cholera, meningitis, acute bloody diarrhea, among others, as well as conducting laboratory surveillance for antimicrobial resistance.

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
- 677 health facility surveillance focal persons mentored by District Surveillance officers (DSOs) and WHO field team on case identification, detection, reporting of IDSR priority diseases
- Conducted 2 level national IDSR supportive supervision and mentorship to subnational level(2017 and 2018)
- Piloted the introduction of e-surveillance (e IDSR) platform to improve timely reporting of alerts conducted in Margibi and Grand Cape Mount counties and 174 frontline health workers were trained, the platform that uses a anon android mobile phone send sms improved real time IDSR priority diseases reporting and outbreak response. After 6months of the pilot, an evaluation was made that recommended its roll out across the country.
- 2017 and 2018 IDSR and DIHS2 data was harmonized
- DSOs, ZSOs and CSOs operational and logistical support was provided
- Produced weekly, semester and annual early warning epidemiological bulletins for Liberia
- In collaboration with MOH WHO updated and undertook hand hygiene audits in 48 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 84% (improvement of 47% from baseline which was completed approximately one year ago).
- Procured and supplied Laboratory reagents and supplies for microbiology testing, RDTs for priority epidemic prone diseases and Ebola cartridges developed; other emergency supplies that include Laboratory IDSR sample collection materials IPC supplies, Benzyl Benzoate and other emergency drugs) procured and supplied to 15 counties.
- Forty-eight personnel (33 males: 15 females) 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(15 females: 25 males) in four of the five laboratories
- Microbiology testing established at five (5) targeted laboratories and approximately 1,287 tests conducted.
- Major Laboratory facility structural modifications to be fit-for-purpose done at Telleweyan Memorial Hospital-Lofa County.

Delays or Deviations

Some of the laboratories targeted for microbiology testing capacity development required major facility structural modifications to be fit-for-purpose which contributing to delays rolling out testing

Additional Information

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

Gender and Environmental Markers

No. of Beneficiaries					
Activities implemented by	IOM	UNDP	FAO	WHO	Total no. of Beneficiaries
Women	264	1,670	397	2,610	4,941
Girls	188	644	146	1,922	2,900
Men	461	928	172	2,904	4,465
Boys	112	322	145	763	1,342
Total	1,025	3,564	860	8,199	13,648

Environmental Markers
Medical & Bio Hazard Waste
No
Chemical Pollution
No

Best Practice and Summary Evaluation

- Working together under one UN umbrella encouraged team and internal technical consultations support among agencies
- Joint monitoring and evaluation of MPTF-supported activities coordinated by WHO ensured adequate supportive supervision of project activities implemented by each of the 04 agencies.
- Monthly coordination meetings chaired by WHO ensured the project implementation status was reviewed, challenges discussed and jointly addressed, action points made and implemented.
- IPC structure and programme providing leadership and a framework for IPC practices in Liberia is effective to promote a culture of IPC in the routine healthcare system
- Routine assessments for hand hygiene, Health facility isolation capacity, county IPC materials and logistics and IDSR health facility monthly assessments provides a routine monitoring and evaluation of programmatic areas whose findings inform national actions
- Involvement of ministry of health, Ministry of agriculture, Ministry of internal affairs and other government agencies in planning, implementation and monitoring of progress of MPTF activities strengthened the confidence of government Liberia in working with UN agencies and confidence built for the MPTF project

Lessons learned

- Routine programmatic supportive supervision and mentorship to frontline health workers and surveillance officers is required in promoting quality of health care, data quality, robust disease surveillance and quality outbreaks response.
- Strong national and sub national political will for strengthening IHR core capacities taking under one health approach improves coordination for a multi-sectoral health systems approach and

partnerships.

- Simulation exercises are an effective evidence-based method to evaluate emergency preparedness
- Electronic surveillance (eIDSR) is well designed for Liberia and found to be useful at all levels, particularly in providing timely alerts of public health conditions and on showing the importance of mobile technology in event-based reporting but with a need for several resources at the lower levels which would require sustained funding. eIDSR is key for real time disease surveillance and outbreaks reporting, investigation and response
- Stakeholders' consultation and involvement in the planning and implementation is very crucial in implementing MPTF project. Any future programs will need explicit stakeholder engagement and away of building ownership of program activities by government of Liberia for sustainability
- Engaging small group discussions/table top exercise is paramount to better understanding hence good results and better knowledge gain.
- Training of frontline health workers and Surveillance office in Health facilities, Communities, Points of Entry as well immigration and agricultural improves early detection and response to Human, Zoonotic and animal diseases.

Story on the Ground

FAO

The construction of the Temporary Holding Ground (Animal Quarantine Center) at the border points between Liberia and Guinea in Ganta, Nimba County, have been received and celebrated with great joy and great appreciation.

According to the Country Agriculture Coordinator of Nimba County, Mr. Sam Kerleah, the quarantine center that is the first of its kind in Liberia will contribute significantly to animal disease detection, control, prevention and will greatly improve the disease surveillance capability at the point of entrance. Liberia is importing huge number of animals and animal products from neighboring countries and needs constant vigilance to prevent the introduction of diseases into the country. The quarantine center in Nimba will contribute to preventing emerging and re-emerging diseases in Liberia.

He thanked FAO for funding the construction of this center and appreciated for being the first beneficiary of the project in the country.

UNDP

The three motorbikes (3), one Toyota Land Cruiser Jeep and one Toyota Hilux Pickup and the Emergency Operating Center (EOC) equipment (Communications, Televisions, Chairs, Laptops, desktops, air conditions and cabling) procured and delivered to National Disaster Management Agency (NDMA) by UNDP using the MPTF funds to support the EOC and the NDMA daily operations has improved Liberia real time surveillance, reporting and response to disasters in Liberia as evidenced by the response to floods emergency said Mr. Williams the Director NDMA while it is popularly believed that one of the reasons for the prolonged and devastating impacts of the outbreak of the Ebola virus Disease (EVD) was the absence of a National Multi-Hazard Preparedness and Response Plan and standard operating procedures (SOP) coordinated by a dedicated Institution. Instead the outbreak was initially coordinated by a politically appointed taskforce with no clear standard operating procedures (SOP). With funding from MPTF, this situation has been improved. Liberia now has a National Multi-Hazard Preparedness and Response Plan and a standard operating procedure for Disaster situations, its preparation and adaptation now guide the

country all hazards preparedness efforts in Liberia under the one health platform and based upon, the country has embarked on an annual vulnerability risk assessment and mapping with support from WHO to guide public health decision at national and subnational levels said Thomas Nagbe the Director Department of Infectious Diseases and Epidemiology National Public Health of Liberia (NPHIL) and National IHR focal for Liberia.

IOM

The County Health Officer of Grand Bassa County “Dr. Anthony Tucker” reported that the training conducted by IOM on Public Health Emergency Contingency Plan (PHECP) has enabled the county to prepare her own contingency plan and also participants to took home the new knowledge provided and is shaping their practice which is improving quality of delivery of health care services at Port of Buchanan and Grand Bassa county as a whole.

The Port Manager Mr. Konneh noted that the provision of office furniture, Lap top computers and vaccination facilities at the port has greatly improved their efficiency and effectiveness in in serving the clients and timely reporting while the training and simulation exercises have kept his prepared to respond to any emergency. He thanked IOM, MOH and partners for the commitment and efforts to improve the IHR core capacities at major PoE in Liberia

WHO

Amazing! Imagine the smiles and joy that eroded the faces of the staff and management teams of 5 district referral hospitals in 4 counties of Liberia as WHO and MoH dedicates and turnover the newly upgraded microbiology laboratories with the state of the art laboratory equipment and reagents!

As part of building the microbiology laboratory testing capacity in Liberia, WHO provided all the necessary equipment and reagents used for microbiology laboratory for 5 district referral hospitals in 4 counties including renovations of physical structures, training and mentoring of staff under the MPTF fund while the recodification of Tellewoyan hospital laboratory physical structure was under the WHO-TPI project.

This intervention has brought total relief both to physicians and the hospital administration. According the hospital administrator, Mr. Lousini Farweinei, during the dedicatory ceremony “I must thank God for WHO presence and for thinking about improving laboratory services in Liberia that has been our cry for a long time, now disease outbreaks will no longer hit us by surprise as was the case of Ebola and recent meningitis outbreaks in the country. Also, acknowledging the significance of the transformation, Dr. Rosette Katoongole, the acting medical director of Tellewoyan Hospital said “The days of guessing the diagnosis of Typhoid fever, septicemia, meningitis etc. and the prescription of multiple antibiotics for a single disease due to lack of confirmatory diagnosis is over. I can now sleep in peace.” The investment in microbiology testing capacity under the MPTF project (WHO) has gone a long way to improve disease surveillance, timely management of would be bacterial disease outbreaks in their first generation of cases and a milestone for antimicrobial resistance surveillance **and research in order to** strengthen the evidence base on antimicrobial resistance (AMR) and help informing decision-making and drive national actions in Liberia said Dr Francis Ketch the chief medical officer and Deputy Minister of Health for Liberia.