



EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL

<p>Proposal Title: Support to multi-hazard preparedness and response for Liberia</p>	<p>Recipient UN Organization(s): FAO, IOM, UNDP and WHO</p>																										
<p>Proposal Contact: Dr. Alex Gasasira, WHO Representative Cell: +231 775 281 157 Email: gasasiraa@who.int</p> <p>Mr. Kabla Amihere, IOM Chief of Mission Cell: +231775001373 Email: kamihere@iom.int</p> <p>Dr. Garba Maina Ahmed, FAO ECTAD Country Team Leader/ FAO Cell: +231 776 794 066 Email: garba.ahmed@fao.org</p> <p>Mr. Moses Massa: Programme Specialist/ UNDP Email: moses.massah@undp.org Cell #: 077 000 3787</p>	<p>Implementing Partner(s) – Name & type (Government, CSO, etc.):</p> <ul style="list-style-type: none"> • Ministry of Health (MoH), Republic of Liberia • Ministry of Agriculture • Ministry of Internal Affairs • Minister of Gender, Children and Social Protection • Disaster Management Agency • FAO • IOM • UNDP • WHO 																										
<p>Proposal Location (country):</p> <p><input type="checkbox"/> Guinea</p> <p><input checked="" type="checkbox"/> Liberia</p> <p><input type="checkbox"/> Sierra Leone</p> <p><input type="checkbox"/> Common Services</p>	<p>Proposal Location (provinces):</p> <ul style="list-style-type: none"> • 15 counties in Liberia 																										
<p>Program Description: The Liberia national health investment plan prioritizes preparedness and response to epidemics and disasters as one of the key pillars for Liberia to attain resiliency in the health sector. The objective of the joint proposal is to strengthen government capacity to mitigate, prevent and respond to multi-hazard threats caused by epidemics and disasters.</p> <p>The key strategic areas to be addressed by this proposal include:</p> <ol style="list-style-type: none"> 1. Disaster risk reduction with focus on multi-hazard national preparedness and response plan; 2. Surveillance and laboratory services for human and animal health; 3. Emergency preparedness and response; 4. IHR core capacities at the POE; 5. Risk communication and community engagement. 	<p>Requested amount: USD 2,500,000</p> <p>Other sources (indicate): Government Input: In-kind contribution</p> <p>Start Date: 1st August 2017 End Date: 31st March 2018 Total duration (in months): 8 months</p>																										
<p>STRATEGIC OBJECTIVES AND MISSION CRITICAL ACTIONS to which the proposal contributes.</p>																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; vertical-align: top;"><input type="checkbox"/></td> <td>SO 1 Stop Outbreak MCA1: Identifying and tracing of people with Ebola</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>SO 1 Stop Outbreak MCA2: Safe and dignified burials</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>SO 2 Treat Infected People MCA3: Care for persons with Ebola and infection control</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>SO 2 Treat Infected People MCA4: Medical care for responders</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>SO 3 Ensure Essential Services MCA5: Provision of food security and nutrition</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>SO 3 Ensure Essential Services MCA6: Access to basic services</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>SO 3 Ensure Essential Services MCA7: Cash incentives for workers</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>SO 3 Ensure Essential Services MCA8: Recovery and economy</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>SO 4 Preserve Stability MCA9: Reliable supplies of materials and equipment</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>SO 4 Preserve Stability MCA10: Transport and Fuel</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>SO 4 Preserve Stability MCA11: Social mobilization and community engagement</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>SO 4 Preserve Stability MCA12: Messaging</td> </tr> <tr> <td style="vertical-align: top;"><input checked="" type="checkbox"/></td> <td>SO 5 Prevent Further Spread MCA13: Multi-faceted preparedness</td> </tr> </table>		<input type="checkbox"/>	SO 1 Stop Outbreak MCA1: Identifying and tracing of people with Ebola	<input type="checkbox"/>	SO 1 Stop Outbreak MCA2: Safe and dignified burials	<input type="checkbox"/>	SO 2 Treat Infected People MCA3: Care for persons with Ebola and infection control	<input type="checkbox"/>	SO 2 Treat Infected People MCA4: Medical care for responders	<input type="checkbox"/>	SO 3 Ensure Essential Services MCA5: Provision of food security and nutrition	<input type="checkbox"/>	SO 3 Ensure Essential Services MCA6: Access to basic services	<input type="checkbox"/>	SO 3 Ensure Essential Services MCA7: Cash incentives for workers	<input type="checkbox"/>	SO 3 Ensure Essential Services MCA8: Recovery and economy	<input type="checkbox"/>	SO 4 Preserve Stability MCA9: Reliable supplies of materials and equipment	<input type="checkbox"/>	SO 4 Preserve Stability MCA10: Transport and Fuel	<input type="checkbox"/>	SO 4 Preserve Stability MCA11: Social mobilization and community engagement	<input type="checkbox"/>	SO 4 Preserve Stability MCA12: Messaging	<input checked="" type="checkbox"/>	SO 5 Prevent Further Spread MCA13: Multi-faceted preparedness
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Recipient UN Organization(s) ¹	
<p><i>Mr. Marc Abdala</i></p> <p><i>FAO Representative</i></p>	<p>Signature: </p> <p>Date & Seal: </p>
<p><i>Mr. Kabla Amihere</i></p> <p><i>IOM Representative</i></p>	<p>Signature: </p> <p>Date & Seal: </p>
<p><i>Mr. Pa Lamin Beyai</i></p> <p><i>UNDP Representative</i></p>	<p>Signature: </p> <p>Date & Seal: </p>
<p><i>Dr. Alex Gasasira</i></p> <p><i>WHO Representative</i></p>	<p>Signature: </p> <p>Date & Seal: </p>
<p><i>Chair of the Advisory Committee Ebola MPTF:</i></p>	
<p>Signature:</p>	
<p>Date & Seal:</p>	

¹ If there is more than one RUNO in this program, additional signature boxes should be included so that there is one for every RUNO.

Acronyms

CDMC	County Disaster Management Committee
CHT	County Health Team
CVL	Central Veterinary laboratory
DHT	District Health Team
DMA	Disaster Management Agency
ECTAD	Emergency Centre for Transboundary Animal Diseases
eIDSR	electronic Integrated Disease Surveillance and Response
EPR	Emergency Preparedness and Response
EVD	Ebola Virus Disease
FAO	Food and Agricultural Organization
GCM	Grand Cape Mount
HIS	Health Information System
HMIS	Health Management Information System
ICT	Internet Connectivity
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulation
IHR FP	International Health Regulation Focal Point
IOM	International Organization for Migration
IPC	Infection Prevention and Control
JEE	Joint External Evaluation
LBM	Live Bird Market
LIS	Liberia Immigration Services
MOH	Ministry of Health
NDMA	National Disaster Management Agency
NGOs	Non-Governmental Organizations
PHECP	Public Health Emergency Contingency Plan
PHO	Port Health Officer
PoE	Port of Entry
PPE	Personal Protective Equipment

QO	Quarantine officer
RIA	Roberts International Airport
RRT	Rapid Response Team
SOP	Standard Operating Procedures
TBD	To be determined
TOR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations fund for Population Activities
UNICEF	United Nations Children Fund
USD	United States Dollar
WHO	World Health Organization

NARRATIVE

a) Rationale for this program

Background and context

The unprecedented Ebola epidemic affected about 10,675 lives of Liberians and had an enormous impact on the already weak and fragile social services in the country. The lessons learned from the outbreak enabled the Ministry of Health with support of partners to develop a resilient health system. The plan has nine critical pillars that included strengthening the national capacity to detect, prevent, prepare and respond to public health threats. These structures would be linked to the regional and global mechanisms to ensure timely prevention and response.

Liberia still faces a daunting recovery process to strengthen its health system, recover from socio-economic shocks besides post conflict efforts to consolidate peace and enhance development. At broader policy and advocacy level, several initiatives are on-going including finalization of the peace building plan, and Joint UNMIL and UN transition plan geared towards peace consolidation and development.

In the health sector, the post EVD health investment plan for building a resilient health system is being implemented. In September 2016, Liberia had an independent Joint External Evaluation (JEE) of the IHR core capacities. The in-country preparations for the Joint External Evaluation were led by the Ministry of Health in close collaboration with other Government ministries, departments and agencies and support by partners. Implementation of JEE was in compliance with important recommendations of a number of reviews and lessons learned following the devastating EVD outbreak.

The JEE acknowledged the progress that Liberia has made in building capacity in preparedness, surveillance and response as a result of the intensified EVD response. The JEE also recognized a number of critical gaps that require urgent action if Liberia is to strengthen minimum IHR core capacities able to mitigate or swiftly respond to any future threats of epidemics and disasters. These gaps included:

- The lack of a multi-hazard national public health emergency preparedness and response plan. The national public health emergency preparedness and response plan should be integrated with the ports of entry (PoEs) emergency plans including IHR-compliant air and sea plans.
- Some persistent gaps in laboratory capacity for rapid detection and confirmation of outbreaks with focus on human and animal health in the context of one health, emergency preparedness and response
- Some gaps in the functionality of Rapid Response Teams (RRTs) at national and county level,
- Sub-optimal risk communication capacity at all levels and weaknesses in mechanisms to promptly engage communities in preparedness and response to outbreaks
- Variable quality of implementation of the Integrated Disease Surveillance and Response (IDSR) strategy in the different counties and districts in Liberia
- Standard Operating Procedures (SOPs) to be implemented during public health emergencies at Points of Entry (PoE) are yet to be finalized.
- Risk communication and community engagement on preparedness and response to epidemics and disasters is still weak. There is need to improve the levels of community engagement and social mobilization to foster maximum participation, which remains critical to national preparedness and recovery efforts.

In the area of disaster risk reduction, there is strong political will evidenced by the establishment of the National Disaster Management Agency (NDMA) and development of a national policy and plan to address disasters. Indeed, increased frequency and magnitude of hazards such as floods, wind storms and sea erosion give impetus for effective implementation of the national policy. This impetus is also driven by a need to reduce the risks related to these hazards because of high vulnerability from over fourteen years of war, poverty and low human and physical capacity. The effects of climate change might exacerbate disaster situation; whose impacts could include greater and more rapid sea level rise than previously projected; increased incidence of extreme weather events; substantial reductions in surface water resources and greater threats to health, biodiversity and agricultural production.

Hence, Liberia will require resources and coordinated action to build multi-hazard preparedness and response capacities for epidemics and disasters in the context of one health.

Rationale

The national health investment plan for building a resilient health system prioritizes preparedness and response to epidemics and disasters as one of the key pillars for Liberia to attain resiliency in the health sector. The recent JEE for the IHR core capacities identified major gaps in all the 19 technical areas to be urgently addressed to improve the national capacity to prepare, prevent and respond to threats of epidemics and disasters. The available funds are not adequate to support government in responding to all the highlighted JEE gaps. Rather, this joint project will prioritize selected packages that include development of multi-hazard preparedness and response plan, surveillance, laboratory services, IHR in PoE, zoonosis, risk communication and addressing reproductive health needs of women during public health emergencies and disasters.

Additionally, lessons learned from the EVD response recommends concerned UN Agencies in each country to develop flagship joint programmes to reinforce national and subnational capacity to prevent, detect and mitigate outbreaks. Using the JEE and the EVD lessons learned recommendations, this joint program will support government to strengthen multi-hazard preparedness and response that includes human and animal health, and disaster risk reduction to reduce avoidable illnesses, deaths, disabilities and vulnerabilities due to epidemics, disasters and other hazards.

b) Coherence with Existing Programs

In collaboration with other partners, the UN agencies; UNDP, FAO, IOM, and WHO are supporting the government to address gaps identified from the JEE recommendations and disaster risk reduction based on their different capacities and comparative advantages. These UN efforts are complementary to on-going initiatives to support government in rebuilding a resilient health system. Currently, there are Ebola MPTF on going activities to support Reproductive health services with emphasis on reducing deaths among children, adolescent and women of reproductive age. The project is coordinated by UNFPA and implemented by UNFPA, UNICEF and WHO.

A multi-sectoral “one health” government-led coordination platform is under establishment bringing together all the relevant institutions and agencies as well as other partners to support the government to improve the multi-sectoral and multi-disciplinary capacity for preparedness and response.

Hence, this joint program fits into the existing frameworks to improve national capacity to multi-hazard preparedness and response.

c) Capacity of implementing partners

Four UN agencies, namely UNDP, FAO, IOM and WHO will implement this joint project based on their comparative advantages and capacities. WHO will act as the lead agency and will recruit a Senior Programme Manager to ensure successful implementation of this project. They also have the necessary technical and management capacities developed as part of the response to the EVD.

These agencies supported the MoH during the JEE process and will continue to support the government in strengthening the IHR core capacities required to prevent, mitigate and respond to public health threats caused by disease outbreaks or disasters.

The UN agencies will work closely with the Ministries of Health; Agriculture; Internal Affairs; Gender, Children & Social Protection. Disaster Management Agency (DMA); Civil Aviation Authority; Liberia Maritime Authority among others to strengthen national capacities for multi-hazard preparedness and response.

There is existing capacities among the UN agencies to implement and monitor this joint project within the agreed timeframe. Efforts will be made to strengthen capacities at the county level through the UN field presence by working with the relevant stakeholders to improve multi-hazard preparedness and response capacities. As mentioned earlier, this joint program builds on the existing post EVD recovery initiatives (being supported by the UN agencies) aimed at building a resilient health system, and strengthening Liberia’s capacity to mitigate, prevent, detect and response to threats posed by epidemics and disasters.

d) Proposal management:

The overall coordination, monitoring and reporting of the joint program implementation will be the responsibility of WHO in very close collaboration with UNDP, FAO and IOM. All collaborating agencies will be responsible for contributing regular updates to ensure that time-lines of reports to the MPTF are met as required by the project agreement.

The role of government in implementation of this joint program is also important and this will be conducted mainly at the national level but importantly through the county authorities at the level of the districts and communities.

All the UN agencies have the necessary capacity to implement, manage and monitor achievement of results based on the prioritized areas of interventions. As deemed necessary, a steering committee will be established to track progress and review risks, strategies and recommendations for accelerating implementation of the agreed actions.

e) Risk management:

Risks to the Achievement of Strategic Aims	Likelihood of Occurrence (high, medium, low)	Severity of Risk Impact (high, medium, low)	Risk Management and Mitigating Strategy
Potential political tension as the country prepares for presidential and general elections in 2017 <ul style="list-style-type: none"> • Impact of the electoral process of delivery of health services • Commitment of the new government to multi-hazard preparedness and response 	Low	Medium	Continuous engagement with key stakeholders to ensure timely achievement of project results <ul style="list-style-type: none"> • Partners continue to work with the government during the electoral process supporting overall emergency preparedness and response as well as delivery of social services that are important for maintaining peace and stability. • Active engagement of the new government because Liberia is prone to outbreaks of epidemic prone diseases and natural disasters. The country is also committed to IHR and other frameworks to address multi-hazards taking into account lessons learned from the recent unprecedented EVD outbreak..
Community Resistance and weak collaboration at county level	Medium	High	Continuous engagement of local authorities and the community
Untimely release of funds	Low	High	Pre-financing and use of other resources to kick-start the implementation process
Disruption of activities due to heavy rains	Medium	Medium	Early deployment and preposition of staff and materials to project sites before the heavy rains
Finalisation of real-time e-IDSR during the project's life span	Medium	Low	Optimisation of existing reporting mechanism/ HMIS, HIS team.

f) Monitoring and Evaluation

Monitoring and reporting of the program implementation results will be the responsibility of WHO in collaboration with UNDP, FAO and IOM. The County health teams and the local authorities will participate in both monitoring of activities at county, district and community levels. While each agency will be responsible for specific monitoring and supervision of their defined intervention areas, WHO will support the overall field level coordination.

Supervision and monitoring visits will be organized to the project areas by each agency but there will be opportunity for joint monitoring and data verification. There is already baseline data from the IHR JEE recommendations to inform programming and achievement of results. Regular progress report will be provided based on the prioritized actions and geographical coverage.

There will be joint quarterly review meetings to determine progress and gaps; during which the relevant government authorities will be informed to act and facilitate adequate implementation of the prioritized interventions. WHO in collaboration with the UN agencies and relevant government authorities will lead and support the final program evaluation, during which the final donor report will be compiled and submitted.

WHO as the lead agency will work closely with FAO, IOM and UNDP to ensure quarterly, annual and final project reports are consolidated and timely submitted. The senior project manager will work closely with focal points from

FAO, IOM and UNDP ingathering and consolidating the project reports.

Overall Objective and strategic areas:

Overall objective of the joint proposal is to strengthen government capacity to mitigate, prevent and respond to multi-hazard threats caused by epidemics and disasters.

The key strategic areas to be addressed by this proposal include:

- 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;
- IHR core capacities at the POE;

Specifically, the following objectives are to:

- Finalize multi-hazard preparedness and response and establish mechanism for multi-disciplinary and multi-sectoral monitoring mechanism.
- Increase laboratory capacity for specimen collection, processing and timely confirmation to contain outbreaks.
- Ensure functional Rapid Response Teams (RRTs) and preposition emergency preparedness and response supplies.
- Strengthen national capacity for detection, early warning and sensitive surveillance in all counties.
- Enhance early detection of zoonotic diseases at high risk spots (Live Bird Markets - LBM, Slaughterhouse).
- Strengthen IHR capacities at PoE,
- Support the national IHR focal point for IHR core capacity implementation.

Through the prioritized strategic areas, the UN agencies will work in a synergistic and non-competitive manner, taking advantage of their comparative advantages and technical capabilities to achieve the intended results.

Outputs:

Output 1: *Multi-hazard national preparedness and response plan finalized and monitored by multi-disciplinary and multi-sectoral coordination*

Sub output 1.1: Multi-hazard preparedness and response plan.

Sub-output 1.2: Quarterly monitoring reports from multi-sectoral and multi-disciplinary coordination mechanism.

Output 2: *Increased laboratory capacity for specimen collection, processing and timely confirmation to contain outbreaks.*

Sub-output 2.1: Lab capacity strengthened through refresher training/ mentorship and supervision.

Sub-output 2.1: Monthly monitoring reports of laboratory performance in terms of number, quality and timeliness of diagnosis of priority public health conditions (both human and animal health) conducted.

Output 3: *Functional Rapid Response Teams (RRTs) established and emergency preparedness and response supplies prepositioned.*

Sub-output 3.1: Functional Rapid Response Teams (RRTs) at national level and all 15 counties. The functionality of RRTs will be assessed against key performance indicators articulated in Liberia's national Integrated Disease Surveillance and Response (IDSR) technical guidelines.

Sub-output 3.2: Public health events investigated by RRT and initial response measures put in place within 48 hours of first report of event being received (Target: At least 80% public health events investigated and responded to within 48 hours)

Sub-output 3.3: IPC standards and hygiene practices improved in health facilities. (Target: At least 80% health facilities complying with national IPC standards)

Output 4: *Strengthen national capacity for detection, early warning and sensitive surveillance in all counties.*

Sub-output 4.1: Capacity for data management improved

Sub-output 4.2: Early warning, alerts and outbreak detection, investigation and response capacities strengthened for disease outbreaks in human and animals.

Sub-output 4.2: Real time reporting of IDSR information across the country improved with roll-out of the e-surveillance platform.

Output 5: Enhance early detection of zoonotic diseases at high risk spots (Live Bird Markets - LBM, Slaughterhouse)

Sub-output 5.1: Technical guidelines and SOPs for zoonotic diseases finalized, disseminated and all front officers trained.

Sub-output 5.2: Diagnostic capacity for timely processing and testing of samples.

Output 6: Strengthen IHR capacities at PoE including cross border surveillance.

Sub-output 6.1: PoE with operationalized SOPs and Public Health Emergency Contingency Plans (PHECPs) for 2 seaports and 7 land POE).

Output 7: IHR focal point reporting and monitoring strengthened.

Sub-output 7.1: IHR focal point reporting improved

Sub output 7.2: Implementation of IHR JEE recommendations monitored

Theory of Change

Ultimate Goals: Liberia's population protected from preventable morbidity, mortality and/or disability resulting from disease outbreaks and other public health threats
Intermediate Outcomes: Sustained capacity change at national, county and district level in terms of capacity to identify, investigate unusual or unexpected public health events and institute timely, appropriate and effective response or containment measures
First level results: Improved coordination; accountability; increased availability of trained personnel and responders; practical Standard Operating Procedures in place and regularly implemented including, where appropriate during simulation activities; community engagement and participation; effective referral pathways in place and implemented
Areas of Engagement: National leadership and management; County Leadership and Management; District Leadership and Management; Health facility leadership and personnel; Civil Society Leadership
Activities: Coordinated implementation of all Health Security, preparedness, surveillance and response activities under a single planning, monitoring and evaluation framework by all key stakeholders at national, county and district levels
Key actors: Government Ministries, Agencies and Departments, UN Agencies, NGOs, Bilateral Agencies, Health Professional and regulatory agencies, faith based organizations, civil society, community based organizations
Inputs: Coordinated planning meetings by Government of Liberia ministries, agencies and partners, collaborating UN agencies and other partners at national level as well as in all 15 counties

PROPOSAL RESULT MATRIX

Proposal Title: Strengthening Liberia's Multi-Hazard preparedness and response capacity						
<ul style="list-style-type: none"> Finalize multi-hazard preparedness and response and establish mechanism for multi-disciplinary and multi-sectoral monitoring mechanism. Increase laboratory capacity for specimen collection, processing and timely confirmation to contain outbreaks. Ensure functional Rapid Response Teams (RRTs) at national level and in all 15 counties. Strengthen national capacity for detection, early warning and sensitive surveillance in all counties. Enhance early detection of zoonotic diseases at high risk spots (Live Bird Markets - LBM, Slaughterhouse). Strengthen IHR capacities at PoE and cross border surveillance. IHR focal point reporting and monitoring strengthened. 						
Strategic Objectives to which the Proposal is contributing²						
Effect Indicators	Geographical Area (where proposal will operate)	Baseline³ In the exact area of operation	Target	Budget	Means of verifications	Responsible Org.
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	0	1	\$287,500	Minutes of consultation meetings Availability of the plan	UNDP
⇒ Availability of multi-sectoral coordination platform	National level	0	1	\$362,500	ToR and composition of membership Minutes of meetings	UNDP
Increase laboratory capacity for specimen collection, processing and timely confirmation to contain outbreaks.						
⇒ Number of non-EVD outbreaks confirmed by the laboratory within the project period	15 counties	TBD	# outbreaks in the 15 counties/ months	\$ 125,000	Laboratory results	WHO
⇒ Number of zoonotic and animal diseases detected, within the project period	15 counties	TBD	# of cases confirmed in the 15 counties, monthly	\$ 100,000	Laboratory results	FAO
⇒ Proportion of clinical laboratories with microbiology testing capacity	Liberia (all 15 counties)	0	% of clinical labs conducting microbiological testing	\$ 135,000	Microbiology laboratory results	WHO

² Proposal can only contribute to one Strategic Objective

³ If data are not available please explain how they will be collected.

Ensure functional Rapid Response Teams (RRTs) and preposition emergency preparedness and response supplies.						
⇒ Proportion of counties that conducted simulation exercises	5 counties	10	15	\$ 60,000	Report	WHO
⇒ Functional National level Rapid Response Team (RRT)	Montserrat county	0	1 National RRT	\$ 5,000	Report	WHO
⇒ Hand hygiene compliance rate (%)	All health facilities in 15 counties	35% compliance in all counties	60% compliance in all 15 counties	\$ 60,000	Hand hygiene audit	WHO
⇒ # of county depots with emergency medical supplies including infection prevention and control materials	15 counties	Nearly 60% of supplies available in 15 county depots	100% of supplies available in all 15 county depots	\$ 182,000	Inventory/delivery notes Delivery notes and training reports	WHO
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	75%	100%	\$ 125,834	Outbreak investigation reports	WHO
⇒ Number of outbreaks reported using eIDSR platform	5 health districts (health) and 7 counties (animal health)	0	5 health districts 7 counties	\$ 120,000 \$ 92,166	Daily alerts & weekly summary reports	WHO FAO
Enhance early detection of zoonotic diseases at high risk spots (Live Bird Markets - LBM, Slaughterhouse.						
⇒ Number of risk points under surveillance	2 Live Bird Markets (Duala and Red light), 1 Slaughter house (Freeport) in Monrovia and identified PoE areas	0	3 CVL staff, 7 QO, 15 Livestock officers	\$ 20,000	Training report; Sample test results; Contingency plan developed; Interventions executed	FAO
Strengthen IHR capacities at PoE						
⇒ Number of officials trained on updated SOPs, National and county level EPR plans, and referral pathways (PHO, QO, LIS and CHTs/DHTs)	9 PoE in 5 Counties, Freeport of Monrovia in Montserrat, Port of Buchanan in Grand Bassa, Bo waterside in GCM, Ganta & Yekepa in Nimba, and Medicoma, Solomba, Yeala & Foya Customs in Lofa.	-	PHO, LIS, and CHTs/DHTs representatives trained on old SOPs Land crossings SOPs, PHO, QO, and CHT/representatives trained	\$ 399,928	Trainings/simulations evaluation reports	IOM

⇒ Number of PoE equipped to implement the developed SOPs and PHECPs		<ul style="list-style-type: none"> on SOPs/PHECPs at RIA and Freeport of Monrovia CHTs/DHTs trained on 2016 EPR plans in IDSR 	TBD	\$ 200,072	Monitoring and Evaluation reports County level BCG Focal Persons reports	IOM
IHR focal point reporting and monitoring						
⇒ Number of outbreaks & events that constitute public health emergency of international concern reported to WHO	All countries	0	1	\$ 225,000	Reports of outbreaks and events Monitoring reports Minutes of meeting	WHO
⇒ IHR monitoring reports discussed at the multi-sectoral meetings		0 (at least one meeting per quarter)	4 (one per quarter)	\$163,551		
<i>Indirect Cost max 7 %</i>						
Total Project Cost in USD						

Project budget by UN categories

PBF PROJECT BUDGET					
CATEGORIES	Amount Recipient Agency				
	FAO	IOM	UNDP	WHO	Total
<p>1. Staff and other personnel (include details)</p> <ul style="list-style-type: none"> • <i>Project Manager</i> • <i>Field coordinators</i> • <i>Surveillance officers</i> • <i>Infection prevention and control field staff</i> • <i>Other details</i> 	\$ 49,000	\$ 127,620 Per cent effort for staff contributing to the implementation of the project, varies from 10-30% - International staff \$ 89,700 - National Staff \$ 37,920	\$ 54,000 Project Manager, consultants	\$ 250,000 Project Manager Field coordinators Surveillance officers IPC staff	\$480,620
<p>2. Supplies, Commodities, Materials (include details)</p> <ul style="list-style-type: none"> • <i>Procurement of essential supplies and commodities for emergency preparedness and response</i> • <i>Other details</i> 	\$ 43,820	\$ 134,695	\$ 240,000 Supplies and communication materials for 15 disaster management committees,	\$ 275,500 Essential medical supplies & commodities Lab supplies & reagents Supplies for information management, communications & staff safety	\$694,015
<p>3. Equipment, Vehicles, and Furniture, incl.</p>	\$ 0	\$ 0	\$ 0	\$ 0	\$0
<p>4. Contractual services (include details)</p> <ul style="list-style-type: none"> • <i>Other details about the services</i> 	\$ 80,000 For the supply of services related to: Solar Power/inverter systems, Design and construction	\$ 0	\$ 0	\$ 0	\$80,000

	of holding areas and Operational support materials				
5.Travel (include details)	\$ 7,050	\$ 24,000	\$ 13,477	\$ 40,000	\$84,527
6. Transfers and Grants to Counterparts Funds to strengthen the IHR focal point for Liberia including communication and information management (include details)	\$ 0	\$ 0	\$ 0	\$ 225,000 (MOH) Information & communication for IHR focal point Monitor implementation of IHR JEE recommendations Operations for IHR FP	\$225,000
7. General Operating and other Direct Costs (include details about Direct Costs)	\$ 18,416	\$ 274,433 - Operational support for designated PoE(Office setting, transportation, and communication \$ 11,375 - Trainings and simulations \$115,428 - County level coordination and mentorship support \$147,630	\$ 300,000 Operation costs for country office, NDMA office and county disaster management offices in 15 counties	\$ 179,438 Country office and Field offices operations and operations to support integrated disease surveillance & response activities	\$772,287
Sub-Total Project Costs	\$ 198,286	\$ 560,748	\$ 607,477	\$ 969,938	\$2,336,449
8. Indirect Support Costs*	\$ 13,880	\$ 39,252	\$ 42,523	\$ 67,896	\$163,551
TOTAL	\$ 212,166	\$ 600,000	\$ 650,000	\$ 1,037,834	\$2,500,000

The rate shall not exceed 7% of the total of categories 1-7, as specified in the Ebola Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to the Agency's regulations, rules and procedures.