

Project Number and Title: PROJECT START **AMOUNT RECIPIENT** DATE1: ALLOCATED by #66 Support to multi-hazard **ORGANIZATION** 30th August 2017 MPTF: <u>US \$ 2,500,000</u> preparedness and response for Liberia FAO: 212,166 US\$ FAO, IOM, UNDP and **Project ID:** 00106849 IOM: 600,000 US\$ WHO UNDP: 650,000 US\$ WHO: 1,037,834 US\$ FINANCIAL **Project Focal Point: EXTENSION** Name: Dr. Monday Julius Rude DATE: **COMMITMENTS** E-mail: mondayj@who.int 30 September 2018 US\$: 1,812,000 drmondayj@gmail.com FAO: 212,166 US\$ IOM: 2,247.00 US\$ UNDP: 650,000 US\$ WHO: 600,000 US\$ **Strategic Objective (STEPP) PROJECTED EXPENDITURES IMPLEMENTING** SO5 PREVENT **END DATE** as of 30 September PARTNER(S): **Mission Critical Action** 2018 30 November 2018 Ministry of Health MCA13 - Multi-faceted (MoH), Republic of preparedness US\$: 1,840,701.00 Liberia • Ministry of Agriculture *FAO*: \$.210,000*US*\$ (MOA) IOM: 599,967.00 US\$ Ministry of Internal UNDP: 618,900 .00 US\$ Affairs (MIA) WHO: 1,037,834.00 US\$ • 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 Cleared by: **Report Submitted by:** Name: Dr. Monday Julius Rude Name: (Head of Agency) Dr.Mesfin Zbelo - WHO o Title: Epidemiologist Officer In Charge Email address: mondayj@who.int o Date of Submission: 12 October 2018 o Date of Submission: 12 October 2018 o Email address: mesfing@who.int Participating Organization (Lead): World Participating Organizations: FAO, IOM and UNDP Health Organization (WHO)

¹ The date project funds were first transferred.



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 (July –September 2018)	Cumulative results since Project commencement (quantitative)	Delivery Rate (cumulati ve % of projected total) as of date			
Output 1: Finalize multi-hazard preparedness and response and establish mechanism for multi-disciplinary								
and multi-sect Multi-hazard preparednes s and response plan available	oral monitoring med Plan prepared for the country	hanism Baseline: 0 Target: 1	1	The finalized plan was taken to the CDMC through regional workshops for training on usage.	95%			
Availability of multi- sectoral coordination platform	National level	Baseline: 0 Target: 1	1	Existing platform members' mobilized; and Multi-sectoral Coordination Platform reconfiguration, setup and functioning.	100%			
Availability of National Emergency Operation Center	National level	Baseline: 0 Target :1		Procurement of remaining equipment launched – EOC equipment, 3 motor bikes and 1 Toyota land cruiser received and awaiting delivery and installation.	85%			
Availability of Standard Operation Procedures and Manual	National level	Baseline: 0 Target: 1		SOP developed and CDMCs trained on usage	100%			



for the **NDMA** Output 2: Increase laboratory capacity for specimen collection, processing and timely confirmation to contain outbreaks. Number Baseline: 0 100% (onof 15 counties 6 of 6 outbreaks (5 25/27 (92.6%) Measles, 1Yellow outbreaks (12 going outbreaks fever) confirmed measles, 10 Lassa activity timely Target: 15 counties by the laboratory, dependen fever, 2 meningitis, 1 confirmed 100% confirmed shigellosis, 1 scabies, t on Percentage within 48 hours of 1 yellow fever) eruption of zoonotic confirmed by the of an alert and animal laboratory within 48 outbreak) diseases hours of alert detected 100% 4 Counties Baseline: 0 5/5 clinical Proportion of 5 out of targeted 5 clinical laboratories clinical laboratories laboratories (cumulatively, 339 testing for tests conducted towith microbiology (39 Target: 5 microbiology date) specimens tested in clinical testing Q3 2018 laboratories capacity in 4 counties Mentorship completed for 4 facilities (approximately 19 personnel mentored in total) Ensure functional Rapid Response Teams (RRTs) and preposition emergency preparedness and response supplies. Proportion of Baseline: 10 95% 5 counties 3 hazard specific 15 simulation counties that exercises (1 national diseases conducted Target: 15 contingency plans: and 9 in 5 counties) Lassa Fever, Ebola were conducted simulation and Cholera to exercises guide preparedness and response efforts finalized. National level National RRT **Functional** Baseline: 0 1 national and 15 100% county RRTs established and all **National** level Rapid Target: 1 functional 15 counties have Response functional RRTs, but Team (RRT) require refresher



		lou (Quarter Tee	, ,	training.	
Hand hygiene compliance rate (%)	All hospitals in 15 counties	Baseline: 0 Target: 15 Counties (100%)	10 Health facilities assessed (hand hygiene compliance was 80%)	A total of 48 high priority Health facilities (Hospitals and Health centers) assessments conducted in all 15 counties Overall hand	94%
Hygiene Self- Assessment Frame Work Compliance rate (%)		Target: 15 Counties		hygiene self – assessment frame work compliance was 94%	
Availability of emergency medical supplies	15 counties	Baseline: 0 Target: 15 Counties	Assorted emergency medical supplies (Laboratory IDSR sample collection materials IPC supplies, 3 counties	Assorted emergency medical supplies (Laboratory IDSR sample collection materials IPC supplies, emergency drugs) supplied to15 counties	100%
Strengthen nat	ional capacity for dete	ection, early war	ning and sensitive sur	veillance in all counties	
Number of outbreaks investigated within 48 hours of surpassing alert threshold	91 health districts	Baseline: 75% Target: 100%	Four (4) outbreaks (measles, yellow fever) and one (1) humanitarian crisis (floods disaster) in six counties 100% were responded to within 48 hours	58 outbreaks and humanitarian events have been reported investigated and responded; of these 88.9% was investigated and responded to within 48 hours; measles (33), Lassa fever (12), Flood (1), Rabies in animals (4) Meningococcal disease (1), Shigellosis (6) and Yellow fever (1)	100%
Number of	5 health districts	Baseline: 0	1 outbreak and one	8 outbreaks (Lassa	83%
outbreaks reported	(health) 7 counties (animal	Target: 5 (health	humanitarian crisis (floods) reported	fever 2 and measles 5 and shigellosis 1) in	



		, <u> </u>	ar): July - September 2	_	
using eIDSR platform	health)	districts- human health) 7 counties	through eIDSR	humans were reported through eIDSR from Margibi County	
		(animal		County	
		health)		1 suspected	
		nearry		outbreaks of animal	
				disease in Foya, Lofa	
				County.	
				J	
			• ,	Markets - LBM, Slaughte	
Number of	2 Live Bird Markets	Baseline: 0	Surveillance	3 slaughter houses	100%
risk points	(Duala and Red	Target: 3	maintained for 3	under surveillance	
under	light), 1 Slaughter		risk points in	with adequate trained	
surveillance	house (Freeport) in		Montserrado, 2 risk	staff (23; 7 QO, 15	
	Monrovia and identified PoE		points in Nimba	Livestock officers)	
			1 in Bo waterside,		
	areas		Cape Mount		
Percentage	15 counties	# / % of	1 outbreak of	2 outbreaks (Foot and	100%
of zoonotic	10 countries	cases	sudden death of	mouth disease)	10070
and animal		confirmed	small ruminants in	Investigation and	
diseases		in the 15	Nimba county	confirmed by MoA	
detected		counties	,	and FAO	
Strengthen IH	l R capacities at PoE				
Number of	9 PoE in 5	Baseline:	0	156 (106 M, 50 F)	100%
trained	Counties, Freeport	TBD		, , ,	
officials	of Monrovia in				
(PHO, QO,	Montserrado, Port	Target: 9 PoE			
LIS and	of Buchanan in	(2 seaports			
CHTs/	Grand Bassa, Bo	and 7 land			
DHTs)	waterside in GCM,	PoE)			
	Ganta & Yekepa in				
NT 1 C	Nimba, and		0	10	100.00/
Number of	Medicoma,		0	12	133.3%
PoE	Solomba, Yeala & Foya Customs in				
equipped to	Lofa.				
implement the	LOIA.				
developed					
SOPs and					
2010 ana	1	l	1		



UN EBOLA RESPONSE MPTF LIBERIA PROJECT QUARTERLY PROGRESS REPORT

Period (Quarter-Year): July - September 2018

PHECPs								
IHR focal point reporting and monitoring								
Number	of	15 counties	Baseline: 0	Yellow fever	4 outbreaks reported	100%		
outbreaks & e	vents		Target: 1	outbreak in Grand	to WHO (meningitis,			
reported to WI	НО			Kru County	Lassa fever, measles			
				reported to WHO	and Meningitis)			
IHR monitorin	g			One (1)IHR report,	One (1)IHR report,	100%		
reports discuss	sed			one (1) Yellow	one (1) Yellow fever			
at the multi-				fever outbreak	outbreak report			
sectoral meetin	ngs			report discussed at	discussed at the			
				the NEPRC and	NEPRC and NPHIL			
				NPHIL high level	high level			
				management	management			
				meetings	meetings			

Introduction

The UN agencies; UNDP, FAO, IOM and WHO implement the joint project based on their comparative advantages and capacities; These agencies support the MoH and other government agencies in strengthening the IHR core capacities required to prevent, mitigate and respond to public health threats caused by disease outbreaks or disasters.

The MPTF project 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).

The initial project period ended 30 March 2018, an extension was granted through June 2018, followed by a second extension through 30 September 2018 and now up to 30 November 2018.

This report is a summary of actions undertaken by the four implementing organizations covering 1 July to 30 September 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.

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 was discussed.

Agency specific Achievements

1. IOM

Narrative

During the period under reviewed; IOM conducted final documentation on activities conducted under MPTF project and held dialogue meetings with Border Coordination Group (BCG) with its Border Technical Working Group (BTWG), National Public health of Liberia (NPHIL), ministry of health (MoH), Ministry of Internal affairs (MoI), One health technical working group, WHO and other MPTF partners on next steps to ensure continuity of activities conducted by IOM under the MPTF project.

Achievement

• One health technical working group meetings with objective of enhancing cross-border surveillance as a mean of maintaining the gains being realized by neighboring countries in an effort contain the further spread of diseases.

Additional Information

No additional information for the reporting period.

2. UNDP

Narrative

During this quarter, the UNDP mobilized existing coordination platform members and reconfigured a Multi-sectoral Coordination Platform which is now setup and functioning at the NDMA. Also, launched procurement of remaining equipment and has received all EOC equipment, including 3 motor bikes and 1 Toyota land cruiser but are awaiting delivery and installation at the NDMA. Once the EOC equipment are delivered to the NDMA, the EOC expert will be invited to Liberia for the installation..

Moreover, the validated Multi-hazard preparedness and response plan was triggered by heavy precipitation which lasted for several days in July and August 2018 in Liberia, particularly in Monrovia, Margibi and Grand Bassa Counties resulted to internal displacement of thousands of vulnerable populations due to massive flooding of several slum communities. An estimated 51, 648 people have been severely affected- some of whom were homeless and without food and safe drinking water.

Due to the overwhelming nature of the flood with reported destruction of gardens, farms and



UN EBOLA RESPONSE MPTF LIBERIA PROJECT QUARTERLY PROGRESS REPORT

Period (Quarter-Year): July - September 2018

dwelling houses in the affected communities and its attending humanitarian impact on the population, especially women and children, the Government requested US\$ 1,9 million from partners respond to the humanitarian crisis. This situation compared the UNDP to re-programmed portion of the Unspent MPTF Fund in the tune of US\$67,133.00 (Sixty-seven Thousand One Hundred Thirty-three United States dollars for support to the flood emergency response. 22.5 tons of 50kg parboiled rice, 22.5 tons of 15 liters vegetable oil and 22.5 tons of 20kg red country beans were procured and delivered to 450 households consisting of 2,700 individuals at the rate of 6 per household in Montserrado County from 20 – 27 September and this contribution made a great impact on the humanitarian response for the most affected population.

The Information materials for advocacy and public awareness which were produced and received in the previous quarter will be distributed among community members and the general public during the commemoration of this year World Disaster Day on 13th October, 2018 in Monrovia.

Achievement

During the period, the following results were achieved:

- Reconfigured the existing coordination platform to Multi-sectoral Coordination Platform which is now functioning at the NDMA
- The Multi-hazard preparedness and response plan activated due to flood emergency and 450 households consisting of 2,700 individuals at the rate of 6 per household were served with food commodities in flood affected communities
- Launched procurement of remaining equipment and has received all EOC equipment, including 3 motor bikes and 1 Toyota land cruiser but are awaiting delivery and installation at the NDMA

Delays or Deviations

The development of the DRR communication strategy RFP was advertised for the third time and no applications received.

A portion of the MPTF fund was re-programmed to allow UNDP contribute to the inter-agency humanitarian response for flood victims

The completion of renovation work for the EOC at the NDMA is being delayed due to Government budgetary constraint which directly impacts the installation of the equipment.

Additional Information

None

3. WHO

Narrative

During the review period, WHO with funds from MPTF supported the strengthening of the country laboratory capacity for prompt confirmation of epidemic prone diseases 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 of



personnel was completed in all 5 selected facilities, mentorship was completed in 4 of the facilities, and mentorship of personnel in one facility is ongoing.

Achievements

- Provided technical and logistical/operational support to DIDE, IHR focal point, 15 county, 92 districts and 22 Zonal surveillance officers.
- Provided technical support to the response to four (4) outbreaks (measles, yellow fever) and one (1) humanitarian crisis (floods disaster) in six counties (Montserrado, Grand Bassa, Margibi, Bomi, Sinoe and Grand Kru) of which 100% were responded to within 48 hours in September 2018. Cumulatively for 2018, a total of 58 outbreaks and humanitarian events have been reported investigated and responded; of these 88.9% was investigated and responded to within 48 hours;
- Cumulatively 11 out of 15 counties reported disease outbreaks and humanitarian emergencies with the most frequent being measles (33), Lassa fever (12), Flood (1), Rabies in animals (4) Meningococcal disease (1), Shigellosis (6) and Yellow fever (1);
- Provided technical support and guidance during health facility supportive supervision and health workers sensitization on AFP and other IDSR priority diseases case definitions in six counties: Grand Bassa, Gbarpolu, Maryland, River Gee, and Grand Kru. A total of 75 health care workers trained, mentored and sensitized on AFP and other IDSR case definitions;
- Mentorship in bacteriology testing has been completed for 4 facilities (approximately 19 personnel mentored in total) 5 out of targeted 5 clinical laboratories now have capacity for testing for microbiology (39 specimens tested in Q3 2018)
- Provided technical support to the MOH/NPHIL on the routine validation and harmonization for the production of the Liberia Weekly IDSR Early warning IDSR Bulletin.
- As a recommendation from WHO headquarter IPC global unit, all counties should have an IPC program at the national and health facility levels. One of the core components of IPC is the availability of a National IPC Guidelines. The guidelines have been developed, finalized, and 67 participants were orientated; ranging from county and hospitals IPC focal persons, WHO field officers, regulatory bodies, and training institutions. In an effort to improve national capacity on infection prevention and control, mentorship and supervision on infection prevention and control practices as well as hand hygiene audits were conducted.
- WHO took the lead, from the UN, in terms of the public health response efforts, working very closely with the National Public Health Institute of Liberia (NPHIL), Ministry of Health (MoH) and affected counties health teams. WHO Liberia Country office is part of the joint UN agency response effort supporting the overall response efforts in 6 affected counties including supporting NDMA and working with other UN agencies to establish UN Disaster Management Working group.

Delays or Deviations

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 implemented activities that enhance animal health surveillance system at livestock points of entry with much attention on Nimba County, livestock points of entry from neighboring border country for the construction of Temporary Holding Grounds (THGs) to enable quarantine and inspection of any imported animals into the country.

In preparation for the construction, bidding process was completed and contractors selected following approval of the architectural design and Bill of Quantity of the Temporary Holding Ground. The funds have been committed and the agreement awarded to the company that won the bidding to start construction as of 1st October 2018.

Key Achievements

Temporary Holding Ground

- Site introduction of the proposed animal quarantine center to the contractors to view the land topography and response to questions and inquiries concerning the site from the contractors by the Engineer.
- The funds have been committed and ground breaking to start construction done 1 October 2018.

Animal health surveillance

Based on rumors of deaths about 3,738 death of small ruminant, on July 16, 2018, FAO with the MOA and NPHIL conducted an outbreak investigation. The investigation was conducted in the Twah River District with the collaboration of the local staff of the county. The team visited 6 communities that were most affected by the suspected diseases. Therefore, samples were collected from both healthy and sick animals and properly preserved in a cool chain and taken to the lab for diagnosis and analysis. A total of 16 samples were collected with preference given to sick animals: (swab, blood, fecal and rectal).

On September 20th, 2018 another surveillance team went to the border of Liberia and Sierra Leone for to alert farmers about the precautionary measures necessary to contain the spread of the existing Foot and Mouth Diseases (FMD) that is ongoing in Sierra Leone. Therefore, 20 samples were collected for laboratory diagnostic.

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None