



UN EBOLA RESPONSE MPTF
LIBERIA PROJECT QUARTERLY PROGRESS REPORT
 Period (Quarter-Year): January – March 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>	RECIPIENT ORGANIZATION
Project ID: 00106849		<i>FAO: US\$ 212,166</i> <i>IOM: US\$ 600,000</i> <i>UNDP: US\$ 650,000</i> <i>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: 30 th June 2018	FINANCIAL COMMITMENTS <u>US\$: 1,812,000</u> <i>FAO: 212,166</i> <i>IOM: 2,247.00</i> <i>UNDP: 650,000</i> <i>WHO: 600,000</i>	
Strategic Objective (STEPP) SO5 PREVENT	PROJECTED END DATE	EXPENDITURES as of 31 March 2018	IMPLEMENTING PARTNER(S):
Mission Critical Action MCA13 – Multi-faceted preparedness	30 th June 2018	<u>US\$: 1,840,701.00</u> <i>FAO: 105,000 US\$</i> <i>IOM: 519,867.00 US\$</i> <i>UNDP: 378,000 .00 US\$</i> <i>WHO: 837,834.00 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:		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: 20th April 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: 20th April 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 (Jan –March 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	Draft multi-hazard preparedness and response plan shared and received inputs from stakeholders and UNDP Regional expert on DRR. National validation slated for last week of April.	80%
Availability of multi-sectoral coordination platform	National level	Baseline: 0 Target: 1	1	ToR of the National Platform reviewed and updated	50%
Availability of National Emergency Operation Center	National level	Baseline: 0 Target :1		SOP reviewed and updated, Agreement from NDMA on the National Early Warning and Emergency Operations Center (NEWEOC) structure and functions made, Drafting of ToR for DRM communication strategy	40%
Availability of Standard Operation Procedures and Manual for the NDMA	National level	Baseline: 0 Target: 1		Rehabilitation of the NDMA building housing the NEOC commenced;	50%
Output 2: Increase laboratory capacity for specimen collection, processing and timely confirmation to contain outbreaks.					
Number of outbreaks timely confirmed	15 counties	Baseline: 0 Baseline: 0	8 of 9 outbreaks (4 measles, 2 Lassa fever, 1 meningitis, 1	13/14 outbreaks (7 measles, 4 Lassa fever, 1 meningitis, 1	100% (on-going activity)



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Percentage of zoonotic and animal diseases detected	Target: 15 counties		shigellosis, 1 scabies) confirmed by the laboratory within 48 hours of alert	shigellosis, 1 scabies) confirmed by the laboratory within 48 hours of alert	dependent on eruption of an outbreak)
Proportion of clinical laboratories with microbiology testing capacity	4 counties	Baseline: 0 Target: 5 clinical laboratories in 4 counties	1 out of targeted 5 clinical laboratories testing for microbiology (78 specimens tested in Q1 2018 Training for the remaining 4 laboratories ongoing Renovation of 1 laboratory completed	1/5 clinical laboratories (cumulatively, 196 tests conducted to-date)	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	4	Planned to be undertaken in Q2 2018	40%
Functional National level Rapid Response Team (RRT)	Montserrado county	Baseline: 0 Target: 1	1	National RRT established and all counties have RRTs	100%
Hand hygiene compliance rate (%)	All health facilities in 15 counties	Baseline: TBD Target: 15 Counties (100%)	30 hospitals (23 public and 7 private) assessed	Overall hand hygiene compliance was 69%	69%
Availability of emergency medical supplies	15 counties	Baseline: TBD Target: 15 Counties	Laboratory IDSR ample collection materials and IPC supplies supplied to 6 counties	5 counties supplied with emergency laboratory and IPC supplies	33%
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%	9 outbreaks in 7 counties reported, investigated and response action started within 48hrs	9 outbreaks in 7 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)	2 outbreaks reported through eIDSR	(Shigellosis and measles) were reported through eIDSR from Margibi County	40%
Enhance early detection of zoonotic diseases at high risk spots (Live Bird Markets - LBM, Slaughterhouse.					

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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	2 slaughter houses under surveillance with adequate staff (17 trained)	2 slaughter houses under surveillance with adequate staff (17 trained)	75%
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	148 (104 M, 44 F)	98.6%
Number of PoE equipped to implement the developed SOPs and PHECPs			12	12	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 outbreak in Lofa and Lassa fever outbreaks in 4 counties reported to WHO	200%
IHR monitoring reports discussed at the multi-sectoral meetings			Quarterly supportive supervision & monitoring reports discussed at the NEPRC and NPHIL review meetings	Quarterly supportive supervision & monitoring reports discussed at the NEPRC and NPHIL 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 January to 30th March 2018 project implementation period.



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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. The aim is to finalize the planned activities within the remaining project implementation period of no cost extension 30th June 2018.

Key activities conducted in the reporting period

Project coordination:

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

Agency specific Achievements

1. IOM

Narrative

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 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 in the course of the 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.

Activities implemented up to date:

- 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,
- Developed ground crossings PoE specific Public Health Contingency Plans (PHECPs) for targeted PoE, the developed PHECPs were reviewed and endorsed by the TWG, and later validated with NPHIL's Director General,
- 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 completed, pending installation of solar vaccine fridge at Ganta and Bo Water Side PoE,
- 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,



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- Conducted trainings for PoE officials (PHOs, QOs, LIS officers, Customs officers, etc.) and CHT on PHECPs at selected PoEs (ground crossings and port of Buchanan), trainings were concluded in five counties at targeted PoE,
- Developed IEC materials (Ring cards with updated emergency contacts on it, health messages and laminated updated referral flow charts) for targeted PoE, printing and dissemination completed. The IEC materials were developed by BTWG in consultation with Health Promotion Technical Working Group (HPTWG),
- Conducted two cross border meetings at (Konadu PoE in Lofa county and Bo Water side in GCM), other planned cross-border meetings were postponed/cancelled for administrative reasons at the county level. 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),

N.B. Number of PoE supported by IOM under this project increased to 12, extending different levels of operational support to other strategic PoE as identified by the BCG as follows:

- i. RIA, communication support through the coverage of internet services,
- ii. J. Spriggs airport, as it started to operates international flights (regional) end of November,
- iii. Konadu ground crossing PoE for being one of few PoE that has PHOs, and has high importance as identified by relevant partners for the following:
 - 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,
 - Guinean people come to Serkonadu Health Facility for medical services through Konadu.

Achievement

Public Health Emergency Contingency Plan and Standard Operating Procedures for selected ground crossings developed and validated by NPHIL's Director General.

Additional Information

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.

BCG focal person at several entities has been replaced following the elections, with the new FP not yet deployed, which might hinder the implementation of some activities including the BTWG meetings.

2. UNDP



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Narrative

The UNDP revised proposal was approved and project implementation was accelerated during the period. The test for the recruitment of the Project Manager was given and oral interview is scheduled for the week of 9th April. Despite the delay in the recruitment of the project manager, the implementation of the project started. A UNDP Regional DRR 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 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 key concern as reported by the UNDP Expert is that 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, we received a lot of cooperation and support from agencies, especially once they understood what we are trying 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

During the period, the following results were achieved:

- 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 and draft Standard Operating Procedures (SOP);



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- Secured commitment from the AFL and Liberia 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 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. The Plan required substantial work and so the NDMA SMT has assigned a 3-person team to work with me in the drafting of the document;
- Detailed review of the Standard Operating Procedures (SOP). NDMA SMT has assigned a team to work with me in revising the document;
- Revision of the National Platform Term of Reference

Delays or Deviations

Most of the equipment for the National Emergency Operation Center is being procured externally. There may be delays in delivering the equipment for installation.

Additional Information

None

Narrative

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) 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.

Achievement

- Approved project activities and budget revised based on shift requested by RC office
- ToR for project manager developed

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



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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 this basic start up items for the NDMA.

Additional Information

None

3. WHO

Narrative

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.

The development of the National Action Plan for Health Security built on the lessons learned and recommendations from the IHR Joint External Evaluation to improve Liberia’s capacity to detect and respond to public health threats and events was completed; its launching by MoH is scheduled for last week of April 2018.

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.

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., training and mentorship of personnel is ongoing. Procurement of materials 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 e-surveillance in two counties, a program review is scheduled for last week of April 2018. 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) to address IHR JEE identified gaps was finalized, awaits official launching by MoH, NPHIL and partners
- Weekly, monthly and quarterly early warning epidemiology bulletin is compiled, presented and shared with all stakeholders; Annual bulletin 2017 compiled and shared to stakeholders for inputs.
- 2017 IDSR and DIHS2 data was harmonized January 2018
- DSOs, ZSOs and CSOs operational and logistical support was provided.
- In collaboration with MOH WHO undertook hand hygiene audits in 30 public and private hospitals
- Performance review for the e-surveillance (e IDSR) platform introduction has been planned in the last week of April 2018 to assess progress made and potential to cascade the platform to additional health facilities or districts.



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- 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.
- Renovation of the one laboratory –Telleweyan Memorial Hospital Microbiology laboratory, that required renovation has been completed
- 8 of 9 outbreaks (4 measles, 2 Lassa fever, 1 meningitis, 1 shigellosis and **1 scabies**) have been confirmed by the laboratory within 48 hours of alert, representing 89% confirmation timeliness.
- Refresher training and mentorship has been conducted at the laboratory currently conducting testing – approximately 78 specimens tested at the lab in Q1 2018

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 and thus a cumulative poor target score for the reporting period. Renovation work has been completed during Q1 2018 and training and mentorship of personnel is currently ongoing.

Additional Information

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

4. FAO

Narrative

FAO supported MoA in the development of capacity in the areas of Biosafety/Biosecurity; Laboratory Diagnosis; Zoonoses P&C; Work force development. FAO activities are complementary to those addressed by MPTF project, namely: Surveillance and diagnosis, POEs interventions, early detection of zoonoses, workforce development.

Achievements

- 02 PoE assessments completed, Ganta PoE, land given for building a holding ground;
- Temporary holding ground construction plan developed, Construction starts this month;
- Epidemiology -Unit Ministry of Agriculture (MoA) was completed and equipped;
- Training of Epidemiology -Unit staff on optimal use of the unit started and is on-going;
- 2 Live Bird Markets (Duala and Red light), slaughter houses under surveillance with adequate staff;
- 17 (2 CVL staff, 5 QO, 10 Livestock officers) staff trained in early detection and reporting of zoonoses.

Delays or Deviations

FAO is working currently on fast tucking the implementation of activities in this project as well as looking into complementarity with other projects implemented by FAO, and in collaboration with MoA / Other partners (as relevant).

Additional information

None