### Project Document: Emergency Support to National Response to Ebola Viral Haemorrhagic Fever epidemic

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| **UNDAF Outcome(s):** UNDAF Outcome 4.2:  |  |
| **Expected CP Outcome(s**) Improved access to social services at national and at county level, with the participation of communities in accordance with international and national standards of basic social services to improve their living conditions**Non CP Outcome:** operational efficiency of the border security management institutions improved and strengthened to prevent spread of Ebola; and resilience and recovery of border communities enhanced**.** |  |
| **Expected Output(s):****Output 1**: Operational Support for Ebola prevention within the context of bordersecurity management and maintenance of law and order strengthened **Output 2**: High-risk populations in non-affected districts are reached with Ebola preventive messages through a structured social mobilization strategies. |  |
| **Executing Agency:** UNDP Liberia |  |
| **Responsible Parties:**  Ministry of Health, Incidence Management System, Bureau for Immigration and Naturalization (BIN), Liberian National Police (LNP), Liberian National Commission on Small Arms (LiNCSA). |  |

**Brief Description**

Liberia bore the heaviest brunt of the EVD epidemic. In October 2014 over 50% of the cases and deaths in the region were ascribed to Liberia; the geographic coverage of the epidemic expanded to all the 15 counties in the country, within a short time period. Though cases have dropped significantly in Liberia, it is apparent that effective management of the borders remain critical in the fight against the disease in the three affected neighbouring countries, particularly in avoiding reinfection among them. The borders stretching between Liberia and her neighbouring countries are generally in thick forest, very porous and poorly manned due to inadequate human, material (logistics) and financial resources available to the security and other border control units, to facilitate regular patrols.

The overall focus of the project is to strengthen the capacity of the security task teams in the affected counties and along the borders with neighbouring countries to effectively manage the borders of the country, whilst engaging the selected affected counties and communities to maintain status quo.

In its implementation, the project will pay particular attention to the gender dimensions of the epidemic, and will explore collaboration with UN Women UNMIL’s Office of the Gender Adviser drawing on their technical expertise and thought leadership on gender equality and women empowerment.

It will also seek to tap into the experience and expertise of Japanese NGOs, and to extent possible, engage independent Japanese experts, including Volunteers with the requisite experience in epidemiology, public safety and related public health backgrounds. UNDP will liaise closely with the Embassy of Japan in Accra, the JICA Liaison Office in Monrovia and the focal point for Japan in HQs/RBA in identifying and deploying such expertise as may be required. This will also include collaboration in defining the terms of reference.

Total resources required: **3.6M USD**

Total allocated resources: **3.6M USD**

Donor: Japan

Others:

Unfunded budget: None

Programme Period: March 2015 – March 2016

Project title: Emergency support for EVD-Liberia

Key Result Area (Strategic Plan) N/A

Start date: March 2015

End Date March 2016

Agreed by (Implementing Partner):

Agreed by (Japan)

Agreed by UNDP -Liberia

**1.0 BACKGROUND**

Liberia bore the heaviest brunt of the EVD epidemic. In October 2014 over 50% of the cases and deaths in the region were ascribed to Liberia; the geographic coverage of the epidemic expanded to all the 15 counties in the country, within a short time period. In September 2014 the UN Security Council declared the epidemic “an international security threat” and the UN Secretary General established the UN Ebola Emergency Response (UNMEER) to coordinate the global response to the epidemic. The US injected, into the response, the command and control and logistical capacities of its military by deploying 3500 strong military to Liberia, member states mobilized support both through the UN system and bilaterally. The Government of Japan provided a wide variety of medical supplies and logistical equipment to the government, in addition to direct funding to WHO, MSF, ICFC as well as contributing some $40m to the UN Ebola Multi Partner Trust Fund (MPTF). The AU organized the deployment of medics from member countries numbering just over 200.

The national awakening coupled with the massive international support gathered momentum in the fight against the scourge with a slowdown effect showing as early as October. As the slowdown in Liberia continued towards the end of 2014 going into 2015, there was a steep rise of cases and deaths in Sierra Leone and Guinea. While the slowdown is a great relief, it comes with its own challenge. The increased mobility precipitated by the lifting of the emergency decrees will cause prevalence of isolated cases popping up in different locations including the less accessible communities. Prevalence of still high number of cases in neighbouring countries will require continuous vigilance along the bordering communities.

Ebola will remain a threat to Liberia as long as new cases persist in the region and the country, no matter how small the quantity might be. The fight must be maintained and the gains need to be consolidated so that Liberia does not experience a relapse, which is possible as long as there is no reliable vaccine and cure to the disease and as long as any one of the three affected countries of Liberia, Guinea and Sierra Leone remains affected. Containing it will be more difficult if it is not approached from a regional perspective including strengthening border security systems. With the evd situation beginning to change and with declining numbers in Liberia, there is a real risk that the attention of the international community will shift elsewhere which will undermine the significant gains made.

The UN Security Council reviewed the UNMIL mandate on the 15th of December 2014. It is considering resumption of the three phased drawdown plan prepared in 2012 with intention of full transfer of security responsibilities from UNMIL to the national security agencies- the Liberia National Police (LNP) and the Bureau of Immigration and Naturalization (BIN) in particular- no later than June 2016. This is going to be an addition to the potential shift of attention elsewhere and could deny the national authorities the communication and mobility capabilities associated with the presence of UNMIL.

The request for Japanese fund was first submitted in September 2014. Despite the changes since then, the funding approval decision has come at a critical moment. The stage of the EVD fight Liberia is at a cross-roads: it could witness the complete eradication of the transmission or a relapse with new infections if complacency sets in It therefore calls for: (a) maintaining the fight to the last confirmed EVD case, (b) consolidating the gains with the post-Ebola situation in mind; (c) maintaining vigilance including surveillance and quick response capabilities, (d) maintaining and sustaining the current community participation including early recovery support , (e) ensuring that the security agencies, especially the LNP and the BIN have the capabilities they need to secure the borders and retain accessibility to the remote regions and communities, even under a waning engagement of external support. This funding from the Government of Japan will be instrumental in making this happen.

**2.0 situational analysis and justification**

**2.1 situational analysis**

On March 31, 2014 Liberia confirmed its first two cases of Ebola virus disease. The World Health Organization (WHO) indicated in a statement that the cases were among seven samples tested from the northern Foya district, which shares a border with southern Guinea, where the deadly Ebola virus was then suspected to have killed at least 78 people. Ebola was thus brought to Liberia through the border with neighbouring Guinea. Since then Liberia has gone through a very gloomy state of high infection rate culminating in over 8,429 cumulative cases and 3,595 deaths as of 15th January 2015.

Though cases have dropped significantly in Liberia[[1]](#footnote-1), it is apparent that effective management of the borders remain critical in the fight against the disease in the three affected neighboring countries, particularly in avoiding reinfection among them. The situation on the ground presents a number of challenges that needs to be addressed to make border control and surveillance systems more robust. Equally, through community engagement, the relationship between security agencies and communities residing along the borders require to be strengthened for effective collaboration in fighting the virus.

The borders stretching between Liberia and her neighboring countries are generally in thick forest, very porous and poorly manned due to inadequate human, material (logistics) and financial resources available to the security and other border control units, to facilitate regular patrols. Most of the Border Posts have no vehicles and motor bikes. Currently out of forty (40) border check posts/stations, only the 8 main ones have vehicles and/or motor bikes, and an average of five personnel to man the post and patrol occasionally. Furthermore, significant portions of the borders are virtually inaccessible due to bad road conditions and difficult terrain; while some areas can only be patrolled on foot. In the night, most of these areas are in total darkness, and most border posts or stations are also poorly lit, and do not have adequate accommodation facilities for the personnel. Coupled with lack of appropriate flash lights, rain-gear, boots and communication gadgets to work with, security personnel are constrained and unable to carry out regular patrols along the long stretch and already porous borders, or do so in significant difficulty and at high risk to themselves. Clearly, the need for increased knowledge about EVD among the border security personnel and communities, effective screening at the border crossing points, enhanced capacity of the personnel to deal with EVD cases at the borders, and regular patrol even when the borders are officially closed, cannot be over-emphasized.

**2.2 justification**

Undoubtedly, the impact of the epidemic has been severe with clear socio-economic, fiscal and security repercussions. With a drastic reduction in revenue collection (down to 1/3 of the regular one) leading to a budgetary crisis which has exacerbated Liberia’s financial capacity to support service provision. Though the original request was within the context of the "State of emergency" (which is no longer in force), the resultant reprioritization of all national efforts on containment and halting the Ebola menace, including control of movements across the borders, remain relevant and very critical especially to current effort to totally eradicate the disease from the country, and eventually from the sub-region.

Potential for food security challenges are likely to arise, and the potential for increased unemployment, loss of income opportunities for the informal sector and self-employed among others, represent a real threat making the fight against Ebola an uphill task and creating a fertile ground and opportunity for social unrest if not addressed. Additionally, the potential for an EVD outbreak within a segment of the population responsible for maintaining law and order, is a real threat to national stability. The need to have a well-protected, trained and equipped law enforcement and security force to implement the national strategy which includes ‘quarantine’ and isolation of entire communities and more importantly border management is more critical now than ever.

Furthermore, the rapidly changing epidemiological trends of the EVD has presented unprecedented and challenging realities. At the core of this, is the need to deploy security agencies across the country to affected Counties. Specifically, the BIN and the LNP officers have been stretched beyond their conventional tasks to cover additional responsibilities of focusing on quarantining communities, providing escort/protection to healthcare workers and healthcare facilities, supervising burials of victims etc. These new deployment and approach bring into sharp focus the need for a response convergence strategy that addresses security and the rule of law challenges within the context of the Ebola response, in a way that sufficiently protects the security task teams to enable them enforce law and order whilst carrying out their mandates even beyond the EVD crisis.

Japan has been a key partner in supporting peace and stability in Liberia over the past years through its assistance to the Justice and Security programmes and well as the Small arms and DDR interventions. Granted that Liberia is beginning to emerge and rebuild after years of conflict and difficulties, and now from the effects of the Ebola outbreak has the potential to destabilize the still fragile country and erode the enormous gains achieved with Japanese support over the years. Furthermore, UNDP has been working with Japan in Liberia very closely over the years, and this emergency support request will further build on and enhance the partnership to ensure that interventions implemented within the UNDP - Japan partnerships are sustained to the benefit of the people of Liberia[[2]](#footnote-2). Adjunct to the above, is the fact that the UNDP is a key partner in the joint emergency response task force, and already providing technical and financial support from its core resources to the immediate needs in the areas of strengthening coordination, sensitization and disease surveillance.

**3.0 project FOCUS and STRATEGY**

**3.1 PROJECT FOCUS**

In the light of the above prevailing situation and in support of the national response efforts, the overall focus of the project is to strengthen the capacity of the security task teams in the affected counties and along the borders with neighbouring countries to effectively manage the borders of the country, whilst engaging the selected affected counties and communities to maintain status quo. The project will thus specifically address the following challenges in border communities in eight Counties:

1. Institutional and coordination gaps of BIN and LNP at the county level especially at the border communities that pose as a critical challenge to the fight against the EVD in Liberia and its neighbours;
2. Weak enforcement/ surveillance capacity and lack of modern equipment (providing operational capacity of selected stakeholders;
3. Inadequate engagement and sustenance of community awareness/ participation, and early recovery challenges posed by EVD in border communities.

**3.2 PROJECT IMPLEMENTATION STRATEGY**

**OUTCOME:** **The outcome of the project is to ensure that the operational efficiency of the border security management institutions are improved and strengthened to prevent spread of Ebola; and resilience and recovery of border communities enhanced.**

The project will broadly employ a three-pronged strategy to address the above challenges:

* Institutional capacity development, with two components:
	+ Logistical support e.g. provision of vehicles, motor-bikes, communication gadgets, thermometer etc.; and
	+ Training of personal on the use of new equipment and Ebola prevention;
* Strengthening co-ordination among BIN, LNP and other partners.
* Community sensitization and engagement and promoting early recovery support for communities

**3.2.1 Institutional capacity development:**

In order to effectively deliver on their mandate, the security apparatus need to have adequate capacity. This aspect of the project strategy will focus on providing them with the requisite refresher training on effective border surveillance and control; training on Ebola and preventions measures; as well as effective security apparatus-civil society collaboration, and associated community sensitization and engagement techniques/approaches. It will equally provide key logistical support and equipment to enable the personnel to apply acquired knowledge and skills, and carry out their functions effectively. These will include vehicles, motor-bikes, communication gadgets, thermometer-guns, flash lights, solar lanterns, etc.

**3.2.2 Strengthening co-ordination among BIN, LNP and other partners:**

The social nature of the EVD epidemic and its associated complex effects and ramifications, necessitates an integrated, collaborative and well-co-ordinated approach that involves all key actors and stakeholders. Among other reasons, this approach also ensures effective use of scarce resources and avoidance of any duplications. It is in this light that this aspect of the strategy seeks to strengthen collaboration and co-ordination among LNP, BIN, County authorities and relevant communities and partners. It will involve support to a committee/secretariat that will be put in place to co-ordinate activities of the various partners by collecting and disseminating relevant information to appropriate quarters.

**3.2.3 Community Sensitization/Engagement and Early Recovery Support:**

EVD is a community disease; its spread and containment have only been possible with active community involvement. Consequently its control along the borders of the country where it originated can only be possible with full commitment, vigilance and participation of the border communities, who are closely related to border communities in the neighbouring countries. This aspect of the project strategy therefore seek to sensitise the communities about the disease, its spread, effects, preventive measures and their role in supporting the security apparatus to control movements across the borders and possible spread of the disease, especially through unmanned parts. The community engagements will also be used to deepen the cordial relationships that exist between the communities and the security apparatus, while providing early recovery support to the communities from the adverse effects of the outbreak to these communities.

In addition to the above and taking into consideration its analytical capacity, UNDP is looking at scaling up its own response, to map vulnerabilities and put in place measures to strengthen resilience among the selected border communities. The intended capacity enhancement of LNP and BIN to control movement of people across the borders especially suspected Ebola cases, is envisaged to complement and reinforce UNDP’s Early Recovery initiatives to the Ebola Response, and the "ECOWAS-EU Small Arms Project" / EU Support to ECOWAS Regional Peace, Security and Stability Mandate (EU-ECOWAS PSS). Among others, the latter project seeks to, deliver social amenities in border communities through provision of development projects as incentives for mopping up small arms and light weapons.

The strategy will be pursued under the overall co-ordination of the National Incidence Management System (IMS) - national structure set up to manage the Ebola response working in close collaboration with the Ministries of Health, Internal Affairs and Justice. This project will be directly implemented by UNDP Liberia in close collaboration with the key institutions – LNP and BIN. LNP and BIN will thus be key responsible parties to ensure delivery of activities and attainment of intended results. The project will also be implemented as an addendum to the Ebola Response AWP which is directly funded by the Country Office under TRAC 2 resources.

**3.2.4 Use of Japanese Expertise and Resources**

In its implementation, the project will seek to tap into the experience and technical expertise of Japanese NGOs, and to extent possible, engage independent Japanese experts, including Volunteers with the requisite experience in epidemiology and related public health backgrounds. UNDP will liaise closely with the Embassy of Japan in Accra, the JICA Liaison Office in Monrovia and the focal point for Japan in HQs/RBA in identifying and deploying such expertise as may be required. This will also include collaboration in defining the terms of reference. To the extent possible, this partnership will also explore the procurement of equipment and other essential services from Japan.

# 4.0 Gender

In its implementation, the project will pay particular attention to the gender dimensions of the epidemic, and will explore collaboration with UN Women UNMIL’s Office of the Gender Adviser drawing on their technical expertise and thought leadership on gender. Learning from the lessons of the EVD outbreak, and recognizing that the roles of women and men in such an epidemic are substantially different, specific attention will be placed to address gender issues. Of significant note is the fact that the EVD presented some peculiar gender considerations i.e. roles of care giving; and the fact that male survivors had the potential of transmitting the EVD virus i.e. post infection period. As such, the project will promote the active involvement of women and men in discussions within the border communities and within these two institutions at all the different stages of the project cycle.

**5.0 EXPECTED project OUTPUTS**

To address the above challenges, the following outputs will be pursued accordingly:

### output 1: operational capacities of key border law enforcement institutions LNP, and BIN strengthened

Under this output, the operational support for Ebola prevention within the context of bordersecurity management and maintenance of law and order will be strengthened.

**Activity 1.1:** provision of critical supplies including basic Ebola protective gear (reflective rain gear, boots, plastic gloves, nose mask, Hazard mask overall suits and plastic helmet) to LNP and BIN. The following will be undertaken:

* *Strengthen operational capacities of the key law enforcement institutions*
* *Provide critical supplies including basic Ebola protective gear*

**Target:** The project will fully equip at least 720 officers and men of the BIN and LNP with 2,000 reflective and marked rain gear (boots, rain jackets and vests), and at least 40 pieces bio hazard for 8 counties to fight Ebola and maintain law and order.

**ACTIVITY 1.2:**  Provision of requisite logistics and communication equipment to LNP and BIN Ebola Response Teams (ERT) and Operational Command, at the county level to enhance response to reported cases/incidents. The following will be undertaken:

* *Provide communication equipment to reinforce the (BIN) and (LNP) on border control activities in 8 counties bordering Cote D’ivoire , Sierra Leone and Guinea*
* *Provide law enforcement and mobility capacity of selected official border land port of entry*
* *Equip Ebola LNP Ebola Response Teams (ERT) and operational command at the county level to enhance response to first responders.*

**Target:** The project will fully equip at least 720 officers and men of the BIN and LNP with at least 8 tents and accessories, 40 base station digital radios, and 160 handheld radios covering 40 border points in 8 counties to fight Ebola and maintain law and order.

**ACTIVITY 1.3:** Provision of protective gear to county-level joint security Ebola response teams (BIN, LNP, etc.) focusing on the worst-hit and border Counties. The following will be undertaken:

* *Provide logistics and supplies of non- contact enforcement kits to Ebola Response and Operational Command of LNP and BIN to strengthen surveillance and provide law enforcement services.*

**Target:** At least 40 handheld infrared thermometers and 16 pick-up trucks 2 per County (1 each for LNP and BIN). Additionally, (1) 4X4 vehicle will be provided for security reform coordination purposes as well as 160 motor bikes and accessories for the LNP and BIN in 8 Counties. Finally 2,000 reflective and marked rain gear (boots, rain jackets and vests) and 10 Solar panels will be provided for all the 8 selected counties and 2 other border official crossings.

This Activity will fully equip at least 1,000 BIN and LNP operatives with state of the art communication equipment and provide adequate mobility in all official border points.

**ACTIVITY 1.4:** Community Sensitization/Engagement and Early Recovery Support. The following will be undertaken:

* *The Engage community watch forums and provide early recovery incentives to sustain active case finding in border areas*
* *Promote community – security engagement at all the selected border communities in the 8 counties.*

**Target:** These activities will provide social support for at least 500 EVD affected persons, including survivors and those who have lost livelihoods due to EVD, per border community, reaching out to at least some 4,000 of them in the 8 selected counties. This will provide a good basis for enhanced Community entry and engagement process which are key for the success of the project.

### Output 2: High-risk populations in selected affected counties are reached with Ebola preventive messages through a structured social mobilization strategies and early recovery support.

**Activity 2.1:** Conduct sensitization and awareness raising meetings at the community level, through town hall meetings, working with and through religious, traditional and community leaders and civil society groups to provide early recovery support. Given the low literacy levels in communities, use of community radios and translation of materials into local languages will be done. The following specific will be undertaken:

* *Organize 10 sensitization and town hall meetings per county @1,200 per session*
* *Conduct at least 5 community level campaigns per county in selected border communities. @2,000 per session*

**Target:** the EVD sensitization campaigns using community radios and printed materials will cover over 40 communities in the 8 selected counties and expected to reach at least 16,000 people.

**Activity 2.2:** Organise series of radio talk shows on Ebola prevention and containment measures, to be aired at regular intervals (daily/weekly) and sustained over the next 12 months, to inform, educate and engage the border communities through phone-ins. The following will be undertaken:

* *Information, Education and Communication through radio talk shows, airing of regular (daily/weekly) Ebola prevention messages intensified and sustained over the next 12 months,*
* *Produce and position Ebola awareness campaign billboards at vantage points*
* *Produce campaign 8,000 ‘T’ shirts and 8,000 caps and conduct 10 parades banners and logistics per county*

**Target**: the EVD sensitization campaigns will cover over 40 communities in the 8 selected counties and expected to reach at least 16,000 people.

**Activity 2.3:** Translate Ebola prevention materials into local languages, print and distribute in affected districts through mobile public announcement systems, including use of stickers on motorbikes and taxis. The following will be undertaken:

* *Ebola prevention campaign kits - printed, translated into local languages and distributed in affected districts through mobile public announcement systems, including use of motorbikes and taxis.*

**Target:** At least 40,000 pieces of assorted information materials and eight 8 PA systems will be provided the eight selected counties and it is expected to promote EVD sensitization campaigns in over 40 communities covering at least 16,000 people

**Activity 2.4:**  Conduct surveillance and early warning training for all the border and security management institutions in the 8 counties.

**Target:** Cover at least 1000 EVD training for security management and other officials covering 8 counties

**Activity 2.5:** Develop targeted messages aimed at women population including women in the LNP and BIN on the Ebola Virus Disease and delivered through multiple platforms and preliminary vulnerabilities among women mapped out. The following will be undertaken:

* *Provide Ebola Prevention methods campaign kits to at least 20 female security officers per county*
* *Provide Ebola Prevention methods campaign and sanitation kits to at least 400 women heads of households*

**Target:** Reach out to a projected total of 2,000 border community inhabitants within the 8 selected counties.

#  MANAGEMENT ARRANGEMENTS

To ensure effective coordination, the management strategy will focus on a strong partnership management and coordination between the selected Counties, working with and through the County Superintendents and community leaders, the Ministry of Justice (through its BIN and LNP), the Ministry of Internal Affairs, the Small Arms Commission and on one hand, and the Government of Japan through its Office in Accra as well as the liaison offices in UNDP HQ. This will ensure smooth flow of information, reporting and communication of development results across all actors and partners.

The overall internal coordination will be conducted within the UNDP Country Office Ebola response team chaired by the Country Director or his designate, with the Deputy Director/Programme ensuring overall guidance in its implementation and building cross-programme synergies. The EVD Response team meets on a bi-weekly basis and take decisions regarding successful implementation of the project and provide a briefing to the wider national partners at the scheduled monthly meetings. The project will be implemented under the Governance Pillar and the Team Leader, Governance will ensure direct oversight, quality assurance, reporting and M&E.

The day to day project implementation will be managed by a dedicated SURGE coordinator (Community Engagement) who will be assisted with a National UNV to provide support on the community engagement processes in the counties. The coordinator will also serve as liaison between the key national partners and the UNDP external partners, and will ensure timely mid-term and end of project reporting. The coordinator will also ensure compliance of visibility requirements of the project and codify the knowledge from this intervention for external dissemination. To ensure maximum leverage of the intervention, the UNDP team (Community Engagement and SSR advisors) will provide periodic briefing to the Incidence Management System on the progress of the project, and will work closely with the National SSR Advisor’s office in the President. In view of the revised mandate of UNMIL by the UN General Assembly, the UNDP SSR will be the liaison with the UNPOL office in UNMIL to ensure that the implementation of the project is in line with the comprehensive review of the BIN and LNP as per UNMIL’s new mandate.

# Partnership strategy

In order to secure a solid partnerships buy-in of this project, communities along the borders of the targeted counties will be identified and engaged to discuss the proposed interventions with the view to fostering ownership and promoting effective partnership upon take off of the project. Other partners such International Organization for Migration (IOM) working in the area of border security and strengthening as well as the county superintendent offices, BIN and LNP in each of the target counties will be engaged right from the start. The initiative will also engage the National Commission on Small Arms (NATCOM) as well as community based civil society organisations and work with community watch forums in the implementation of the project activities. To ensure the project maximizes recovery/enhancement on essential medical services access to remote areas, the deployment of the logistical support such as motorbikes will be based on UNMEERs EVD deployment plans and in close consultation with the respective national institutions.

A standard operating procedural document will be developed to delineate clearly the roles and responsibilities of each of the partners. This document will be approved and endorsed at the inception meeting of the project implementing partners. Finally, an effective communication strategy which provides ample visibility to all partners will be developed. The lessons of the project will be codified and disseminated using contemporary communication channels such as social media as well as traditional channels.

# Sustainability strategy

To ensure that the project is sustained, efforts will be made to strengthen the existing County and District level security structures which were established with the support of UNDP and funded by Japan under the Security Sector Reform support. It is imperative that the key security apparatus at the border communities are organised and coordinated, consequently, the capacity building support to be provided to the BIN and LNP will be fed into the wider reform consideration of these two institutions under the foreseen UNMIL mandate between now and 2016. To this end, it will engage the office of the National Security Sector Reform Advisor of the office of President to ensure that the lessons of the project are taken into account in the design of the new SSR reform. Additionally, this project will serve as a precursor to the holistic early recovery programme under development by UNDP to ensure that EVD affected populations in the selected counties are provided with the requisite safety nets to rebuild better and ultimately create resilience.

# Communications and Visibility

## 9.1 Visibility for partners

UNDP will provide visibility to Japan in all actions undertaken within the framework of the project. In line with this, all donations of equipment, as well as Information, Communication and Education (IEC) materials will indicate the source of funds, and the flag of Japan will be printed on all support materials alongside the UNDP logo. Additionally, all press releases and media briefings in the course of the programme implementation will acknowledge the support from Japan. Finally, UNDP will draw on its communication policy with partners to ensure that all aspects of the partnership is covered in line with corporate policy.

# Monitoring and Evaluation

In accordance with the programming policies and procedures outlined in the UNDP User Guide, the project will be monitored through the following:

* **Interim Reports: A mid-year interim report will be developed.** This report shall record progress towards the completion of key results, based on quality criteria and methods
* **End of year report:** An Annual report on the progress of project activities will be submitted to the donor at the end of the year. This report will be accompanied by a financial report for the project.
* **Monitoring Schedule:** A Monitoring Schedule Plan shall be developed and activated in Atlas and updated to track key management actions/events. This schedule will be updated based on joint-monitoring visits to the project countries (twice in the year).
* **End of Project Final Evaluation:** An end of project evaluation will be conducted in line with the provisions of the contribution. Main findings of this evaluation will be disseminated and shall form the basis for any follow up initiatives.

# LEGAL CONTEXT

This document together with the CPAP signed by the Government and UNDP which is incorporated by reference constitute together a Project Document as referred to in the Standard Basic Assistance Agreement (SBAA) between the Government of Liberia and the United Nations Development Programme, signed by both parties on 27th April 1977, and all CPAP provisions apply to this document.

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the implementing partner and its personnel and property, and of UNDP’s property in the implementing partner’s custody, rests with the implementing partner.

The implementing partner shall:

1. Put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried.
2. Assume all risks and liabilities related to the implementing partner’s security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The handling procedures of interest income and unspent balance are in line with the policies and procedures of Japan-UNDP partnership fund.

The handling of equipments procured by the project and remaining at the end of the project shall be decided in accordance with UNDP rules and regulations, in consultation with relevant project stakeholders.

The implementing partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

**Annex 1: Resources and budget breakdown**

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| Outcome 4: operational efficiency of the border security management institutions improved and strengthened to prevent spread of Ebola; and resilience and recovery of border communities enhanced. |
| **OUTPUT Priority 1A. Operational Support for Ebola prevention within the context of border security management and maintenance of law and order strengthened through provision of critical Supplies, Commodities and Materials to LNP and BIN.**  |
| **Activity** | **Locations** | **Indicator** | **Budget inputs**  | **Amount US$** |
| * Strengthen operational capacities of the key law enforcement institutions
* Provide critical supplies including basic Ebola protective
* Provide communication equipment to reinforce the (BIN) and (LNP) on border control activities in 8 counties bordering Cote D’ivoire , Sierra Leone and Guinea

**Targets: Fully equip at least 720 officers and men of the BIN and LNP to fight Ebola and maintain law and order.**  | * Cape Mount Gbarpolu, Lofa Bong, Nimba, Grand Gedeh River Gee and Maryland
 | * Number of incidences reported (Ebola and illegal crossing) at border points
* Number of communications equipment available for coordination at the borders
* Number of arrested smuggling of illegal weapons and contraband.
 | * Provide at least 5 pieces bio hazard suits per county (8 counties)
* Provide at least 8 tents and accessories (1 per county @35,000 per tent)
* Procure 2 base station digital radios per border point *- (2 for LNP and 2 for BIN @ 1,000 per unit – total of 40 units per institution covering 40 border crossings).*
* Procure 4 handheld radios per border point (4X40 points plus 40 @ $300 per unit)
* Provide 6 Dinghies for patrol of the borders.
 | **$24,000****$280,000** **$80,000****$60,000****$60,000** |
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| *SUB TOTAL:* (Additional funding allocated here) | 504,000 |

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| * Equip Ebola LNP Ebola Response Teams (ERT) and operational command at the county level to enhance response to first responders.
* Provide law enforcement and mobility capacity of selected official border land port of entry
* Provide logistics and supplies of non- contact enforcement kits to Ebola Response and Operational Command of LNP and BIN to strengthen surveillance and provide law enforcement services.
* **Targets:** fully equip 1,000 BIN and LNP operatives with state of the art communication equipment and mobility in all official border points
 | * Cape Mount Gbarpolu, Lofa Bong, Nimba, Grand Gedeh River Gee and Maryland
 | * Number of operational teams in selected counties resourced to prevent and fight Ebola.
* Number of border resources point’s resources to screen and prevent Ebola.
* Number of monitoring visits conducted
* Law enforcement officers equipped with basic operational kits.
 | **Budget Inputs*** Provide 5 handheld infrared thermometers per County official border land port of entry (40X5) @ $50
* Procure 16 pick-up trucks 2 per County (1 each for LNP and BIN)
* Procure (1) 4X4 vehicles for security reform coordinator
* Provide 160 motor bikes and accessories for the LNP and BIN in 8 Counties (@$2,000)
* Provide 2,000 reflective and marked rain gear (boots, rain jackets and vests) @ $100 per set.
* Procure 10 Solar panels for counties (one official per county border point for 10 points) @ $45,000 each
 | **$10,000****$560,000****$50,000****$320,000****200,000****$450,000** |
| * The Engage community watch forums and provide early recovery incentives to sustain active case finding in border areas
* Promote community – security engagement
* **Targets:** provide social safety net support to at least 4000 EVD affected persons in the 8 counties.
 | * Cape Mount Gbarpolu, Lofa Bong, Nimba, Grand Gedeh River Gee and Maryland
 | * Number of affected person covered by the early recovery safety net
 | * Provide a one-off social support for at least 500 EVD affected persons per border community -8 communities (@$50 per person)
* Community Engagement coordination and liaison costs

  | **$200,000****$90,000** |
| *SUB TOTAL (Additional funding of $1,200,000 Allocated here)* | $1,880,000 |

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| Outcome 4: operational efficiency of the border security management institutions improved and strengthened to prevent spread of Ebola; and resilience and recovery of border communities enhanced. |
| OUTPUT PRIORITY 1.B: High-risk populations in non-affected and selected affected counties are reached with Ebola preventive messages through structured social mobilization strategies (UNDP) |
| * Conduct awareness raising meetings at the community level
* Organize sensitization and awareness, through town hall meetings,
* support and work with the NATCOM and through religious, traditional and community leaders and civil society groups;

**Target:*** Promote EVD sensitization campaigns in over 40 communities covering at least 16,000 people
 | * Cape Mount Gbarpolu, Lofa Bong, Nimba, Grand Gedeh River Gee and Maryland
 | * Number of sensitization meetings
* Number of community entry programmes completed
 | **Budget Input*** Conduct at least 5 community level campaigns per county in selected border communities @2,000 per session *(Total of 40 community level campaigns in 8 counties in one year)*
* Organize 10 sensitization and town hall meetings per county @1,200 per session
 | **$80,000****$96,000** |
| * Information, Education and Communication through radio talk shows, airing of regular (daily/weekly) Ebola prevention messages intensified and sustained over the next 12 months.

**Target:*** Promote EVD sensitization campaigns in over 40 communities covering at least 16,000 people
 | * Cape Mount Gbarpolu, Lofa, Bong, Nimba, Grand Gedeh River Gee and Maryland
 | * Frequency of Ebola prevention messaging in selected Counties
* Number of communities reached with IEC materials and campaigns.
 | * Support daily/weekly message broadcast in selected counties
* Produce and position Ebola awareness campaign billboards at vantage points
* Produce campaign 8,000 ‘T’ shirts and 8,000 caps
* Produce 10 parades banners and allied logistics calculated at $3,000 per county
 | **$30,000****$40,000****$40,000****$30,000** |
| * Ebola prevention campaign kits - printed, translated into local languages and distributed in affected districts through mobile public announcement systems, including use of motorbikes and taxis.

**Target:*** Promote EVD sensitization campaigns in over 40 communities covering at least 16,000 people
 | * Cape Mount Gbarpolu, Lofa Bong, Nimba, Grand Gedeh River Gee and Maryland
 | * Number of advocacy materials printed and distributed
 | * Print at least 5000 pieces of assorted information materials per County
* Procure 1 PA systems per selected county @10,000 per set
* Procure 21 megaphones per selected county (8 counties) for 21 border communities @ $30.
 | **$80,000****$80,000****$5,040** |
| * Conduct surveillance and early warning training for all the border and security management institutions in the 8 counties.

**Target:****Cover at least 1000 EVD training for security management and other officials covering 8 counties** | * Cape Mount Gbarpolu, Lofa Bong, Nimba, Grand Gedeh River Gee and Maryland
 | * Knowledge of security apparatus enhanced.
* Number of security operatives trained on surveillance and early warning preparedness
* Number of manuals developed
 | * Development of manuals
* training session for 120 participants per county (@ 5,000 per training session)
* Training materials, operational logistics DSA etc.
 | **$20,000****40,000****20,000** |
| * Specifically targeted messages aimed at women population on the Ebola Virus Disease developed and delivered through multiple platforms and preliminary vulnerabilities among women mapped out.
* Provide Ebola Prevention methods campaign kits for female security officers.

**Target:*** Reach to at least 400 women households with EVD prevention and sanitation **campaign kits in 8 counties**
 | * Cape Mount Gbarpolu, Lofa Bong, Nimba, Grand Gedeh River Gee and Maryland
 | * Number of female security officers provided with Ebola prevention campaign kits
* Number of women head of households reached
 | * Provide Ebola Prevention methods campaign kits to at least 20 female security officers county @$500 per officer
* Provide Ebola Prevention methods campaign and sanitation kits to at least 50 women heads of households per county @ $300 per household
 | **$80,000****$120,000** |
| * Project logistics and coordination
* Monitoring and Evaluation
* Project Audit
* Communication of development results
* General management services GMS (8%)
* **Target:** Ensure timely delivery of project activities within schedule and on track.
 | * Cape Mount Gbarpolu, Lofa Bong, Nimba, Grand Gedeh River Gee and Maryland
 | * Timeliness of project deliverables
* Number of communication materials produced and disseminated on project results
 | * Procure one vehicle for project coordination and field monitoring
* Recruit 1 Programme Associate (NOB) and 1 field National UNV
* Conduct quarterly monitoring
* Conduct end of project audit
* End of project evaluation
* Produce at least 6 Communication materials for dissemination of development results
 | **$45,000****$75,000****$10,000****$8,294****$10,000****$40,000****$266,666** |
| **SUB TOTAL** | ***1,216,000*** |
| *TOTAL* $*3,600,000*  |

1. Evidently, the crisis has shown signs of being brought under control, with daily confirmed cases down from 25 in November 2014 to 10 in early December 2014 and about 2 in mid-January. In the overall, cases remain low, with no confirmed cases nationally for the final 2 days of the week ending 11th Jan, and the lowest weekly total of confirmed cases since the first week of June 2014. [↑](#footnote-ref-1)
2. At the corporate level, UNDP-Japan partnerships has been long standing and has recently been expanded to another level through, for example, S-S triangular cooperation. In terms of total resources, Japan is the largest bilateral donor to UNDP {In 2012 and 2013, Japan contributed to UNDP's core resources USD 80.47 million two years in a row. Japan's non-core resources to UNDP in the past two years were USD 363 million (2012) and USD 301 million (2013). Japan is a also contributor to the UN Trust Fund for Human Security of which Liberia has been a beneficiary; Japan also supported small arms control, community security and border control, all through grants managed by UNDP; [↑](#footnote-ref-2)