



**UN EBOLA RESPONSE MPTF  
PROJECT MONTHLY PROGRESS REPORT - VERSION 1  
Period (Month-Year): June 2015**

<b>Project Number and Title:</b> #16 IPC District Management	<b>PROJECT START DATE<sup>1</sup>:</b> 19 Dec-2014	<b>AMOUNT ALLOCATED by MPTF</b>  \$1,212,945	<b>RECIPIENT ORGANIZATION</b>  WHO
<b>Project ID:</b> 93255 (Gateway ID)			
<b>Project Focal Point:</b> Name: Dr. Alex Gasasira WHO Representative E-Mail: gasasiraa@who.int	<b>EXTENSION DATE:</b> 31 Dec 2015	<b>FINANCIAL COMMITMENTS</b>  \$...	
<b>Strategic Objective (STEPP)</b> SO <sub>n</sub> - Description	<b>PROJECTED END DATE:</b>  06-Feb-2015	<b>EXPENDITURES</b> as of [June 2015]  \$1,120,654	<b>IMPLEMENTING PARTNER(S):</b>
<b>Mission Critical Action</b> MCA <sub>n</sub> - Description			
<b>Location:</b> Country or Regional	<b>Sub-National Coverage Areas:</b> Bomi, Bong, Gbarpolu, Grand Bassa, Grand Kru, Lofa, Maryland, Margibi, Montserrado, Nimba, River Cess, River Gee and Sinoe.		

**MONTHLY PROGRESS REPORT RESULTS MATRIX**

**OUTPUT INDICATORS**

<b>Indicator<sup>2</sup></b>	<b>Geographic Area</b>	<b>Projected Target (as per results matrix)</b>	<b>Quantitative results for the (one month) reporting period</b>	<b>Cumulative results since Project commencement (quantitative)</b>	<b>Delivery Rate (cumulative % of projected total) as of date</b>
<b>Health Care workers trained on IPC and adhere to correct IPC guidelines, are mentored on the job and receive adequate supervision on the application of IPC practices and remain free of Ebola.</b>					
<b>1. Number of new health care workers infected by district</b>	<i>Liberia</i>	0	0	288*	100%
<b>EFFECT INDICATORS (if available for the reporting period)</b>					

\*Liberia total reported number

<sup>1</sup> The date project funds were first transferred.

<sup>2</sup> The Indicators should be disaggregated by gender, age and region as and where applicable



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**NARRATIVE**

**Situation Update** *(please describe critical changes, if any, in the situation that affect the project (1-2 paragraphs))*

Liberia was declared free of Ebola transmission on 9 May 2015, after reporting no new cases for 42 consecutive days. The country subsequently entered a 3-month period of heightened surveillance, during which approximately 30 blood samples and oral swabs are collected each day from potential cases and tested for EVD. On 29 June, this routine surveillance detected a confirmed case of EVD in Margibi County, Liberia— the first new confirmed case reported from the country since 20 March.

WHO is supporting the 15 counties by deployment of international and national Infection Prevention and Control Expert (IPC) Specialists. The team works directly with the County Health Team and partners in the field.

**Key Achievements** *(please use this section to highlight your key achievements for the month, using bullet points if preferred):*

The activity of the IPC has focused on the followings:

- Continuous technical and financial support to a national IPC Task Force, provide technical assistance, one international staff working closely with the national coordination of IPC.
- Updating and development of the technical guidelines and SOPs. The main achievement has been to support the Ministry of Health in updating the IPC guidelines and training package with more focus on Standard Precaution, Safe Quality Services (SQS), is shift from previous package which developed during the EVD outbreak Keep Safe and Keep Serving (KSKS) which was roll out to all country, the new package SQS planned to have TOT training in July and roll out to all counties with support of all partners.
- Some guidelines and document that developed during the month:
  - Development of DRAFT IPC Policy June 2015
  - Development of DRAFT Personal Protective Equipment guidelines June 2015
  - Development of DRAFT Hand Hygiene guidelines June 2015
- Assessment of Ebola and Non Ebola health facilities was undertaken against the IPC minimum standard. Under the assessment, 30-40 facilities were covered per week with follow up on key indicators (facilities which met the IPC minimum standard and 30% of facilities with adequate triage facilities). Data compilation and analysis of assessment at county and national level was also supported.
- In current event of the outbreak in Margibi, WHO/MOH/CDC and IPC partners conducted Rapid assessment of all health facilities in Margibi and border districts of Montserrado, using the ring approach, to identify the main gaps on the IPC standards, supplies; in result of it two health facilities have been quarantined, on job training and deployment of mentors.

**Delays or Deviations** *(if any, briefly describe the delays or changes in focus, approach or targets, and provide a short justification for the change (1-2 paragraphs))*

**Gender and Environmental Markers** *(Please provide disaggregated data, if applicable)*

<b>No. of Beneficiaries</b>		<b>Environmental Markers</b>	
<b>Women</b>		<i>e.g. Medical and Bio Hazard Waste</i>	



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<b>Girls</b>		<i>e.g. Chemical Pollution</i>
<b>Men</b>		
<b>Boys</b>		
<b>Total</b>		

*Please explain what strategies are being used to reach out to the most vulnerable sections of the population (women, children, etc) and how it is making a difference.*

**Additional Information (Optional)**

**Planned for next month:**

- **Rollout of newly developed IPC Training Package (SQS) – Standard Precautions – for all 15 counties**
- **Scheduling regular conference calls between National IPC team and IPC field team, to mentor the field team and provide support as needed.**
- **Capacity building and training for CHT-IPC Focal persons, ensuring regular monitoring of high priority facilities**
- **Clearly define IPC indicators for routine reporting and monitoring**
- **Continue working with partners, identifying gaps and recommend the best the solution to strengthen IPC at the county and district level.**