**Programme Amendment**

As part of the Government of Liberia response to fighting the Ebola Virus Disease (EVD), UNDP provided support with an initial amount of $148,080 mobilized through the Crisis Prevention window. The overall objective of the support was to improve the response capacity of the Government of Liberia to the epidemic of Ebola virus Disease in Liberia through strengthening EVD coordination, contact tracing, sensitization and surveillance in then most affected counties mainly Lofa.

The specific objective of the support was to achieve the following:

1. Strengthen the coordination of the activities of response at all levels;
2. Assist in the setting up of the County and Community level operations centers with a dedicated team for communicating and registration.
3. Provide technical capacity to ensure scenario planning support to the operations teams, and develop an assistance matrix to assess the effectiveness of the humanitarian assistance coordination.

This support resulted in the following:

* An Ebola Incidence Management System at the county level established and chaired by the County Health Officer with a county consultative group under the chairmanship of the county superintendent.
* Training of medical staff and health workers in the counties. The training team provided trainers that were deployed across the whole country to train or re-train staff in infection control and use of PPE
* Creating Case Management structures with the support of the training team using the resources from UNDP.
* Providing training on surveillance i.e. Contact tracing in the counties and training new sets of gCHVs
* Mobilizing and orienting DHOs/District Surveillance Officers to increase their alert in all districts.

In addition to the above, UNDP through its reprogramming to support the fight against Ebola re-directed 3 new 4x4 vehicles to support the coordination of Surveillance and case management teams in selected Counties. Finally, one (1) additional 4X4 ambulance type vehicle has been procured to facilitate movement of response teams and surveillance teams at the county level.

In spite of national efforts, the EVD situation has rapidly evolved in the past 3 months since the approval of the initial allocation. EVD has engulfed almost the entire country with Monsterrado, mainly Monrovia now becoming the epicenter of the epidemic. WHO has declared the epidemic a global public health emergency and called for enhanced resources to assist the sub-region to rid itself of this scourge.

Given the shift of EVD to highly urbanized and populated Monrovia, the GoL requested UNDP to scale up its support to augment existing resources from partners. UNDP has subsequently allocated an additional USD 500,000 for a focused response in Monrovia, Monsterrado County. This support builds on the initial support to the National Response through MoHSW and complements additional support being provided to strengthen county coordination and response through the Ministry of Internal Affairs.

 Focus: This component seeks to scale up UNDP response to the national Ebola response effort, building on the initial UNDP support of 148,080 provided to Ministry of Health and Social Welfare to ensure a coordinated response. This component rests on five pillars of a strategic community based initiative; this includes:

1. Door to Door Awareness – to reduce denial and provide community the information to become active case finders
2. Search for the sick - to remove the sick to holding center or treatment unit (ETU) and reduce transmission. Or alternatively to encourage community-based Quarantine of contacts
3. Daily search for the dead - Uncovered hidden Bodies in homes/religious center/clinics and pressure burial team for collection. Potential for community-based burial team
4. Daily search for contacts - Identify hidden contacts/lost to follow-up. Ensure quarantine and reduce potential of EVD Transmission
5. Psychosocial and counseling to affected homes and those returning from the ETU - Liaise with psychosocial unit to provide counseling for affected homes. Spearhead the distribution of survival kit at the community level. Prepare communities to welcome survivals from ETU without stigma.
6. Providing awareness and sensitization on the peace and conflict prevention messages within communities.

1820 Active case finders volunteers are expected to be recruited along with 100 supervisors (50 Community-level supervisors, 50 Community based social support/counseling Monitors) from the Medical School and Public Health Schools. They will be working under the general oversight of a coordinating team comprising of Team Leader; epidemiologist; infectious disease specialist; psycho-social support specialist; health promotion/awareness specialist; M&E and IT specialists.

UNDP support in this area will be complementary to on-going support being provided by UNICEF and Medicin Sans Frontier in the area of Social Mobilization.

Target: Monrovia and its environs will be stratified into 12 zones; for the initial phase of the plan 8 communities will be targeted (West Point, Banjor, Police Academy, VOA, Ashmun Street, New Kru Town; Soul Clinic; Caldwell). Volunteers will fan out into the 8 zones and undertake door to door awareness, identify the sick and the dead; establish contacts and support psych-social counselling for the affected. Detailed project attached.

**BUDGET**

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| **Amended budget to rapidly develop community Initiative in 9 of the 17 electoral Districts** |
| **No. Item Description** |  **USD** |  **x 4 months** |
| Teaching Materials (notebooks, pens, etc.) | $3,000  | $3,000  |
| Breakfast/lunch for training | $5,000  | $5,000  |
| Transportation to workshops | $5,000  | $5,000  |
| **TOTAL TRAINING & WORKSHOP** | **$13,000**  | **$13,000**  |
| 1 National Consultant at $3000/month | $3,000  | $12,000  |
| Leadership Team(IT, admin) (2) at $1000/month | $2,000  | $8,000  |
| Monitors (2/district x 9)= 18 x $250 | $4,500  | $18,000  |
| Community-level supervisors (50) at 100/month | $5,000  | $20,000  |
| Active case finders (1,182) at 80/month | $94,560  | $378,240  |
| Community based social support/counseling (50 @$100/Month) | $5,000  | $20,000  |
| **TOTAL PERSONNEL** | **$114,060**  | **$456,240**  |
| T-shirts and caps | $5,000  | $5,000  |
| Identity cards (vest & ID card) | $3,000  | $3,000  |
| Other Supplies & Services for community awareness | $5,400  | $5,400  |
| **TOTAL MEDIA AND AWARENESS** | **$13,040**  | **$13,400**  |
| Computer and other communication equipment | $6,000  | $6,000  |
| Transport & fuel etc... | $8,000  | $8,000  |
| Communication (scratch cards) | $2,000  | $2,000  |
| Other services and cost | $1,360  | $1,360  |
| **TOTAL GENERAL EXPENDITURES** | **$17,360**  | **$17,360**  |
| **TOTAL BUDGET** | **$157,460**  | **$500,000**  |
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Approved

Dr Kamil Kamaluddeen Walter Gwenigale

Country Director UNDP Minister of Health and Social Welfare