

UNITED NATIONS CONSOLIDATED RESPONSE PLAN IN SUPPORT OF THE EBOLA OUTBREAK IN LIBERIA



September 2014

Prepared by the Office of the UN Resident Coordinator in Collaboration with the UN in Liberia

PERIOD:

SEPTEMBER 2014 –
FEBRUARY 2015

100%

4.5 million

Total population

89% of total population

3.37 million

Population living in EVD active
transmission areas



USD 436
million
requested
for 6
months

SUMMARY

Following a decade long conflict, Liberia's has made sizeable advances in its post-war progress. However, challenges still remain, notably, endemic structural poverty, corruption, and profound distrust between state authorities and civilians. The arrival of the Ebola Virus Disease (EVD) threatens the country's post-war progress. An already low-capacity healthcare system has been over-extended and unable to meet basic Ebola and non-Ebola medical needs; restrictions on movement have hindered trade and caused price increases that cannot be matched by the average Liberian who now lacks access to basic services such as food and water; and violent riots and looting have begun to occur in the capital as communities counter the militant measures undertaken by the government to contain the disease. A public health crisis, EVD threatens to trigger humanitarian and security crises alike.

In March 2014, Liberia became the third country to contract EVD from neighbouring Guinea. Since then, Liberia currently hosts more cases than all other EVD affected countries, with at least 2184 as of 8 September 2014, that have resulted in 1212 deaths. There are not enough treatment supplies to meet the growing demand. Specifically, there are serious shortages of: (1) trained medical professionals in country; (2) facilities with the capacity to treat and isolate Ebola patients; (3) testing facilities for Ebola; (4) prevention and treatment materials (i.e. Personal Protective Equipment, IVs, etc.); and trained social mobilizers to improve communications with affected populations.

Evidently, the Ebola crisis has had a negative impact on the social, economic and political situation in Liberia: the health service is under tremendous strain with serious consequences to delivery of other essential services; livelihoods are lost with closure of companies, quarantine measures, people leaving their farms - people are falling deeper into poverty; there has been disruption to local markets due to interruptions of trade as a result of closures and/or controls at border points affecting prices of commodities. The Ministry of Finance has revised downwards the Liberia's GDP from a projected 5.9% to approximately 2.9%.

In concluding his mission to the affected countries, the UN Senior Coordinator for the Ebola Response – David Nabarro - has termed the crisis to be beyond a health emergency. As a consequence, he has called for a broad-based and multi-faceted response strategy, consisting of 5 strategic objectives and 13 Mission critical actions. This strategy brings together the medical and other essential fields, through a cluster system that addresses the humanitarian, economic, security and

early recovery needs, as explained in the Clusters Response Plans section.

In light of escalating EVD crisis in Liberia, this Consolidated Plan builds on the original Joint UN Support Plan launched by the UN system in Liberia on the 14th of August in Liberia.

United Nations Strategic Objectives in Liberia

1. Stop transmission of the Ebola virus in the affected counties.
2. Treat the infected people and scale up effective, evidence based outbreak control measures.
3. Provide life-saving assistance to people, communities and districts affected by the epidemic.
4. Ensure quick socio-economic recovery of affected households through resilience, livelihoods, and social services support.
5. Prevent the spread of EVD to the neighboring at-risk counties through strengthening epidemic preparedness and response measures.

Mission Critical Actions in Liberia

- Strengthen coordination at county levels by establishing/ reactivating multi-sectoral County Task Force and Disaster Response Teams (including relevant technical sub-working groups).
- Provide support to infection prevention and control.
- Provide support to contact tracing and ensure safe and dignified burials.
- Procure case management equipment, train health workers and provide them with cash incentives.
- Restore and support reproductive health services.
- Strengthen logistical management.
- Encourage and support animal surveillance.
- Enforce efforts of social mobilization, communication and information.
- Provide food and nutritional support to treatment centers.
- Ensure issues of gender and social safety net are supported.
- Ensure the protection of affected persons, communities and vulnerable groups.
- Strengthen early warning and surveillance systems.
- Provide livelihood/food production support to affected communities.
- Strengthen sensitization, surveillance and response mechanisms among minority and high risk groups such as refugees in camps.

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Liberia: Reference map 

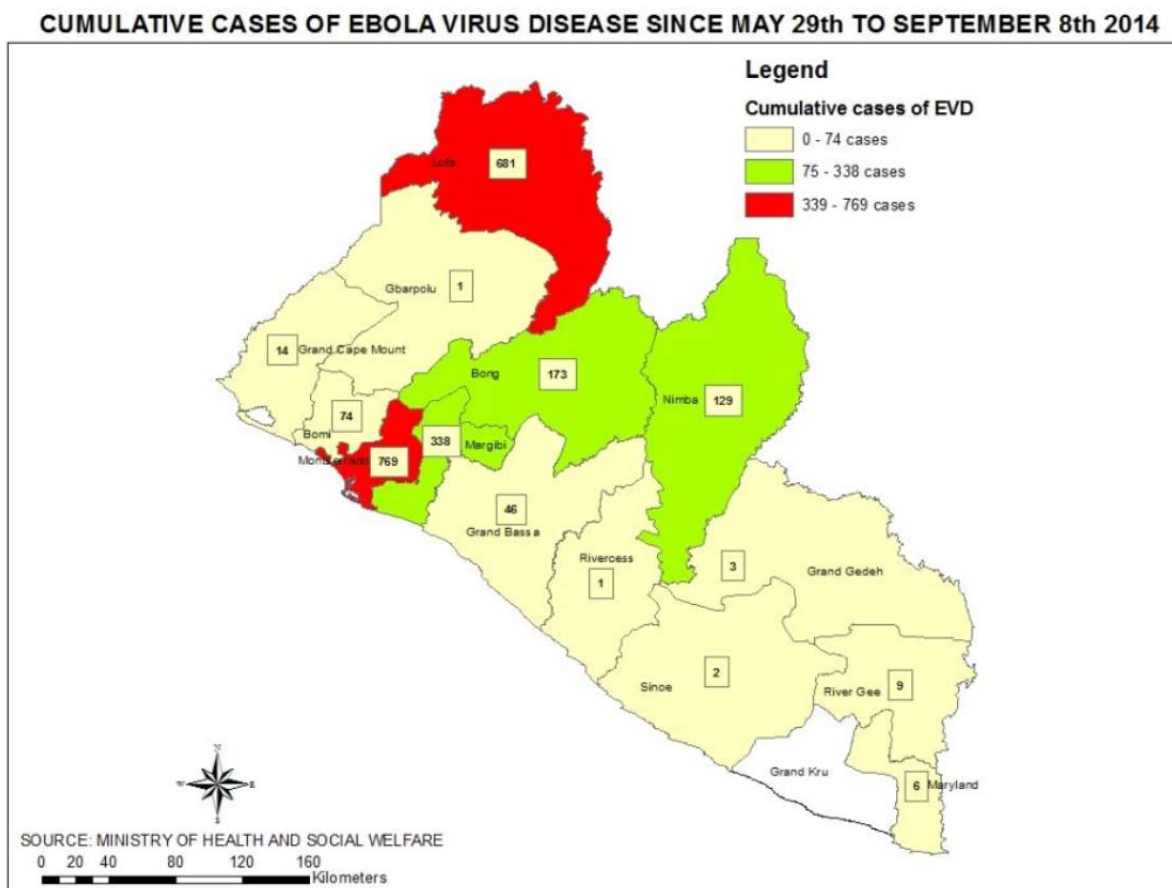


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 Creation date: 01 Aug. 2014 Sources: UNCS, Natural Earth, ESRI, NGA, OCHA. Feedback: ocharowca@un.org www.unocha.org www.reliefweb.int

1. STRATEGY

A) The Scope of the plan

This response plan gives priority to the fourteen counties currently affected by the EVD epidemic (out of the fifteen existent in Liberia) and calls for close monitoring of the Grand Kru County, the only county not affected yet but that remains at great risk. It is estimated that 3.37 million (89%) of the total population is living in EVD active transmission areas.



In the response counties, the focus is to contain the epidemic and interrupt transmission of the virus, while in Grand Kru, the focus is on preparedness that implies both strengthening the surveillance systems to prevent the spread of the disease into the county, and simultaneously ensuring that all is in place for the treatment of potential victims. The plan also aims at strengthening laboratory, human resource and response capacities, as well as public health infrastructure in case of future threats.

The plan covers a period of six months and it takes a multi-sectoral approach to support the Government response to the Ebola crisis in Liberia. It has adopted the WHO's Roadmap goal, that is to stop the ongoing Ebola transmission, while addressing the broader socio-economic impact in the most affected areas. The plan further covers the five strategies objectives outlined in David Nabarro's response strategy: i) STOP the spread of the Ebola virus; ii) TREAT for those who have been infected; iii) ENSURE essential services; iv) PRESERVE stability and v) PREVENT outbreaks in the countries currently unaffected.

The five strategic objectives part of Nabarro's response strategy follows:

Stop the transmission of the Ebola virus (identify and trace people with Ebola and safe and dignified burials);
 Treat the infected people and reinforce the response by scaling up effective, evidence based outbreak control measures and prevent the EVD spread;
 Provide life-saving assistance to people, communities and districts affected by the epidemic (access to basic services, food security and nutrition, transport to people and materials, reliable supplies of materials and equipment, cash incentives for workers, medical care for responders, mobilization and engagement of society);
 Ensure quick socio-economic recovery of affected households through resilience, livelihoods, and social services support (recovery and economy);
 Prevent the EVD spread to the neighboring at-risk countries through strengthening epidemic preparedness and response measures (prevention and preparedness).

B) People in Need and Targeted

Current Situation

Information based on Ministry of Health Ebola SitRep N.116, published on 10 September 2014.

Counties	Cumulative Cases	Confirmed Cases	Cumulative Deaths	Confirmed Deaths	Contacts
Lofa	692	260	368	167	391
Montserrado	849	352	532	271	3998
Margibi	391	33	162	34	1242
Bong	179	44	49	12	524
Nimba	134	47	90	32	487
Bomi	77	33	49	27	272
Grand Bassa	46	13	19	13	61
Grand Cape Mount	16	6	14	6	41
River Gee	9	0	5	0	9
Maryland	6	0	4	0	6
Grand Gedeh	3	0	2	0	0
Sinoe	3	1	1	1	16
River Cess	1	1	1	0	6
Gbarpolu	1	0	0	0	0
LIBERIA	2407	790	1296	563	7081

There is a strong likelihood that statistics underestimate the true magnitude and spread of the disease (especially for contact tracing), as concealment of suspected and probable Ebola cases is very common, individually as well as on community level.

The above graph shows the extent to which the Ebola virus has spread in Liberia. Based on a recent analysis done by United Nations Office for the Coordination of Humanitarian Affairs (OCHA), approximately 3.37 million people in Liberia live in EVD active transmission areas, of whom 2.4 million in areas currently affected by Ebola. The affected counties include: Lofa and Montserrado (considered epicentre), Margibi, Bong, Nimba, Bomi, Grand Bassa, Grand cape Mount, River Gee, Maryland, Grand Gedeh, Sinoe, River Cess and Gbarpolu. Various clusters have identified their target beneficiaries based on the need and available capacity to deliver.

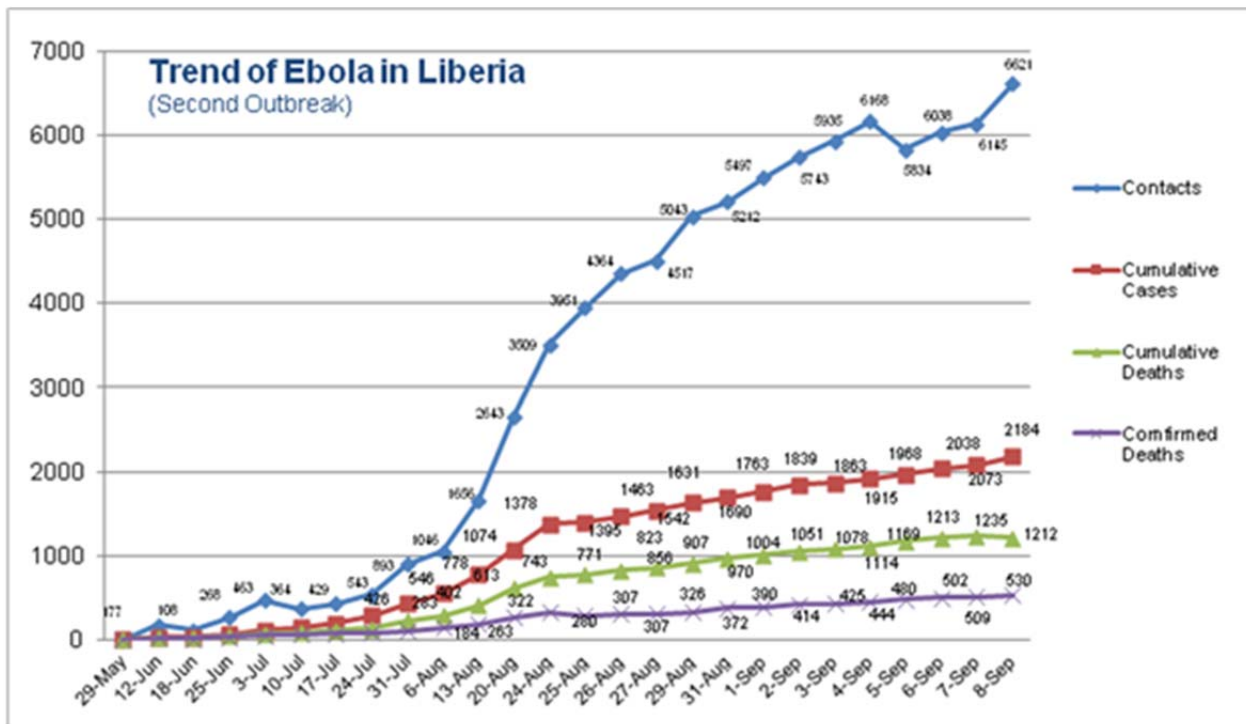
Priority will be given to the following categories of people:

- People infected by EDV and their immediate families;

- People directly affected by the outbreak such as contact persons and their families;
- Health workers, contact-tracers, community workers and other personal directly involved in the Ebola response;
- Vulnerable people indirectly affected by the Ebola outbreak (malnourished children, pregnant women, etc.).

The UN Country team in Liberia is currently scaling up activities in Community Outreach and Sensitization activities in all the country, and in particular in Montserrado County (where Monrovia is) that is one of the most affected, in order to inform the population on how to avoid the contraction of the virus and how to treat the infected people.

C) Planning Assumptions



The scale of the EVD epidemic is unprecedented in scale and geographical coverage. The large number of cases in urban, peri-urban and rural settings makes the outbreak difficult to contain. The outbreak is also proving to have a wider security, economical, livelihood impact on all affected countries and the West Africa region as a whole. A multi-dimensional and multi-sectoral approach is required to contain the outbreak and stabilize affected areas. Compounding the situation is the unpredictable movement of affected people and weak monitoring and surveillance systems currently in place for contact tracing and follow up.

In light of this, the planning assumptions take into account the following:

- The possibility of increased number of cases, particularly in areas of intense transmission by 2- 4 fold higher than currently reported – i.e. the number of affected people significantly increases to over 100 cases a day; an upsurge in infections among health care workers has created a huge gap in an already ailing health system; the security, economic and humanitarian impact of the outbreak evident with a near-collapse of basic primary health care systems and increasing food insecurity affecting severely “quarantined” communities, but also large parts of the population because of the impact on transportation and trade. Currently only two airlines are operating in Liberia (Brussels and Royal Air Maroc); limiting scaling up of most needed personnel.
- The recent move to restart UNMIL flights from Monrovia to Accra and the increased number of UNHAS flight movement will help to ease the situation.
- In the event that the situation continues to deteriorate, the UN and humanitarian partners will review their planning figures as appropriate.

D) Priorities within the Scope of the Strategy

The approach for timely interrupting transmission of the Ebola Virus Disease is to minimize exposure both at community and health facilities, prompt supportive treatment of cases and contact tracing and follow up. In order for communities to be protected, they should be adequately sensitized and mobilized. In this context, the urgent priorities to be addressed include the following:

E) Coordination arrangements

Since the onset of the crisis, the Government of Liberia, the United Nations and partners have established various coordination mechanisms to streamline the Ebola response at the national and county levels.

At the national level, the President chairs the National Task Force on Ebola and the Cabinet overseeing the Ebola Crisis Cell (jointly chaired by WHO Rep and the Chief Medical Officer). The Incident Manager and Deputy Health Minister, within the Crisis Cell oversee the rest of the thematic areas, which includes: Case management/infection control/lab; Surveillance/Contact Tracing (WHO/UNFPA); Social Mobilization/Public Information (UNICEF); and Logistics. Other areas of recent focus include: Food Security & Nutrition; Gender Dimension and Recovery activities and Macro-Economic support.

The Resident Coordinator (RC) has also activated the Humanitarian Action Committee (HAC) in collaboration with humanitarian partners, in order to strengthen and/or establish efficiency and multi-sector coordination mechanisms at the national and decentralized levels. Moreover, Liberia is in the process of activating the cluster system to strengthen coordination and the response to the crisis.

F) Cross-Cutting and Context Specific Issues

The need to integrate key cross-cutting issues such as gender, recovery, HIV/AIDS, age, and protection from sexual exploitation, human rights and refugee specific needs into the plan is important. This includes strengthening existing networks or advocating for establishment of new and relevant networks or structures for possible interventions.

Even though the likelihood of identification, registration and profiling of vulnerable groups will remain a great challenge during the implementation period of this response plan, particular emphasis will ensure enhanced response to immediate and special needs by integrating gender and diversity into assessments, analysis and reporting data disaggregated by sex and age.

Response to the Ebola Virus Disease (EVD) is complex and cuts across both health and non-health related sectors. The management of cases must include a gender dimension, with services provided equally for women, men and children. People with special needs (including refugees) who contract Ebola virus will be given the same treatment with no discrimination. This requires strengthening the national health systems to address non-Ebola related diseases.

The socio-economic effects of the EVD crisis will be taken into account, including areas that are outside the scope of the national plan such as safety nets programs such as general food distribution and cash transfers.

G) Constraints and How the UN Will Address Them

Constraints	Addressing The Constraints
Challenges with logistical management at both national and county levels(including the provision of ambulances, communication, burial and investigation vehicles)	The UN will donate vehicles and other relevant equipment including computers to the MoHSW/Counties A UN/UNMIL logistic management team including ICRC has been set up and deployed to the MoHSW to provide support UNMIL police training and support to the Liberia National Police in crowd control and public order management UNMIL police units engaging in crowd control and public order establishment in support of the Liberian National Police
Lack of expertise in Ebola case management	Through the Global Outbreak Alert Response Network (GOARN), WHO will mobilize additional experts required (UNMIL and UN agencies including UNICEF, UNFPA and UNDP will tap into internal mechanisms or recruit additional required expertise in EVD case management, laboratory support etc.
Inadequate funding for the EVD response	The UN Resident Coordinator will lead the resource mobilization efforts from both traditional and non-traditional donors (resident and non- resident) on behalf of the UN in Liberia The WHO global appeal is cognizant of Liberia EVD response needs
Weak health system is currently overstretched beyond limit coupled with health workers afraid to provide services	The UN will support provision of additional expertise (doctors, nurses, midwives and health care workers) and will provide continuous training and incentives for health workers The UN will support provision of required protective equipment, medical supplies including reproductive health kits and will support the establishment of additional isolation facilities as well as support rehabilitation of primary health care
Continued denials and ignorance on spread of the Ebola Virus Disease	The UN will launch and maintain social mobilisation, awareness and sensitization campaigns throughout the country; strengthen outreach and information/communication through respected persons in the communities, social mobilisers, public announcements in national and local radios, and public awareness material
Pockets of community resistance causing insecurity to health workers and community volunteers	The UN will support GoL efforts in engaging community leaders to provide the necessary support and an enabling environment for health workers to access EVD affected people
Potential difficulties with access to the rural areas in the rainy seasons due to bad roads and bridges	The UN will support re-stocking, providing non-food/perishable products in affected counties
Poor tracking of suspected cases and contacts makes it difficult to provide timely response	The UN will support scaling up of community sensitization and mobilization through communication/messaging, outreach, working through women's networks, community and religious leaders
Rapidly increasing demand for infection prevention and control supplies such as personal protective equipment, essential drugs and disinfectants	The UN will support fast tracking of procurement and distribution of essential supplies to the MoHSW or in health centers where needed
Cultural practices that evolve around handling and unsafe burials	The UN will support training on safer handling of infected dead bodies The UN will conduct and support community mobilization and sensitization Support ICRC efforts for conducting safe burials

Response Monitoring

- The UN will provide the overall strategic guidance to the joint response, coordination, implementation, monitoring and reporting and will meet weekly/adhoc as the situation demands.
- Continuous joint monitoring based on the evolving situation will be conducted by the UN in Liberia (UNMIL/UNCT). The Special Representative of the Secretary-General (SRSG), together with the Deputy Special Representative of the Secretary-General/Resident Coordinator (DSRSG/RC) will provide overall strategic guidance, in coordination with the UNCT, to the joint response, coordination, implementation, monitoring and reporting.
- A lesson learnt exercise will be conducted to inform future response, and the report shared with all the relevant stakeholders.
- Regular financial reports will be provided to complement the weekly reporting.

2. STRATEGIC OBJECTIVES AND INDICATORS

STRATEGIC OBJECTIVE N°1 : Stop the EVD transmission in the country

Indicator	Baseline	Target	Explanation/Monitoring method
Proportion of health facilities and Ebola treatment center with Protective Personal Equipment and other required medical supplies available	Two treatment centres in Foya and Montserrado fully stocked	100%	Inventory and log frame
Burials are taking place through secure practices or through cremation	Deep grave burials or complete cremation of bodies	100%	IFRC/LRC reports for Monrovia/County Health Themes
Number of treatment centers adhering to standard operating procedures/universal precaution kit for EVD case management	Two treatment centres available countrywide	100%	Case fatality rate
Number of infections among health workers reported	151 cases as of 2 September 2014	Reduce to 0%	Admission forms and lab results
Provide for awareness raising and preventive measures in counties and communities	All counties and communities targeted and aware of how to protect themselves against EVD	100%	Field reports; reports from health centres and social mobilisers

STRATEGIC OBJECTIVE N°2 : TREAT THE INFECTED PEOPLE AND SCALE UP EFFECTIVE, EVIDENCE BASED OUTBREAK CONTROL MEASURES

Indicator	Baseline	Target	Explanation/Monitoring method
National and sub-national coordination committees in place	Existence of functional structures at national and county levels	80 -100%	Minutes of meetings, mapping for actors working in counties
Completeness and timely reporting cases from health facilities in affected communities	Daily reports from affected counties	80%	Alert and active case search reports (monitoring by county health teams)
Logistic capacity of the MoHSW strengthened	Logistic base established at the MoHSW	Functional logistic bases established in all affected counties	Existence of log frames Logistical distribution plans developed and implemented
Investigation and laboratory confirmation within 48 hours	Investigation and lab confirmation reports	100%	Daily reports by MoHSW

Indicator	Baseline	Target	Explanation/Monitoring method
Counties at risk supplied with EVD surveillance and information tools	75% nation-wide dissemination of surveillance and information tools done	100% of effective use	Daily and weekly surveillance reports
Number of treatment centers adhering to standard operating procedures/universal precaution kit for EVD case management	Treatment centres available countrywide	100%	Case fatality rate
Number of infections among health workers reported	151 cases as of 2 September 2014	Reduce to 0%	Admission forms and lab results
Districts providing psychosocial support	14 districts targeted	100%	Field visit reports, number of families receiving psychosocial support
Provide for awareness raising and preventive measures in counties and communities	All counties and communities targeted and aware of how to protect themselves against EVD	100%	Field reports; reports from health centres and social mobilisers

3. PROVIDE FOR LIFE-SAVING ASSISTANCE TO EVD-AFFECTED PEOPLE, COMMUNITIES AND DISTRICTS

Indicator	Baseline	Target	Explanation/Monitoring method
Number of people receiving food and nutrition packages in communities affected directly or indirectly by Ebola	Affected population reached: 80,000 people 1200 Mt of assorted food commodities	At least 405,500 people reached with daily varied rations for 6 months: Note: Each of the identified group of people in need of Food and Nutritional support have a determined ration corresponding to given feeding days) 20,473. MT delivered to affected population	Post distribution monitoring reports and final evaluation reports
Number of acute malnourished children 6 - 59 month referred to the nutrition centres	Affected population reached	500,000	Active screening at community level of acute malnutrition with MUAC and Referral of acute malnourished children to the nutrition units and integrated in health and WASH structures.
Number of people provided with a minimum WASH Package	Affected population reached	500,000	Distribution lists
Number of targeted women provided with dignity kits in affected districts	Affected population reached	300,000	Procure and distribute dignity kits to most vulnerable women and girls in affected communities
Number of households in communities affected by EVD	Affected households reached	100,000	Cash transfers to individuals (dependent families who lost

Indicator	Baseline	Target	Explanation/Monitoring method
supported with cash transfer due to loss of production; rising prices.			their family heads)

ENSURE QUICK SOCIO-ECONOMIC RECOVERY OF AFFECTED HOUSEHOLDS THROUGH RESILIENCE, LIVELIHOODS, AND SOCIAL SERVICES SUPPORT.

Indicator	Baseline	Target	Explanation/Monitoring method
Number of health facilities equipped with safe reproductive health kits	Health facilities present in the affected areas	60 - 80% mid-wife trained on safe delivery	Field visit reports, distribution reports
Number of health facilities providing SGBV services	7 one-stop centres	11 one-stop centres and all referral hospitals	Field visit reports, distribution reports
Number of families receiving support (financial, food or recovery package) where one or more persons have been infected by Ebola	Affected population reached: 80,000 people 1200 Mt of assorted food commodities	393,490 patients, patient family and community members provided with daily or monthly food ration	Field visit reports, distribution reports
Number of households supported with agriculture inputs (seeds, tools, fertilizer, animals)	Affected households	21,200 household farmers receive livelihood inputs 4,240 household farmers trained in crop production	Distribution lists Field visit reports
Number of women receiving savings and loan at community to increase social and financial resilience.	Affected women	15,000 families (women)	List of women who receive savings and Loan.
Alternative livelihood and job creation initiatives	Affected population	50% workers from closed down concessions provided with alternative livelihood opportunities	Employment records, payroll ledges
Number of health systems strengthened in procurement, supply chain and financial management in affected districts	Health facilities present in affected areas	4 countrywide	Inventory log frame and assessment reports.

Prevent the spread of EVD to the neighboring countries currently unaffected through strengthening epidemic preparedness and response measures

Indicator	Baseline	Target	Explanation/Monitoring method
Counties on the border with neighbouring countries supplied with EVD surveillance and information tools	75% nation-wide dissemination of surveillance and information tools done	100% of effective use	Daily and weekly surveillance reports
Provide for/strengthen awareness raising and preventive measures in counties and communities living on the border with neighbouring countries	All counties and communities on the border targeted and aware of how to protect themselves against EVD	100%	Field reports; reports from health centers and social mobilisers
Strengthen the measures to control movements in and out on the borders	Teams composed of both a military and medical component to monitor people in and out at the borders	100%	Daily reports

SUMMARY OF BUDGET AND FUNDING REQUIREMENTS

Budgets and Funding requirements by Cluster/Sector

Cluster/Sector	People targeted	Budget (in US\$)
Health - Epidemiology and Laboratory, Case Management, Infection prevention and control, Nutrition, Psychosocial support and Social mobilization/Public Information	Nationwide	313,490,193
Logistics	Inter-agency logistics need for the EVD Operation	14,805,226
Food Security	405,500	34,704,057
WASH	50,000 households	22,451,456
Early Recovery	100,000 households	36,200,000
Protection	420,000	3,822,346
Coordination (include counties operation needs)		22,443,105
Education	20,000 teachers 1,200,000 children	2,161,926
Budget (as of 12 September 2014)		450,078,309

Budget and funding requirements by agencies and mapping of UN Commitments to the EVD Joint Response Plan (Provisional Totals)

Agency	Total Response Budget	Committed funds	Resource In-kind	Funding Gap (USD million) as of 4 September 2014
WHO1	285,384,238	1,310,000	Technical Experts including doctors, nurses and anthropologists	284,074,238
UNICEF	64,765,903	3,654,161	Technical Experts	61,111,742
WFP2	41,681,828	7,629,524	Technical assistance and support to logistics	34,052,304
FAO	5,353,455	387,000	Technical assistance	4,966,455
UNDP	34,510,000	0	Purchase of an ambulance and 4 vehicles and partial staff support	34,510,000
UNFPA	3,543,885	239,900	Technical assistance	3,303,985
UNAIDS	605,000	0	Technical assistance	605,000
UN Women	275,000	25,000	3 Vehicles in selected counties, use of women networks and staff support	250,000
UNHCR	5,685,000	185,000	Tents, medical and hygiene supplies, NFI, PPEs	5,500,000
UNMIL	3,282,000	500,000	Use of UNMIL radios, technical assistance to logistic and social mobilization	2,782,000
OHCHR	950,000	0	Technical assistance	950,000
UNOPS	1,422,000	0	Technical assistance	1,422,000
UNIDO	2,000,000	0	Technical assistance	2,000,000
OCHA	620,000	0	Coordination support	620,000
PROVISIONAL TOTAL	450,078,309	13,930,585		436,147,724

CLUSTER/SECTOR RESPONSE PLANS

¹ The total response budget of WHO for Liberia is aligned with the Global WHO Ebola Road Map, launched 28 August 2014. The funding gap for WHO noted above reflects the unfunded requirements consistent with the Global WHO Ebola Road Map.

² The total response budget of WFP for Liberia is aligned with the Regional Emergency Operation, launched 25 August 2015 under which WFP will provide food assistance to 1.3 million people in Guinea, Sierra Leone and Liberia, for an initial period of three months.

HEALTH (Ebola and non-Ebola: Epidemiology, Laboratory, and Case Management, Infection Prevention and Control, Social mobilization and Public Information)

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Total Budget: US\$ 313,490,193

The Health Cluster/Sector constitutes an Ebola and a non-Ebola component. The Ebola component includes the categories which encompass the activities aiming at stopping the EVD transmission in the country and treating the infected patients. Those categories are: 1) Case detection, surveillance, contact tracing and laboratory diagnosis; 2) Case management. The non-Ebola component includes the categories whose activities aim at treating the patients affected by other diseases than Ebola such as Cholera, Malaria and Lassa fever, and preventing other people from falling sick. Those categories are: 1) Support to health Services for non-Ebola response; 2) Reproductive Health.

HEALTH (EBOLA SUPPORT)

1. Case detection, surveillance, contact tracing and laboratory diagnosis

Epidemiology and laboratory confirmation constitute one of the key pillars for controlling the Ebola epidemic. Good surveillance systems that ensure early case detection, investigation, and reporting and laboratory confirmation are measures that improve response, as well as strengthen the health system to suspected cases much earlier in at-risk counties.

All counties are encouraged to conduct active surveillance in all communities, verification or outbreak investigation, enhanced surveillance to capture public health events of unknown origin, and unexplained deaths including community alerts.

Strengthening laboratory diagnostic capacity is also important to inform health workers of the nature of the disease and to improve quality of response.

The capacity for appropriate specimen collection, processing, packaging and storage at district, county and national level including efficient system for specimen shipment to the national reference laboratory is key.

In view of the ongoing epidemic, review of the diagnostic capacity will be considered with the aim of establishing a mobile laboratory. Cross border collaboration and networking among laboratories in different counties is prioritized for quality assurance.

CLUSTER/SECTOR PRIORITY 1: STRENGTHEN EARLY DETECTION, INVESTIGATION, REPORTING, ACTIVE SURVEILLANCE AND DIAGNOSTIC CAPACITY

WHO

Improve, early case detection, reporting, referral of suspected cases, contact tracing, and laboratory confirmation.

Activity	Locations	Indicator	Target	Amount US\$
Conduct training of health workers and volunteers on case investigation, contact tracing and active case search	Margibi, Bomi, Bong, Nimba, Grand Bassa and Grand Cape Mount	% of contacts identified and followed up for 21 days	100%	29,846,729
Provide financial incentive to volunteers to conduct contact tracing	All affected counties	% of suspected cases investigated and confirmed within 48 hours Number of counties with EVD database	100% 2	
Produce surveillance protocols and contact tracing SOPs	All affected counties	Proportion of counties using SOPs	All affected	
Institute zero reporting in all affected counties	All affected counties	Number of counties providing daily surveillance reports (with or without cases)	100%	
(Incentive) Support referral of specimens from the affected counties to the reference laboratory	All affected counties	Proportion of specimen referred and laboratory confirmed	100%	
Establish EVD database in all affected counties	All affected counties	Number of counties with EVD databases	100%	
Procure laboratory reagents and supplies	All affected counties	Number of specimen collected and tested	100%	35,852,915
Provide logistical support for case investigation and shipment of specimens for laboratory confirmation	All affected counties	Number of counties of counties support with logistics for case investigation and shipment of specimens	100%	3,369,900
Recruitment and deployment of essential staff	All affected counties			8,092,000
Incentives to health workers				5,000,000
TOTAL				82,161,544

CLUSTER/SECTOR PRIORITY 2: To strengthen coordination mechanisms in population data analysis
UNFPA

Activity	Locations	Indicator	Target	Amount US\$
Provide technical assistance in the area of collection, collation, analysis, interpretation, reporting and use of Ebola related data	Nationwide	No. of regularly produced Ebola-related data (Disaggregated by age, sex, county, etc.)	Publications and Ebola-related data disseminated	100,000
Support epi-surveillance activities of the MoH to generate better quality data	Nationwide	Clean and accurate daily Epi-surveillance data	Publications and Ebola-related data disseminated	100,000
Provide financial support for publications and dissemination of Ebola-related data	Nationwide	Publications and Ebola-related data disseminated	Publications and Ebola-related data disseminated	100,000
TOTAL				300,000

CLUSTER/SECTOR PRIORITY 3: TO STRENGTHEN HEALTH CARE SERVICES FOR PREGNANT WOMEN IN THE CONTEXT OF TRANSMISSION
UNFPA

Activity	Locations	Indicator	Target	Amount US\$
Procure and distribute universal precaution kits (disinfectants, hand washing soap, detergents, examination gloves, and PPEs) to health facilities serving pregnant and lactating mothers	Nationwide	Number of Maternity Centers with Universal precaution kits and PPEs.	Selected facilities nation-wide	500,000
Contact Tracing: Support training of Contact tracers and provide financial need for procurement of tracing materials and monthly remunerations of the tracers to scale up contact tracing and break the EVD transmission chain	Nationwide	Number of Contact Tracers per County supported; Monthly remuneration of Contact Tracers; Number of EVD cases in supported Counties	Selected Communities nation-wide	495,755
Support the development of targeted Ebola Prevention messages on cultural, religious and traditional practices that facilitate the spread of Ebola.	Nationwide	Number of Ebola-related messages developed and disseminated; Number of new Ebola cases	Publications and Ebola-related data disseminated	200,000
TOTAL				1,195,755

UNHCR

Establish early case detection at the community and health facility levels, reporting and referrals of suspected/probable/confirmed cases through active surveillance and extended outbreak investigation.

The UN and other health partners both nationally and through the County Health Teams will supply required materials for specimen collection in refugee camps and ensure that these specimens are properly collected and labeled for laboratory testing. To achieve this, laboratory technicians will be trained on specimen collection for suspected cases in the various camps in collaboration with County Health Team surveillance officers. Professional and well trained staff will be engaged for the purpose of contact identification, tracing and reporting.

Activity	Locations	Indicator	Target	Amount US\$
Establish EVD alert management system and the camp levels and support the system at the County levels to receive alert calls, rumors, and other information from the camp/communities and respond swiftly to conduct verification/investigation	Montserrado, Nimba, Grand Gedeh, Maryland	# of alert management system established	12	620,000
Train laboratory technicians on specimen collection for suspected cases in the various camps in collaboration with County Health team Surveillance officers	Montserrado, Nimba, Grand Gedeh, Maryland	# of laboratory technicians trained	4	
Supply materials for specimen collection and ensure specimens are properly collected, labeled and send for laboratory confirmation	Montserrado, Nimba, Grand Gedeh, Maryland	Extent to which laboratory materials are available	100	
Send all collected samples to County Health Team to ship to MOHSW or reference lab for testing	Montserrado, Nimba, Grand Gedeh, Maryland	Required time to deliver specimens to the Reference Laboratory	3 days	
TOTAL				620,000

UNICEF

Strengthen early detection, reporting and referral of suspected cases through active surveillance by trained community health volunteers in 2 affected counties.

Activity	Locations	Indicator	Target	Amount US\$
Support MoHSW and partners on training of gCHVs	7 affected Counties	# of gCHVs trained on case detection, contact tracing and referral	2,170 (310 gCHVs in 7 affected counties)	108,500

Activity	Locations	Indicator	Target	Amount US\$
Daily house to house visits by trained gCHVs	7 affected Counties	% of households visited by trained gCHVs for case detection, contact tracing and/or referral.	50% households	1,240,155
Household protection kits	All 15 counties	# of household with EVD cases used household protection kits	50,000	2,000,000
Transportation support for contact tracing and case management	All 15 counties	# of County Health Team (CHT) supported with transport (motorcycles or Vehicles)	3 motor bikes for 15 CHT. Additional 3 vehicles will be given to MoHSW to be deployed on needed counties	256,163
TOTAL				3,604,818

2. Case Management

Case management, infection prevention and control, and psychosocial support constitute another important aspect of the response. The main strategies will focus on strengthening universal precautions in health care settings, including provision of essential supplies such as gloves, disinfectants, soap and hand washing facilities; training of health workers on viral haemorrhagic fever care management and infection prevention and control practices including mortuary staff; establishment of EVD treatment centres including provision of ambulance and burial services; provision and prepositioning of case management and infection prevention and control supplies; training of rapid response teams and documentation and dissemination of lessons learnt from the epidemic. The UN will support case management, infection prevention and control, and psychosocial support.

Even though the general consensus is to focus on the counties currently affected by the Ebola outbreak, the nature of refugee camps requires establishing an effective case management structures and functional systems to respond to any incidents. The UN will work with partners and the 28,710 refugees in three camps to ensure early case detection, reporting, isolation, sample collection and case referral to the county health teams for treatment, and burial where necessary. Affected refugee families will be relocated, isolated/quarantined and monitored to ensure that the disease is contained. Affected and relocated families will be provided with food and NFI's for the 21 day observation period since they will be unable to go into the community to earn a livelihood. Additional well trained and professional staff will be recruited to provide psychosocial support and counseling to affected families to reduce the psychological and social trauma associated with the outbreak of the disease. UNHCR will also provide essential medical logistical support and hygiene materials to enhance partner capacity to respond to an outbreak in camps. Such support for case management will include the provision of isolation centers, heavy duty tents and medical and hygiene supplies for refugee camps.

CLUSTER/SECTOR PRIORITY 1: INSTITUTE PROMPT AND EFFECTIVE CASE MANAGEMENT, INFECTION PREVENTION AND CONTROL AND PSYCHOSOCIAL SUPPORT

WHO

Strengthen case management, infection prevention and control and psychosocial support.

Activity	Locations	Indicator	Target	Amount US\$
Establish and expand existing Ebola Treatment units in two phases	Phase1 : Lofa, Bomi, Montserrado, Grand Bassa, Nimba River G	Designated counties with ETUs as per prescribed beds in the scale up phased plan	100% as per plan	Phase 1 10,400,000
Phase 1 – 1,400 beds	Phase 2 :GCM, Montserrado, Gabarpolu,			Phase 2 : 10,000,000
Phase 2 – 1,000 beds	River Cess, Gedeh, Grand Kru, Maryland			20,400,000
Operational costs for the ETUs for 9 months for 2,400 beds	As above	Proportion of ETUs that are fully functional	100%	57,889,169
Train and mentor health care workers on case management and infection prevention and control measures including safe burial and waste management	Lofa, Montserrado, Bomi, Bong, Margibi, Nimba, Grand Cape Mount and Rivercess	Number of health workers trained	100%	3,800,000
Print and disseminate treatment protocols including triage		Number of counties applying universal precaution measures	100%	
Deploy four case management and infection control experts to train health workers on infection prevention and control	All affected counties	Number of counties applying universal precaution measures	100%	10,500,000
		Number of health workers trained	85%	
Deploy twenty (20) international experienced nurses	Montserrado, Foya and Nimba	Reduced case fatality rate	100%	3,000,000
Recruit four medical doctors to supervise case management in the treatment centers	Montserrado, Foya and Nimba	As above	100%	1,500,000
Procure infection prevention and control supplies including PPEs, essential drugs and disinfectants	All affected counties	Number of treatment centers and case holding units in the affected counties fully equipped	100%	40,000,000
Provide counseling and psychosocial support to patients in the treatment centers and people affected in the communities	Nimba, Bong, Bomi, Margibi and Rivercess, Grand Cape Mount	Number of families provided with psychosocial support	85%	1,200,000
Training for safe burials at various levels- community volunteers burial teams	All counties	Proportion of counties where community burial teams are trained using standard SOPs	100%	6,569,614
Establishment of community care centers	All counties	Number of CCCs established in the country	100%	21,190,232
Provision of logistics,	Lofa, Nimba, Bong, Bomi,	Reduced cases of	100%	5,438,300

Activity	Locations	Indicator	Target	Amount US\$
financial and operational support for safe burials – e.g. PPEs, transport, body bags	Margibi and Rivercess, Grand Cape Mount	unattended to bodies		
Field supervision of community health volunteers	All counties	Proportion of trained community health volunteers supervised through visits	100%	1,772,800
TOTAL				173,260,115

UNICEF

To establish adequately equipped treatment centers to ensure prompt and effective case management of all suspected and confirmed cases.

Activity	Locations	Indicator	Target	Amount US\$
Furnish Ebola treatment centre (with 1300 beds) and Ebola holding centers (with 3,900 beds) with required furniture and essential commodities	15 counties	% of Ebola treatment centers with adequate furniture and essential commodities % of Ebola holding centers with adequate furniture and essential commodities	100% of Ebola treatment centers with total 1,300 beds; 100% of Ebola holding centers with 3,900 beds	8,479,918
TOTAL				8,479,918

UNMIL

To establish adequately equipped treatment centers to ensure prompt and effective case management of all suspected and confirmed cases.

Activity	Locations	Indicator	Target	Amount US\$
Construction or improvement of isolation units in hospitals and health centers and supplies	Treatment centers without isolation units	No of isolation center	13	738,000
TOTAL				738,000

UNHCR

To introduce early and effective case management among refugees for any suspected/probable/ confirmed cases this includes effective infection prevention and control measures.

Activity	Locations	Indicator	Target	Amount US\$
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Activity	Locations	Indicator	Target	Amount US\$
Recruit trained professional healthcare workers and clinical psychologists to augment existing limited capacity among health partners.	Montserrado, Nimba, Grand Gedeh, Maryland	# of medical doctors recruited.	15	330,000
		# public health nurses and Physician Assistant recruited and trained	35	
		# Community health nurses recruited.	60	
		# of clinical psychologists recruited	10	
Establish and equip isolation centers and quarantine facilities for affected families.	Montserrado, Nimba, Grand Gedeh, Maryland	# of isolation facilities constructed / established and equipped.	6	1,940,000
		# of quarantine facilities established	6	
Food and Non Food Items provided to affected and quarantined families.	Montserrado, Nimba, Grand Gedeh, Maryland	% affected families receive support.	100	
Procure NFIs (blankets, mosquito nets, used clothes, sleeping mats etc.) for general distribution				
Pay incentives to additional distribution assistants who will be recruited to expedite NFI distribution.				
Medical drugs, supplies and materials provided.	Montserrado, Nimba, Grand Gedeh, Maryland	Extent medical supplies provided.	100	
		# of households receiving soap	8612	
Procurement of hygiene supplies including soap and disinfectants	Montserrado, Nimba, Grand Gedeh, Maryland	Extent to which hygiene supplies are provided	100%	
Provide vehicles, including specialized vehicles exclusively for the referral of confirmed cases to the county health teams and the transportation of corpses for burials	Nimba, Grand Gedeh, Maryland, Montserrado	# of vehicles provided	15	200,000
Support the capacity of the county health teams in 3 counties to respond to the needs of refugees in camps and communities within the framework of the national response plan	Nimba, Grand Gedeh, Maryland, Montserrado	Extent to which material/logistics assistance is provided	500	200,000
Procure Gensets for maintaining the availability of potable water as well as the maintenance of good hygiene and sanitation standards				200,000
TOTAL				2,870,000

CLUSTER/SECTOR PRIORITY 2: TO STRENGTHEN NUTRITION SUPPORT TO EVD PATIENTS AND CHILDREN IN AFFECTED COMMUNITIES

As Ebola cases in Liberia continue to rise, the delivery of the national nutrition program in all health care levels has been greatly affected. With 12 percent of probable, suspected, and confirmed cases reported among health workers contracted during routine contacts with patients in health facilities, this has caused disruption in the provision of critical health and nutrition services to children and women. The alarming, spill over effects of Ebola in the food security situation in the country also poses a great threat and increases risk of malnutrition especially in affected counties.

As EVD spreads across counties, challenges with respect to travel and movement have been noted, which have resulted into price increases in the main staple foods such as rice and palm oil. The embargo on air and sea shipment to Liberia from neighbouring countries has also caused shortage in food commodities since Liberia rely a lot on imports. Against this backdrop, the UN, in close partnership with the MoHSW and Health, WASH, Food Security, and Child Protection clusters will work towards ensuring that malnutrition is prevented and treated in both Ebola and non-Ebola affected counties through:

- Counties with Confirmed Ebola Cases: Provision of therapeutic nutrition support to Ebola infected individuals (children and adults) while they are being treated;
- Provision of nutritional support to infants and young children infected and from affected households;
- Early identification, referral and treatment of severe acute malnutrition through employment of modified protocol for under five children and Ebola infected adults discharged from treatment centers;
- Explore opportunities for implementation of vitamin A supplementation and deworming;
- Counties without Confirmed Ebola Cases: Early identification, referral and treatment of severe acute malnutrition;
- Promotion of optimal infant and young child feeding and care practices;
- Biannual vitamin A supplementation and deworming;

UNICEF

Activity	Locations	Indicator	Target	Amount US\$
Provision of therapeutic food to EVD patients in treatment centers	Affected counties	Number of Ebola infected individuals received therapeutic nutrition support	11,950 Ebola infected individuals	691,470
Infant and young child nutrition support from affected households	Affected counties	Number of infants below 12 months from affected households provided with alternative nutritional support	896 infants below 12 months from affected households received nutritional support	1,272,500
Total				1,963,970

HEALTH (SOCIAL MOBILIZATION/PUBLIC INFORMATION)

In response to the National operational plan, social mobilization and public information remains a critical priority if the EVD outbreak is to be curtailed in the shortest possible time. Public relations and reputation management, social mobilization, and risk communications therefore need to be strengthened and scaled up. Therefore, the UN's support under this thematic area, led and coordinated by UNICEF, will be aimed at enhancing the response capacity in affected districts so people are reached with Ebola preventive messages through a structured social mobilization strategy. Support will be provided to increase both the reach and use of multiple channels of advocacy and sensitization.

The spread of EVD in Liberia has been largely attributed to the lack of adequate information available to the population as well as resistance from the population due to ignorance as well as traditional and cultural practices. In addition, low and late reporting as well as traditional and home therapy due to fear and stigma have also contributed to the wide and rapid spread of the disease.

Social mobilization and infection prevention control will also be rolled out through existing community-based women's networks including female traditional leaders, Association of Women in Cross Border Trade, Rural Women Structure, Liberia Marketing Association, Savings and Loan Associations, and other women's organizations, especially Muslim women, youths, and any women's organizations focused on health (i.e. West Point Women, etc.)

While community understanding and engagement is a fundamental aspect of standard Ebola control strategies, it assumes even greater importance in the context of the complementary approaches needed in the worst affected countries to effectively address the current outbreak. Achieving real community understanding, ownership and implementation of any complementary approaches, particularly given the deep-rooted fear and stigmatization emerging in the affected areas, requires sustained mobilization, engagement and dialogue with community, religious, traditional and other local leaders.

Another key target group for social mobilization interventions is the Ivorian refugee population. The Ivorian refugee population in Liberia is mainly rural with strong traditional and cultural practices. This coupled with the fact that refugees in general are very protective of their traditions and culture as a means of maintaining their cultural identity exposes the population to a high risk and high rate of spread once cases are identified among the population. To prevent this, there is the need to increase communication and engagement with refugees at all levels using various leadership and self-management structures in the camps. Block by block and house to house sensitization and communication will be combined with increased dissemination of literature and audio visuals in public places and entertainment centers in all 3 refugee camps. The number of community mobilizers and hygiene promoters will be increased to ensure that refugees have information about EVD as well as on improved hygiene as a preventive measure.

CLUSTER/SECTOR PRIORITY 1: CONTRIBUTE TO PUBLIC AWARENESS OF EVD THROUGH VARIOUS MEANS OF COMMUNICATION TO ENSURE PREVENTIVE ACTIONS AND CONTROL MEASURES ARE TAKEN INTO ACCOUNT (BEHAVIOURAL CHANGE)

UNICEF

To create public awareness about EVD, the risk factors for its transmission, its prevention and control among the people including addressing common misconceptions, myths, cultural beliefs and practices in affected counties.

Activity	Locations	Indicator	Target	Amount US\$
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Activity	Locations	Indicator	Target	Amount US\$
Outreach Activities (Interpersonal communication/door-to-door awareness, theatre performances, moving vans with PA systems)	All 15 counties	# of experts deployed for IPC and community awareness campaigns	30 experts in 15 counties	6,209,820
		# of communities reached by IPC and community awareness	20 communities by 100 animators	
		# of communities reached through mobile video awareness campaigns	TBD	
		# of general Community Health Volunteers (gCHVs) deployed and compensated (following training, see relevant section for costs)	2,500 gCHVs in 15 counties	
		% of religious leaders engaged in community awareness	70% of religious leaders in 15 counties	
Development, Printing/Production and Distribution of IEC/BCC Products and Materials	All 15 counties	# of materials and products produced and distributed	500,000 materials distributed in 15 counties	300,000
Airing radio jingles/Support for radio stations, and airing of video clips	All 15 counties	# of stations airing EVD messages on a weekly basis	54 stations (30 community radio stations, 20 FM stations and 4 TV channels)	200,000
Field monitoring visits	All 15 counties	# of monitoring visits	45 monitoring visits in 15 counties	90,000
Training on awareness building (religious and community leaders)	All 15 counties	# of religious and community leaders trained on Ebola awareness and preventions	1,500 Religious and community leaders in 15 counties	60,000
Procurement of motorbikes for community mobilisers	All 15 counties	# of motorbikes distributed to community mobilizers	300 motorcycles in 15 counties	672,750
Emergency technical assistance at national and sub-national levels	Montserrado with field deployment	# of people recruited and deployed to respond to Ebola outbreak for social mobilization		1,070,000
Operationalization of Social Mobilization/C4D activities	15 counties		15 Counties	688,206
TOTAL				9,290,776

WHO

Activity	Locations	Indicator	Target	Amount US\$
AGENCY: WHO				

Activity	Locations	Indicator	Target	Amount US\$
Conduct community participatory research and: extract findings for appropriate messaging develop training materials for community volunteers all in collaboration with partners	Priority counties as per disease burden	Number of community participatory research discussions undertaken	100%	1,500,000
Support training of trainers for community volunteers and leaders	All counties	Number of TOTs conducted with other local organizations	100%	632,360
Monitoring and evaluation of social mobilization activities in partnership with partners	All counties	Number of monitoring visits per county within the project t period (2 per county in 6 months)	100% (28)	1,500,000
TOTAL				3,632,360

FAO

Stop transmission of Ebola virus in the affected counties through scaling up effective, evidence-based outbreak control measures (FAO)

Activity	Locations	Indicator	Target	Amount US\$
Conduct awareness raising, and sensitization activities on spread of EVD from wildlife to humans and from human to human at national and community levels as well as at risk population level (hunters, farmers, marketers, etc.)	15 counties of Liberia	Number of awareness sessions held, Number of communities, number of persons reached with Ebola awareness	Farmers union network, cooperatives, Hunters, and bush meat traders/marketers	250,000
Develop/Strengthen wildlife/animal surveillance system and support collection of wildlife epidemiological data in support of early warning/response.		A comprehensive protocol for wildlife surveillance developed and wildlife epidemiological data for 15 counties	FDA, MOA, Hunters, farmers and bush meat traders	275,000
Identify and train partners in wildlife mortality monitoring and sampling using appropriate protocols/SOPs and biosecurity measures	Selected communities in 15 counties of Liberia	Number of persons trained and able to effectively collect wildlife mortality data and to take surveillance samples using appropriate biosecurity measures	MoA County Coordinators & District Agriculture Officers, Hunters, FDA wildlife officers, and farmers	160,000
Conduct a risk assessment of virus spillover from wildlife to humans	15 counties of Liberia	Risk assessment report available	Hunters, farmers, bush meat traders & Consumers, including men, women and	175,000

Activity	Locations	Indicator	Target	Amount US\$
			children	
Formulate risk management options focusing on contributing to efforts to control human to human transmission and risks of infection at the interface between human, animals and the ecosystems.	Counties affected by the Ebola virus (Lofa, Bong, Nimba, Montserrado, Bomi & Margibi)	Risk management options available for use by MoH and relevant stake holders	FDA, MOA, Hunters, farmers, bush meat traders & Consumers, including men, women and children	85,000
Develop information, education and communication materials on spread of Ebola and most risky practices for social mobilization and community outreach	Monrovia 15 counties of Liberia	Number of available information materials, Social mobilization, and community outreach	Hunters, farmers, bush meat traders & Consumers, including men, women and children	150,000
TOTAL				1,095,000

UNMIL

To create public awareness about EVD, the risk factors for its transmission, its prevention and control among the people including addressing common misconceptions, myths, cultural beliefs and practices in affected counties.

Activity	Locations	Indicator	Target	Amount US\$
Airing of talk shows and informative programmes, EVD preventive spots and messages	All counties	No of news bulletins, morning shows, evening shows, public announcements etc. relayed through community radio stations	25 daily	In-Kind
Awareness campaign and sensitization campaigns and information	All counties	# population conscientious about Ebola and protective measures	85%	798,000
TOTAL				798,000

UN Women

Contribute to social mobilization and infection prevention control through ensuring that existing women's networks have increased knowledge, confidence, and the capacity to effectively engage in Ebola awareness, prevention and management within affected and non-affected communities.

Activity	Locations	Indicator	Target	Amount US\$
Conduct Training of Trainers on Ebola awareness, prevention and management for UN WOMEN, MoGD, and Women leaders from key women networks from in 15 Counties	Monrovia (MoGD), Montserrado County	Female traditional leaders, AWICBT, RWS, LMA, PH, and SLAs including women's organizations exhibit awareness and capacities to effectively engage in Ebola awareness, prevention and management within their respective communities	250	80,000
Strengthen existing hotlines, and link women's networks through a referral mechanism;	All 15 counties (including affected counties – Lofa, Montserrado, Bong, and Margibi)	Existing hotlines strengthened by linking women's networks through a referral mechanism; networks effectively assisting in responding to calls from affected communities Support team trained on online/phone case management and referrals	15	30,000
Conduct massive community roll out through social mobilization and awareness on Ebola prevention and management in affected and non-affected communities including prison compounds	All 15 counties (including affected counties – Lofa, Montserrado, Bong, and Margibi)	Women's networks and organizations are mobilized and contributing to Ebola infection prevention and control through creating public awareness in affected and non-affected communities	15,000 (1,000 per county)	125,000
Contribute to monitoring infection in affected communities, and conduct follow ups through existing women's networks, and UN Women implementing partners	Lofa, Montserrado, Bong, and Margibi Counties	Women's networks are reporting on cases of infection in affected communities and are ensuring that these cases are adequately being addressed by healthcare workers Monitoring and case reporting package rolled out to focal points among women networks and UNW implementing partners	40	40,000
TOTAL				275,000

UNAIDS

To create public awareness about EVD through the mass media and community based groups on the prevention and management of the scourge.

Activity	Locations	Indicator	Target	Amount US\$
Town hall meetings/ Awareness sessions on Ebola	Nimba, Grand Geddeh, and Rivergee counties	% of CBOs and CSOs conducting town hall meetings/Awareness sessions on EBOLA	85	350,000
Advocacy on rights issues	Nimba, Grand Geddeh, and Rivergee counties	%of advocacy sessions conducted	60	150,000
Training of local journalists on Ebola issues	Nimba, Grand Geddeh, and Rivergee counties	% of journalist trained	90	45,000
Media messages on Ebola	Nimba, Grand Geddeh, and Rivergee counties	% of media messages on EBOLA messages	100	35,000
Reportage in print and electronic media on Ebola	Nimba, Grand Geddeh, and Rivergee counties	% of report in the print and electronic media about Ebola	80	25,000
TOTAL				605,000

CLUSTER/SECTOR PRIORITY 2: SOCIAL MOBILIZATION EFFORTS STRENGTHENED TO MITIGATE THE RISK OF EVD SPREADING IN AT-RISK COUNTIES

UNDP

High-risk populations in affected districts are reached with Ebola preventive messages through structured social mobilization strategies.

Activity	Locations	Indicator	Target	AMOUNT US\$
Support to the holding of the 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;	Grand Gedeh, Sinoe, River Cess, Maryland	Number of sensitization meetings	Conduct at least 5 community level campaigns in selected counties	70,000
Support intensified Information, Education and Communication through radio talk shows, airing of regular Ebola prevention messages,	Grand Gedeh, Sinoe, River Cess, Maryland	Frequency of Ebola messaging in Counties	Support daily/weekly message broadcast in selected counties	50,000
Support the printing of additional Ebola prevention materials, translated into local languages and distributed in affected districts through mobile public announcement systems, including use of motorbikes and taxis	Grand Gedeh, Sinoe, River Cess, Maryland	Number of advocacy materials printed and distributed	Print at least 1000 pieces of assorted information materials per County	40,000

TOTAL	160,000
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UNHCR

Refugees and people of concerns are well informed about the Ebola virus disease as well as preventative mechanisms established by the government and the UN to contain and eradicate the disease.

Activity	Locations	Indicator	Target	Amount US\$
Create massive awareness and promote behavioural change about EVD targeting all people of concern in and out of camps	Montserrado, Nimba Maryland, Grand Gedeh	# of communities and or households reached	20	25,000
Establish communication stations in all refugee camps to disseminate information on the Ebola Virus Disease.	Montserrado, Nimba, Grand Gedeh, Maryland	# of communication stations established	30	20,000
Recruit and train community mobilizers to sensitize the population on Ebola and related signs and symptoms for early case identification and reporting, identify block leaders and elders at camp level	Montserrado, Nimba, Grand Gedeh, Maryland	# of persons trained	300	65,000
Camp security management improved to ensure refugee movement is controlled and spread minimized	Montserrado, Nimba, Grand Gedeh, Maryland	# of security personnel recruited and trained	600	75,000
Procuring and distributing appropriate gear such are rain boots, gloves, flashlights, flashlight batteries and nose guards	Montserrado, Nimba, Grand Gedeh, Maryland	Extent to which security personnel are equipped with appropriate gear	100	75,000
Paying incentives to neighbourhood watch members to remain committed to the additional responsibilities	Montserrado, Nimba, Grand Gedeh, Maryland	# of refugees reached	600	300,000
Procuring and distributing appropriate gear such are rain boots, gloves, flashlights, flashlight batteries and nose guards	Montserrado, Nimba, Grand Gedeh, Maryland	Extent to which security personnel are equipped with appropriate gear	100	75,000
Paying incentives to neighbourhood watch members to remain committed to the additional responsibilities	Montserrado, Nimba, Grand Gedeh, Maryland	# of refugees reached	600	300,000
Increase public address systems in camps to enhance information dissemination.	Montserrado, Nimba, Grand Gedeh, Maryland	# of Public Address Systems	30	15,000
Production of IEC materials including audio visuals in French for refugees in camps.	Montserrado, Nimba, Grand Gedeh, Maryland	Extent to which refugees are informed about Ebola	100	20,000
TOTAL				595,000

HEALTH (NON-EBOLA)

1. Support to health services for non-Ebola response

CLUSTER/SECTOR PRIORITY 1: Hospitals and health service facilities are adequately supported to continue with provision of basic service delivery

WHO

Support to health services for case management activities and non-Ebola health services.

Activity	Locations	Indicator	Target	Amount US\$
Staffing & incentives	All counties	All priority health centres fully staffed	100%	5,000,000
Mobile clinics/ support to re-opening of primary health centers/purchase of equipment	All counties	All primary health centres reopened and properly equipped	100%	3,343,859
Total				8,343,859

UNICEF

Activity	Locations	Indicator	Target	Amount US\$
Supplies for infection control in health facilities: buckets (with/without faucets, various sizes) (on-going infection prevention/control in 657 health facilities)	All health facilities nationwide	# of health facilities with adequate infection prevention and control supplies	657 health facilities	703,625
Training of gCHVs on revised protocols (one day). Support development, printing and dissemination of revised protocols/reporting tools for strengthening community health services;	Nationwide	# of gCHVs trained on revised protocols for iCCM and screening for EVD	4,000 gCHVs	150,000
Procurement and distribution of essential drugs (ACTs, antibiotics, ORS/Zinc, chlorhexidine)	Nationwide	% of health facilities reporting no stock-outs of essential drugs	100%	4,193,400
Support social mobilization and communication activities for EPI, MNCH and community health services	Nationwide	proportion of WCBA reached with radio messages on MNCH	80%	75,000
Technical Support (programme implementation, supervision, monitoring and	Nationwide	# of people recruited and deployed to respond to Ebola outbreak for Health	2 Int. (1. emergency Health	590,000

Activity	Locations	Indicator	Target	Amount US\$
evaluation)		and Nutrition sector	Specialist)	
TOTAL				5,712,025

CLUSTER/SECTOR PRIORITY 2: To strengthen nutrition support to children in affected communities

UNICEF

Activity	Locations	Indicator	Target	Amount US\$
Recruitment and deployment of emergency nutrition staff	Affected and non-affected counties	Number of emergency staff recruited	1 international Nutrition Surveillance and Monitoring staff recruited 4 national nutrition officers recruited	204,000
Development, printing and dissemination of a modified protocol for treatment of severe acute malnutrition during EVD outbreak	Affected and non-affected counties	Number of protocols and job aids disseminated to trained health workers, and community volunteers	1,545 protocols disseminated 3,100 job aids disseminated	77,000
Training of health workers and community health volunteers in affected counties on modified nutrition protocols	Affected and non-affected counties	Number of health workers and community volunteers trained	1,545 health workers trained 3,100 community volunteers trained	464,500
Promotion of optimal infant and young child feeding practices	Affected and non-affected counties	Number of caregivers of infants receiving alternative nutritional support who IYCF flyers	1,000 caregivers who received flyers	245,850
		Number of radio stations airing nutrition messages daily	29 community radio stations airing nutrition messages 3 national radio stations airing nutrition messages	
		Number of caregivers who received nutrition flyers	6,500 caregivers received nutrition flyers	
Early identification and treatment of severe acute malnutrition	Affected and non-affected counties	Number of severely malnourished children admitted to IMAM sites	31,976 severely malnourished children admitted to IMAM sites	3,605,333
Biannual vitamin A	Affected and non-affected	Number of children 6 – 59	594,657 children	722,000

Activity	Locations	Indicator	Target	Amount US\$
supplementation and deworming in fixed sites	counties	months who received vitamin A and deworming tablets every 6 months	6 – 59 months	
Supportive supervision, monitoring and reporting	Affected and non-affected counties	Number of county health and nutrition teams submitting nutrition reports monthly	15 county health and nutrition teams for 8 months	422,240
TOTAL				5,740,923

1. Reproductive Health

The UN requires emergency funds to provide support and strengthen lifesaving interventions for sexual and reproductive health to reduce mortality and morbidity among pregnant women and girls in Ebola affected communities and other communities at risk. This will include procurement of clean delivery kits, rape kits, male and female condoms management of miscarriage and complication of abortion kits, RH kits and essential RH drugs. A key priority will be to increase access to quality maternal health services at facility-level and to clean and safe delivery at community level. The UN will work in collaboration with partners to strengthen community based mechanisms and interventions that increase access to and utilization of services through information dissemination using IEC/BCC tools as well as community based distribution of condoms. In addition, funds will be utilized to ensure access to treatment services for rape survivors. Key to the intervention is effective coordination and implementation of the minimum initial service package in Reproductive health. The UN will work with the County Health Teams and partners to ensure the coordination of Reproductive Health and related services as well as Sexual Gender Based Violence interventions.

The already fragile health system capacity in the country has been overwhelmed and unable to adequately address the needs of women to access maternal health services including delivery, Ante-natal, SGBV services due to the threat EVD and its connection to health services. In the last few months evidence has shown that communities are shunning health centers, clinics and hospitals (when they are open). Referral centers are shut down and in some instances reports show that pregnant women are being turned away, abandoned and not attended to by health workers for fear of contracting Ebola due to lack of protective gear and/or equipment. Moreover, it is anticipated that 20% of these pregnant women are likely to develop complications and will need emergency obstetric care services including Cesarean section.

The incidence of Gender Based Violence (GBV) - sexual violence, exploitation and abuse, continues to be very high and data for April to June from 5 One-Stop Centers in Monrovia recorded 334 rape cases. This is a significant drop from the statistics between January and March where 416 rape cases were recorded. The drop is attributed to closure of two One-Stop facilities at Redemption and JDJ Memorial hospitals. Since Ebola is believed to spread through body fluids including sexual contacts there is increasing need to sustain services in the few One-Stop facilities that are still functional and to provide more protection to more women and girls who are at risk. The current context of violence deepens poverty and social instability and reinforces gender inequities and puts women and girls particularly at risk of GBV, compromising their health, dignity, safety and autonomy.

The UN will work with the MoHSW at the central level and at the county level – in rebuilding primary health care systems and in the distribution of RH kits to the counties in peripheries.

CLUSTER/SECTOR PRIORITY 1: Hospitals and health service facilities are adequately supported to continue with provision of reproductive health services

Reduce exposure to Ebola virus amongst health workers and service providers during delivery of maternal health services in Ebola affected communities.

Activity	Locations	Indicator	Target	Amount US\$
Procure and distribute Universal Precaution Kits (disinfectant, hand washing brush, detergent, examination gloves) to health facilities	Nationwide with emphasis on Ebola affected counties	% of facilities equipped with universal precaution kits.	100%	36,040
Procure protective gear (GYN gloves, masks, boots, aprons) for midwives and other community based service providers	Nationwide with emphasis on Ebola affected counties	No. of protective gear distributed.	N/A	85,746
Procure RH kits to include clean delivery, midwifery, management of stillbirths and incomplete abortion kits etc to facilitate safe deliveries and effectively handle complications	Nationwide with emphasis on Ebola affected counties	No. of midwives equipped Maternal mortality ratio in project period. No. of RH kits distributed No. of safe deliveries No. of complications managed	600 Less than national ratio (by 10-30%)	269,594
Procurement and storage of life saving RH drugs	Nationwide with emphasis on Ebola affected counties	% of health facilities with no stockouts of life saving RH dugs	100%	500,000
Procure logistics for commodity distribution	Nationwide	No of vehicles procured	3	175,000
Conduct training of service providers on use of RH kits	Nationwide with emphasis on Ebola affected counties	No. of service providers trained on use of RH kits	100	150,000
Training of skilled birth attendants on universal precaution	Nationwide with emphasis on Ebola affected counties	No of skilled birth attendants trained on universal precaution	1430	214,500
Monitoring and reporting	Nationwide with emphasis on Ebola affected counties	No. of reports produced	1 per week	20,000
Provide Technical assistance for humanitarian specialists	Nationwide	No. of Technical trainings to humanitarian specialists	3	83,250
Operations and staff costs including incentives for service providers	Nationwide with emphasis on Ebola affected counties	% of incentives for service providers		250,000
TOTAL				1,784,130

UNFPA

Increase capacity for treatment and care services for survivors of sexual violence in health facilities and one stop centers including adherence to universal precautionary measures.

Activity	Location	Indicator	Target	Amount US
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Procure rape kits and some protective gear for service providers to address the serious acute stock-outs of rape kits in the country and respond to SGBV cases	Nationwide with emphasis on Ebola affected areas	No. of survivors treated	6,000	120,000
		No. of facilities equipped to provide SGBV services	20 referral hospitals and 7 one stop centers	
Procure protective gear for service providers at referral hospitals and one stop centres	Nationwide with emphasis on Ebola affected areas	No of protective gear sets procured	54	54,000
TOTAL				174,000

UNFPA

Increase knowledge and awareness of prevention of Ebola and its inter-linkages with sexual and reproductive health (UNFPA)

Activity	Locations	Indicator	Target	Amount US\$
Develop, print and disseminate IEC/BCC materials with emphasis on sexual transmission of Ebola.	Nationwide with emphasis on Ebola affected counties.	No. of IEC materials printed and disseminated	No. by type	50,000
Conduct mass awareness on Ebola as an STI through the print , social and electronic media	Nationwide	Proportion of population reached with messages on Ebola as an STI	80%	40,000
TOTAL				90,000

LOGISTICS

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UNICEF: Mr. Sheldon Yett - Email: syett@unicef.org Tel: 0770267100
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Total Budget: US\$ 14,805,226

Logistical support is critical for the distribution of supplies, investigation, referral of patients and contact tracing. The logistical management at both the county and national level will be strengthened. The communication system to link treatment centres, operational centres and referral systems will be enhanced. The MoHSW in response to the fight against the Ebola Crisis requested the formation of a Logistics Taskforce/Coordination Team comprising of the UN and International NGOs. The initial assessment from the MoHSW highlighted storage/warehousing, transportation and supply (pipeline replenishment) as priority areas for immediate intervention at national and county levels.

For harmonized joint EVD response logistical operation, the Government and WHO have also requested support for the development of a central Joint Logistical Hub to be situated in Monrovia. Further, to respond to the increasing need for EVD patient treatment space, the Government has requested support for construction of 5 additional EVD Treatment Centres (ETCs). This will be an inter-agency collaborative intervention with each partner having a district role to accomplish. Technical support through a Special Operation (SO) will be provided by WFP in close collaboration with partners in the logistics sector.

There is a need for several types of warehousing facilities (permanent and temporary structures) to store Food and Non Food Items. A single permanent structure is required centrally to hold commodities in Monrovia and will be supported by one temporary (Mobile Storage Unit) structure in each of the 10 counties (MSUs) that are necessary.

The MoHSW requires the usage of both light and heavy duty vehicles, and have requested at least 40 light vehicles to support movement at county level. With the peak of the rainy season, road networks and bridges will be inaccessible which makes the use of smaller tonnage vehicles more adequate. There is in-country commercial capacity to get both light and heavy duty vehicles. The UN will support provision of NFIs within the available stock and advocate for standardized supplies.

CLUSTER/SECTOR Priority 1: Logistics Support in Response to the EVD Outbreak

UNMIL

To support timely and adequate logistical support to outbreak response activities by MoHSW and MICAT.

Activity	Locations	Indicator	Target	Amount US\$
Logistical system established, management and training of central level supplies, stock distribution planning and management	Monrovia	Distribution plans and stock management ledgers	Timely procurement and distribution	In-kind
Support to county health teams and county task forces with ambulances and vehicle management and operation	All counties	ambulances and vehicles operational	Repair in required counties	452,000
Support to operations of county task forces	All counties	Communication, coordination and operation	Timely coordination and reporting	236,000
TOTAL				688,000

UNICEF

To support timely and adequate logistical support to outbreak response activities by MoHSW and MICAT

Activity	Locations	Indicator	Target	Amount US\$
Strengthen operational and logistics capacity of MoHSW and UNICEF to ensure effective EVD response	Monrovia	# of people recruited to respond to Ebola outbreak for operations and logistics	5	459,000
TOTAL				459,000

WFP

To support timely and adequate logistical support to outbreak response activities by MoHSW and MICAT

Activity	Locations	Indicator	Target	Amount US\$
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Activity	Locations	Indicator	Target	Amount US\$
Provide general logistical coordination support to Government and cooperating partners to deliver food	15 Counties with Central Hub in Monrovia	# of Joint National Logistics Hub constructed # of EVD Treatment Centres (ETCs) supported # of coordination meetings for a held a Logistics national Taskforce/Coordination Team operational	- 1 Joint National Logistics Hub constructed ³ -Support for construction of 5 ETCs provided -Supplies and support for Taskforce -One national Logistics TA	3,499,082
Provide shipment for food assistance needs	15 counties	Food commodities tonnage shipped	20,473 Mt	
Provide warehousing for food assistance needs	Bomi (Dowein), Bong (Suakoko), Gbarpolu Grand Cape Mount Grand Gedeh, Lofa (Foya), Margibi (Kakata), Maryland Greater Monrovia, Nimba (Saniquile) River Gee	MT	20,473 Mt	
Provide Air Operations including UNHAS	LOFA, Monrovia, Conkry Free Town & Dakar	# of passengers transported Amount of cargo moved	200 persons transported monthly 20 metric tons of life-saving cargo per month	7,737,144
TOTAL				11,236,226

UNHCR

Provide timely logistical support to UNHCR's Health and WASH Partners in 3 refugee camps.

Activity	Locations	Indicator	Target	Amount US\$
Procurement of Fuel	Nimba, Grand Gedeh, Maryland	# of vehicles provided	15	700,000
Procurement of Spare parts		# Vehicles functions	30	
Procurement of motor cycles		# of motor cycles	20	
- Rental of commercial trucks		# of commercial trucks	40	

³ Partially funded through WFP's Special Operations. By the time of the drafting of the Appeal, the budget is being determined and thus this appeal captures food related logistics and general coordination components only and not the actual construction of the Joint Hub or the 5 ETCs.

Activity	Locations	Indicator	Target	Amount US\$
- Rental of warehouses		rented # warehouses and storage facilities available	6	
TOTAL				1,000,000

CLUSTER/SECTOR PRIORITY 2: Increase the capacity of response for emergency procurement

UNOPS

To enhance the capacity of the Ministry of Health for the procurement and delivery of the equipment required for emergency response (UNOPS).

Activity	Locations	Indicator	Target	Amount US\$
AGENCY: UNOPS Priority 2.A: To enhance the capacity of the Ministry of Health for the procurement and deliver of equipment required for emergency response				
Procurement of PPE as per the MoH requirements	Country wide	Number of PPEs procured and delivered	TBC	TBC
Procurement of laboratory equipment	Country wide	Number of laboratory equipment procured and delivered	TBC	TBC
Procurement of ambulances	Country wide	Number of ambulances procured	10	772,000
Procurement of Pick ups	Country wide	Number of pickups procured	10	383,000
Portable incinerator units	Country wide	Number of incinerators procured	3	267,000
Total requested				1,422,000

FOOD SECURITY

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Total Budget: US\$ 34,704,057

Food insecurity remains critical in Liberia largely due to poverty, unsustainable livelihoods, low agricultural production and productivity, land constraints, lack of credits, and gender inequalities. Recent market analyses reveal an increase in the price of staple food and basic commodities (i.e. retail price for a 50kg bag of imported parboiled rice (most consumed staple) averaged L\$3,340 (US\$ 40) in August 2014, 12% above the July level and 17% above its August 2013 value) due to various factors. The significant increase in prices of imported rice this year in comparison to a year ago is mainly driven by the depreciation of the local currency against US dollar and Euro and by normal seasonal factors - poor road conditions due to heavy rains which translates into higher transportation costs and leads to increase in prices for the main staple, rice, and other basic commodities. It is also important to note that markets in remote rural areas indicate relatively higher prices (20-30%) for basic commodities compared to those closer to Monrovia. With the EVD outbreak, the prices of staple food have started to show significant increase due to reduced supplies and hoarding thru panic purchase.

The EVD outbreak in the sub-region started at the beginning of the annual farming season when the farmers, most of whom are smallholder rice and cassava farmers had just started preparing their farmlands for planting. Populations were already fleeing affected areas leaving their fields unattended during the planting season.

In high food producing counties, particularly for the national staples of rice and cassava, the EVD outbreak has acutely impacted Liberia's agriculture and food security, Households' ability to produce food has been affected as movement restrictions and contagion are preventing farmers from working in their fields. Movement of traders in rural communities is also very limited making access to markets and imported food difficult. The ban on bush meat is expected to deprive households of an important source of nutrition and income.

Current safety net interventions are limited to the ongoing social cash transfer programme implemented through UNICEF in two counties. WFP contributes social and productive safety net interventions in the country through the ongoing school feeding programme - Food and Cash for Work activities targeting food insecure and low school enrolment communities. Increased production, value addition and strengthening of farmer based organizations are interventions supported by FAO. It is expected that the level of food insecurity will increase in light of the expected poor harvest in September/October 2014. The productive livelihoods projects such as Purchase for Progress, Low Land Rehabilitation, strengthening food crops value chains, and Community Grain Reserves are slowing down due the Ebola outbreak. This will further affect food availability on the markets and will cause increases in food prices. Food assistance and agriculture production support to farmers are therefore required to save lives of the Ebola affected population, particularly the most vulnerable groups and ensure that their basic food needs are met while the health care providers address the medical needs of the affected population.

WFP has targeted initial 405,000 beneficiaries in Ebola treatment, isolated communities in border areas, and other "hot zones" within the affected counties Montserrado, Lofa, Bong, Bomi, Grand Cape Mount, Margibi, Nimba, Grand Bassa, and Rivercess

While long-term interventions will be required to address the Food Insecurity heightened by the EVD outbreak, immediate focus is on supporting food needs for EVD patients, survivors discharged from EVD Treatment Centres, population under observation and in areas of widespread and intense transmission.

CLUSTER/SECTOR PRIORITY 1: To provide food, nutritional and social safety net support to EVD patients, families and affected communities

WFP

To save lives and provide support to patients and families being quarantined as a consequence of the Ebola Virus Disease.

Activity	Locations	Indicator	Target	Amount US\$
Enhanced Food Distribution to EVD patients in treatment	All 15 counties, with concentration in Lofa, Montserrado, Nimba and Bong	# of patients receiving daily food ration/tonnage of food received	11,950peoples/91MT	771,771
Targeted food distribution to survivors of EVD	All 15 counties, with concentration in Lofa, Montserrado, Nimba and Bong	# of EVD survivors with Take-Home Ration for 60 days each	5,975peoples/212 MT	385,886
Enhanced General Food Distribution for community members in areas of EVD widespread and intense transmission	All 15 counties, with concentration in Lofa, Montserrado, Nimba and Bong	# of community members in areas of EVD widespread and intense transmission	393,490 community members/19,4778 MT	25,413,558
Enhanced General Food Distribution for community members in isolation centres	All 15 counties, with concentration in Lofa, Montserrado, Nimba and Bong	# of community members in isolation centres Tonnage of food distributed	60,000 community members/693MT	3,875,002
TOTAL				30,445,602

FAO

To provide assistance to community members who have been affected by EVD leading to loss of production, rising prices and food unavailability issues.

Activity	Locations	Indicator	Target	Amount US\$
Provide livelihood/food production support to farmers and farmer groups affected by the outbreak of EVD	Affected counties	Number of farmers & farmer groups receiving livelihood/food inputs (seeds, hand tools, fertilizers, animal proteins)	21,200 household farmers receive livelihood inputs	4,258,455
		Number of farmers trained in crop production	4,240 household farmers trained in crop production	
		Food production increase in affected communities		

Activity	Locations	Indicator	Target	Amount US\$
Facilitate women association initiative in terms of savings and loans at community level to increase social and financial resilience. S&L boosted by conditional cash transfer mechanism	Affected counties	Number of farmers & farmer groups receiving cash transfer and training in S&L schemes) Number of women association trained in S&L management Food and cash reserves increase in affected communities	15,000 families (women)	
TOTAL				4,258,455

WASH

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Total Budget: US\$ 22,451,456

WASH interventions constitute a key pillar in EVD prevention and control. Accordingly, the UN, in close partnership with other WASH cluster agencies, will adopt different strategies to respond to the current outbreak. At the household and community level, and given the broad wealth of experience that the WASH cluster has built over time from implementing participatory and community led sanitation/hygiene interventions, emphasis will be placed on participatory and empowerment based communication approaches to further strengthen hygiene promotion interventions. Specifically, the WASH cluster will support hygiene promotion implementation of targeted behavioral objectives e.g. the promotion of hand washing with either soap or chlorine within schools, markets, public places, and health care centers, among others as a central component of the EVD response.

The UN will work with other WASH and Health cluster partners to ensure installation of appropriate WASH facilities that are in accordance with the established guidance and protocols within Ebola Treatment Units and holding centers. Similarly, WASH Cluster partners will work with other sector partners to ensure the functionality of WASH services in non-Ebola health facilities, especially those used for referral purposes.

Together with other WASH sector partners, specific attention will be placed to ensure the functionality of most critical WASH services among the disadvantaged members of the society. In this regard, emphasis will be made to address issues related to lack of and or non – functionality of critical WASH services/systems within urban slums (high density population areas) and, separately, hard to reach geographical locations.

Given the severity and scale of the current EVD outbreak, skills development and knowledge transfer will form a central pillar of the WASH cluster response. In this regard, the UN will support trainings of various cadres of WASH/Health/C4D cluster staff and community members at all levels with a view to equipping them with skills thus improving the efficiency and effectiveness of the WASH response. Similar emphasis will be placed on documentation and dissemination of lessons learnt and best practices.

The UN will work in close coordination and partnership with the Ministry of Public Works and the Ministry of Health and Social Welfare at the central level, and with the county health teams and administration at the county level in the implementation of planned interventions.

CLUSTER/SECTOR PRIORITY 1: To support the enforcement of infection control measures of the Ebola response activities by establishment and promotion of water, sanitation and hygiene standards in public facilities in affected counties.

UNICEF

Activity	Locations	Indicator	Target	Amount US\$
Provide WASH facilities in 657 Health care facilities (re-opening of health facilities).	All 15 counties	% of Health facilities provided with WASH facilities	100%	77,132
Support disinfection of all 657 health facilities (re-opening) and 5 ETUs and all holding centres	All 15 counties	% of health facilities that are being disinfected once a week % of ETUs disinfected % of holding centres disinfected	100%	1,214,693
Provide protective gears to infection control teams (health workers)	All 15 counties	% of county health teams with protective gear	100%	55,125
Conduct training of health workers on the use of chlorine for hand washing and for different disinfection purposes for Ebola prevention	All 15 counties	# of county health workers trained	75	74,250
Construct/rehabilitate WASH facilities in all holding centres	All 15 counties	% holding centres with functioning water and sanitation facilities	100%	7,500,000
Construct/rehabilitate WASH facilities in 27 ETUs	Montserrado County	# of ETUs with functioning water and sanitation facilities	27	8,640,000
Operationalization of WASH facilities in ETUs and Holding centres	15 Counties	#WASH facilities in operations at ETUs and holding centres	15 Counties	1,648,256
Provide basic hygiene kits to affected households (1 basic family hygiene kit contains 1 leaflet on Ebola, 1 flier on hand washing, 1 pair gloves, 1 measuring cup, 1 bottle chlorox (1 L), 2 jerry cans, 3 bottles Waterguard, 12 soaps, 2 buckets)	Affected counties	# of affected households received infection control kits	50,000 families	2,000,000
Conduct mobilization/ awareness raising on positive hygiene practices (including	All 15 counties	No. of communities reached with hygiene messages	100%	360,000

Activity	Locations	Indicator	Target	Amount US\$
hand washing with soap or chlorinated water at key moments) - targeting communities, schools, market places etc.				
Rehabilitate most critical WASH services in targeted urban slums	5 cities in Monrovia, Nimba, River Gee and Maryland.	No. of communities served	Urban slums of Monrovia, Nimba, River Gee and Maryland.	275,000
Chlorination of water sources in targeted urban slums	5 cities in Monrovia, Nimba, River Gee and Maryland.	No. of water sources chlorinated		10,000
National level coordination and sector monitoring	Monrovia	# of coordination meetings held	at least once every two weeks	27,000
Technical Support (programme implementation, supervision, monitoring and evaluation)	Monrovia	# of people recruited and deployed to respond to Ebola outbreak for WASH sector	5 staff	370,000
TOTAL				22,251,456

UNHCR

Activity	Locations	Indicator	Target	Amount US\$
Procure and make sanitation materials (disinfectants, gloves, shovels and cleaning materials) available to WASH committees for the maintenance of communal latrines and bathhouses.	Nimba, Grand Gedeh, Maryland	Sanitation materials distribute. Yes / No	100	200,000
TOTAL				200,000

EARLY RECOVERY

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Total Budget: US\$ 36,200,000

Under the leadership of UNDP, the Early Recovery Cluster will seek to build resilience and coping capacities of the communities affected by the crisis, working with and through the humanitarian community in supporting access to livelihoods, social services, strengthening the productive capital.

The intervention envisions the design and roll out of a social safety nets scheme to mitigate the negative impact of the crisis on livelihoods. The programme is expected to reach 100,000 households via cash transfers and compensation schemes. The productive safety nets programme will act as a 'stimulus' package for small and micro business start-up activities, and micro-finance. The target population will be the vulnerable and deprived with special emphasis on the affected and the unemployed youth in Monrovia and the rural population in the affected counties. Protection and replacement of productive assets through cash and material assistance, scaling up of agro-business suppliers development initiative, creation of temporary income generating opportunities including assistance in procuring local goods and services are to be contemplated as elements of the design of the safety nets programme

It will contribute to the Ebola response strategy implemented by national authorities to implement a one year program that will quickly revive the productive capacity and ensure access to livelihoods across the country especially the hardest hit areas. It will prevent the degeneration of the affected households into chronic food insecurity. The Support will seek to enhance service delivery at the community level including the community based total sanitation and hygiene programme.

UNIDO and other UN participating Agencies will assess the feasibility to support revitalization of the livelihoods by improving local capabilities to manufacture and repair tools and machinery; post-harvest and food processing technologies. Hypothetical interventions at present include compressed multi-skills training in technical trades such as welding, market-oriented training in handicraft industries, and improvement of rice value chain through introduction of mobile threshing machine.

Furthermore, the same organizations with local stakeholders will help local farmers and women to set up or strengthen processing associations in the same regions. Through nutritional education, value chain analysis, technology transfer and the establishment of demonstration centres for food processing technologies. The project will help reduce post-harvest losses and to improve the availability and quality of processed food. Potential markets for locally made higher value added products will be identified and the use of sustainable energy for agro-processing will be promoted.

CLUSTER/SECTOR PRIORITY 1: To provide social compensation schemes, livelihood and income generation opportunities and improve service delivery at the county level

UNDP

Activity	Locations	Indicator	Target	Amount US\$
Provide support for livelihood provisioning and income generating opportunities for youths, women and vulnerable groups- including agro-business supplier development programmes	Lofa, Nimba, Monsterrado, Margibi and Bong Counties	Number of communities benefiting from livelihood programmes Number household and communities with access to social compensation scheme and receiving monthly cash transfer	At least 50% of communities including SMEs in the most affected counties	12,000,000
Provide support for social compensation scheme promotion and protection for households and communities access to social compensation scheme and receive monthly	Lofa, Nimba, Monsterrado, Margibi and Bong Counties	Number of income generating opportunities created for youths, women and vulnerable groups	At least 5 of the affected counties receive cash and material assistance, and training; 2,000 households receive	16,000,000

Activity	Locations	Indicator	Target	Amount US\$
cash transfer			livelihood support (Average of \$800 per household)	
Support high impact projects for resilience and service delivery at county level	All 15 counties	Number of Counties benefiting from High impact project support	All Counties receive High impact project grants (Average of \$400,000 per county)	6,000,000
Conduct economic surveillance and assessment of EVD impact	Lofa, Nimba, Monsterrado, Margibi and Bong Counties	Number of agri-business supplier development programmes in place Number of analytical works produced to inform programming	At least 3 impact assessment studies conducted	200,000
TOTAL				34,200,000

UNIDO

Lofa County was one of the most affected by the Ebola crisis, with severe consequences on its economy. Petty trade with the neighboring Guinea and Sierra Leone, on which many inhabitants depended, dropped as a result of fear of infection, farms were abandoned, and movement of population from Lofa to Monrovia was restricted. Meanwhile, with the awareness of EVD and infectious diseases on the rise, there is an increasing demand of skilled labour for rehabilitating the health facilities and improving sanitation in public buildings.

Activity	Locations	Indicator	Target	Amount US\$
Assuming the current outbreak will cease by April 2015, the project will conduct a thorough feasibility study and decide the exact interventions. Hypothetical interventions at present include compressed multi-skills training in technical trades such as electrical installation, plumbing, and welding, market-oriented training in handicraft industries, and improvement of rice value chain through introduction of mobile threshing machine.	Lofa County	Approximately 450 people are provided with basic marketable skills A minimum of 50 farmers are provided with skills in agro-industry A minimum of 10 new micro-industries are established	500 young, unemployed and unskilled youth (of which at least 40% are women)	2,000 000
TOTAL				2,000,000

PROTECTION

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Total Budget: US\$ 3,822,346

The Ebola Virus Disease (EVD) outbreak in Liberia and its consequences have exacerbated previously existing serious human rights challenges and concerns. These include poor access to economic, social and cultural rights for example access to health care, food, housing, education; a weak justice system causing delays in trials and prolonged pre-trial detention, human rights abuses disguised as traditional practices, high prevalence of impunity; weak accountability mechanisms relating to engagement of the security agencies; and sexual and gender-based violence particularly against women and girls among others.

In addition, the state of emergency declared by the Government in early August 2014 to fight the outbreak, followed by the imposition of a curfew and compulsory quarantine of communities, have had serious human rights implications on the affected population. Lack of access to basic commodities for quarantined communities and use of excessive force by security forces to implement the state of emergency and curfew have raised serious human rights concerns requiring urgent protection attention and response. Children, women, and other groups that may be particularly vulnerable to protection risks, include the sick, older persons and people with disabilities form part of the most affected by the crisis who continue to experience its very harsh consequences.

Specific emphasis of the protection cluster will be placed on the protection of human rights, rule of law and child protection. Through functional protection working groups throughout the country, and activities conducted in the field, the Protection Cluster will monitor, analyze, report, advocate and establish the necessary referral mechanisms to facilitate protection responses, with a view to ensure for the protection of the rights of those affected in the context of the Ebola crisis. The Protection Cluster will focus specifically on: protection concerns of vulnerable groups and related issues of discrimination, stigmatization, and ostracism; on child protection, and on violence against the affected population more broadly, including gender based violence.

The primary responsibility for protection lies with the Government of Liberia. The role of protection agencies working in Liberia through the Protection Cluster will be to support and enhance the Government's capacity first to prevent and ensure that protection issues do not arise in the current EVD emergency situation, and secondly to respond, mitigate and provide remedies to protection concerns. As such, the Protection Cluster led by the Office of the High Commissioner of Human Rights (OHCHR) has been established with one Protection Sub-Cluster on Child Protection led by UNICEF. Other key activities of the cluster will be structured around core thematic protection priorities including support to vulnerable groups, and priority human rights concerns including discrimination, stigmatization, and protection of detainees and follow-up of individual cases of violations.

The Protection Cluster shall be guided by the Inter Agency Standing Committee (IASC) definition of protection and by relevant IASC Guidelines which will be practically translated into actual activities on the basis of strategies and priorities developed within the Cluster. The Protection Cluster will also work very closely with other Clusters to ensure that protection is appropriately mainstreamed throughout the response.

The Cluster will also be guided by the laws of Liberia and Liberia human rights obligations under international human rights law. The Protection Cluster in Liberia strives to ensure that the Government's effort to respond to the Ebola crisis takes into consideration protection issues and that the intervention of international humanitarian agencies and NGOs is human rights-based and will be articulated within the framework of and in support of national efforts.

The Protection Cluster will also ensure that communities in Ebola affected counties contribute to the creation of a protective environment and that engagement with them is done through a participatory approach that takes into consideration age, gender and diversity.

OHCHR

Prevent and respond to protection concerns, through monitoring, reporting, advocacy and referral mechanisms. Provide protection to persons, vulnerable groups and communities affected by the EVD outbreak.

Activity	Locations	Indicator	Target	Amount US\$
Protection Cluster coordination. Identify good practices, tools and guidelines for protection and ensure timely dissemination among the Protection and other Cluster members	All Counties with special focus on the currently 14 EVD affected counties	Tailoring of good practices and guidelines in the EVD crisis context and dissemination	All protection cluster members	100,000 (Protection specialist, Consultant and relevant activities)
Establish effective and efficient standardized systems for monitoring and responding to protection issues. Carry out monitoring and reporting, and establish protection responses for Ebola related protection cases and concerns focusing on human rights abuses arising from EVD	All Counties with special focus in the EVD affected counties	Quality and quantity of information collected and number of successful remedial action taken	All Counties	100,000 (Protection specialist or Consultant and relevant activities)
Identify protection issues and gaps and use that information to advocate with the Government for relevant protection responses. Develop adapted capacity building initiatives aimed at preventing and addressing protection concerns and seek response from relevant State, UN or NGO entities to identified gaps	All Counties with special focus in the EVD affected counties (Quarantined communities)	number of responses from government and other actors towards addressing protection issues	20 trainings and advocacy programmes	100,000 (Protection specialist or Consultant and relevant activities)

Activity	Locations	Indicator	Target	Amount US\$
Advocate for protection and human rights mainstreaming in the humanitarian response, and for inclusion and consideration of cross cutting issues including age, gender, diversity, HIV/Aids and mental health and psychosocial support in the response within and across the clusters	All Counties with special focus on the EVD affected counties	Number of advocacy activities	Protections stakeholders, UN agencies, humanitarian INGOs and national actors	100,000 (Protection specialist or Consultant and relevant activities)
Assess existing accountability gaps in the context of Ebola crisis and advocate for strong and improved accountability mechanism within the government agencies (justice, LNP,AFL, BIN,) in the context of Ebola crisis	All Counties with special focus on the EVD affected counties	Number of actions against those who are involved in human rights violations	Review conducted; 50 percent of perpetrators of human rights violation are brought to account	100,000 (Protection specialist or Consultant and relevant activities)
Systematic Collection and disaggregation of data on discrimination and stigmatization cases. Analyze the data and carry out advocacy against such practices and provide counselling to the affected persons, communities.	All counties with special focus on EVD affected counties	Establishment of data base. and number of counseling support and advocacy activities	Targeted communities in all counties	100,000 (Consultancy, and relevant activities)
Advocate and sensitize on the protection of the rights of detainees in the context of Ebola crisis	Detentions facilities in all affected by EVD	ensure Ebola screening gears are available in all prisons; number of advocacy activities for decongestion of prisons	All counties	100,000 (Consultancy, procurement of Ebola screening gears to screen new inmates, and other relevant activities)
Prevent and respond to individual cases of violations, Provide Legal and other counselling support to the victims of human rights violation in the context of EVD crisis	All counties	Number of victims supported	20 victims/survivors	100,000 (Counseling and relevant activities)

Activity	Locations	Indicator	Target	Amount US\$
Strengthen the understanding of protection in Liberia and in the context of Ebola crisis by raising the awareness and building the capacity including through training of all relevant actors including the Government, humanitarian agencies, civil society and donor agencies. Support Cost	All Counties with special focus in the EVD affected counties	Number of training and sensitization activities	All county HQ and 10 communities in each counties	150,000 (Awareness raising activities, Support Cost)
TOTAL				950,000

CLUSTER/SECTOR PRIORITY 2: To care and protect children orphaned by EVD (Child Protection)

UNICEF

Activity	Locations	Indicator	Target	Amount US\$
Support to MoHSW to hire 200 Social workers and 200 mental health clinicians to provide psychosocial support and case management to orphans and families	15 counties	# of social workers and providing case management support # of mental health clinicians providing psychosocial support	420,000	862,400
One-off support to placement families/foster or kinship of children orphaned or abandoned by Ebola	15 counties	# of families received one-off cash transfer support for caring for orphaned/ abandoned children due to Ebola	5,000	966,000
Supervision, monitoring and provision of vehicles (cars and motor bikes)	15 counties	# of vehicles distributed to social workers and mental health clinicians		381,180
Emergency technical assistance to cover psychosocial, case management, alternative care and child protection cluster coordination	UNICEF / MoHSW	Staff support		330,000
Procurement, distribution and use of ECD and Recreation kits	All 15 counties	# of kits distributed	500 each	332,766
TOTAL				2,872,346

EDUCATION

Contact information of contributing agencies:

UNICEF: Mr. Sheldon Yett - Email: syett@unicef.org Tel: 0770267100

Total Budget: US\$ 2,161,926

With all schools currently closed by presidential order and the intensity of the epidemic escalating, Liberia's children are likely facing at least three months – and possibly many more – without formal education activities. The academic and psychosocial development usually facilitated within schools must now be stimulated outside the classroom. Given the widespread restriction of movement beyond family homes/compounds, activities to encourage interactive learning within the home environment are necessary to provide healthy opportunities for children's development and that of their. Without action, there is likelihood that all or part of the new academic year will be completely lost. Moreover, there is significant risk that children will not return to school even when the situation stabilizes due to lingering fears, stigma, and the lack of trustworthy information within communities about Ebola, awareness, prevention, and effective treatment options. If and when schools can re-open Liberia's teachers, who can be counted among the most educated and respected members of nearly every community nationwide, are not currently equipped with the information to instruct others about how to keep their communities safe and resilient during amidst the stress and uncertainty of this emergency. These educators represent a massive decentralized workforce who must be mobilized to do what they do best: to teach.

The Ministry of Education – in coordination with the National Task Force and a broad consortium of education partners acting through the Education Sector Development Committee (and/or the Education Cluster if it is activated) – is mobilizing teachers, principals, and education officers immediately to respond to the urgent need for reliable, accurate, and accessible Ebola awareness and prevention information within communities across the country. Social mobilization training enhanced with basic psycho-social support messages will be cascaded to, more than 11,000 educators, enabling teachers to leverage their instructional expertise to separate Ebola facts from fiction and contribute to family and community-level resiliency. The Ministry's existing decentralized oversight structures (County and District level officers) will actively monitor these outreach efforts and coordinate logistics with active with education sector NGOs operating within each county.

In order to maintain access to basic education opportunities while schools remain closed, radio-based education programming is under development by the MOE to guide learning at home. National and local broadcasts will be coordinated through UNMIL Radio and community radio partners in all 15 counties. In order to strengthen cohesion and resiliency within families, content directed at both children and parents will focus on psycho-social support messaging and re-establishing education routines through interactive, practical application of academic concepts within the home environment. Distribution of complementary materials for self-guided learning will enhance the impact of radio programs.

In the medium-to-long term, a National Back-to-School Plan will ensure the safety and sanitization of schools once a re-opening date is determined. Pre-positioned WASH supplies and training packages will be accompanied by relevant training, sensitization and psycho-social support to confront trauma and limit stigma within the school environment.

CLUSTER/SECTOR PRIORITY 1: To strengthen the capacity and engagement of education personnel on EVD prevention and response

UNICEF

Activity	Locations	Indicator	Target	Amount US\$
Rollout Cascade training of Education personnel on Ebola awareness and prevention	All 15 counties	# of teachers trained at Community level covered	20,000 teachers	500,000
Development, Printing/Production and Distribution of IEC/BCC Products and Materials	All 15 counties	# of IEC/BCC materials distributed	400,000 materials distributed	560,143
Support basic sanitation/Ebola prevention hand washing stations at all schools	All 15 counties	% of school facilities with functioning chlorinated hand-washing station	100%	322,533
Conduct training of school workers on the use of chlorine for hand washing and for different disinfection purposes for Ebola prevention	All 15 counties	# of county education teams trained	15 County Education Team	74,250
Design, deliver, and monitor Radio Education Program for pre-primary and primary learners and families	All 15 counties	# of households receiving radio programmes on pre-primary and primary subjects	50,000 children and families	635,500
Completion of present construction project of school Construction during crisis period	10 counties	# schools constructed or rehabilitated	27 schools substantially completed	69,500
TOTAL				2,161,926

COORDINATION

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Total Budget: US\$ 22,443,105⁴

The Government of Liberia is committed to halting the spread of the deadly Ebola virus that has been declared a national health emergency. The President leads the National Response Task Force. This requires a coordinated response among the multiple actors and sub-regional governments to control the outbreak. The Ministry of Health and Social Welfare, has reconstituted the National Task Force to make it leaner and more functional for decision making, resulting in an improved coordinated response to the outbreak. There are gaps in critical areas such as an Incident Management Systems (IMS) to manage all aspects of the response and coordinating with technical sub-committees and, County Task Force groups in all the affected counties. Case management, Infection Control and Psycho-social support, Epidemiology and Laboratory, Social Mobilization, Media and Communication, and Logistics and Security are critical areas that require urgent scaled up support.

This UN EVD Joint Strategic Response Plan contributes to strengthening coordination at national and sub-national levels; improving surveillance and case management; and strengthen logistical management as well as heightened social mobilization. The plan will address key challenges identified including weak coordination, weak logistical management, poor information flow and weak operational coordination. In this regard, and to ensure that the UN has a coordinated response to the operational plan unveiled by the Government⁵, support will be aimed at enhancing coordination capacity at all levels with a concentration on the EVD affected counties.

Cognisant that coordination of the Ebola response is crucial for the overall response; all affected counties have reactivated County Task Forces (CTFs) under the leadership of the County Superintendents. The County Task Forces will be supported by a dedicated operational centre to provide information for monitoring progress daily and essential decision-making, as well as logistical management support.

While the frequency of CFT meetings will be determined by the evolution of the epidemic, the District Task Forces (DTFs) are mandated to meet and consult on a daily basis. In both circumstances, the operational centre in the county will be strengthened to provide the necessary information for local consumption and to feed into the overall national database and information system.

Mobilization of local authorities, traditional and religious leaders and women and youth groups will broaden scope of the response and local support. Both CTFs and DTFs will be multi-sectoral and should include all stakeholders and partners.

CLUSTER/SECTOR PRIORITY 1: To Ensure Effective Coordination of The

⁴ This amount includes US\$ 620,000 for coordination as presented in the needs overview – OCHA costs.

⁵ The Government's Response Plan with a budget of \$21.4m was unveiled, jointly with WHO on Wednesday 30th July and covers five key components, namely, i) Coordination, finance and logistics; ii) Epidemiology and laboratory; iii) Case management and infection prevention and control; iv) Psychosocial support, and; v) Social mobilization/ Public Information.

Epidemic At All Levels

WHO

Support Government to strengthen coordination at the county level and in the epicenters.

Activity	Locations	Indicator	Target	Amount US\$
Establish/reactivate CTF and DTF in the epicenters in including relevant technical working groups	All affected counties (Montserrado, Lofa, Margibi, Bomi, Bong and Nimba)	Functional CTF/DTF % of CTF/DTF meetings with minutes	100%	4,000,000
Establish operational centers at county level	All affected counties		1 county	
Conduct regular situational analysis, disseminate report and map response actors	All affected counties	Matrix of 4Ws (who, what, where and when) % of weekly situational reports disseminated	100%	
Provide protocols and communication referrals to enhance information sharing	All affected counties			
Mobilize local resources for the response				
Mobilize community leaders in areas experiencing resistance	All affected counties	% of resistant communities reached	100%	
Conduct monitoring and supervision of the response	All affected counties	Monitoring reports	100%	
Participate the evaluation of the response	All affected counties	Evaluation reports		
Appropriate and adequate staffing for coordination functions at national and county level - coordinators, information managers admin support	All affected counties	Presence of coordinators	100%	8,642,000
Logistics support for coordination teams	All affected counties	Presence of coordinators	100%	1,443,859
Operational costs	All affected counties	Full operational admin and financial services provided	100%	3,900,501
TOTAL				17,986,360

UNDP

Enhance response capacity for disease surveillance, specimen transport and accurate reporting of Ebola cases at the county level.

Activity	Locations	Indicator	Target	Amount US\$
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Activity	Locations	Indicator	Target	Amount US\$
Strengthened overall coordination of disaster response within the framework of the National Disaster Committee led by the Ministry of Internal Affairs	Montserrado, Bong, Nimba, Lofa, Margibi, Cape Mount, and Bapolu	Number of response teams trained in Ebola emergency response	Operational support for all selected counties	In-kind
Support set up and operations of a dedicated communications facility at the County/Community level	Montserrado, Bong, Nimba, Lofa, Margibi, Cape Mount, and Bapolu	Operational Centers set up and functional	One fully functional center per county	35,000
Recruit short term experts with experience in M&E, media liaison and reporting to strengthened capacity of the UN Resident Coordination to the response	Montserrado	Consultants recruited and deployed to support national efforts	Recruit at least 3 experts to strengthen RCO coordination	45,000
Support training county-level Ebola surveillance teams in 4 non affected counties	Grand Gedeh, River Cess, Sinoe, Maryland.	Number of training undertaken in the 4 counties	At least 20 additional Surveillance teams per County	70,000
TOTAL				150,000

UNMIL

Enhance response capacity for disease surveillance, specimen transport and accurate reporting of Ebola cases at the county level.

Activity	Locations	Indicator	Target	Amount US\$
Establish and support outreach campaigns for contact tracing and sensitization in villages and townships	All counties	No of villages and townships reached	75% villages	944,000
TOTAL				944,000

UNMIL

Support Government to strengthen coordination at the county level and in the epicenters.

Activity	Locations	Indicator	Target	Amount US\$
Establish/reactive CTF in the epicenters including relevant technical working groups	All affected counties (Montserrado, Lofa, Margibi, Bomi, Bong and Nimba)	Functional CTF/DTF % of CTF/DTF meetings with minutes	100%	114,000
TOTAL				114,000

UNHCR

Capacity of all the Health and WASH enhanced and strengthened through regular information sharing and training in case detection, contact tracing and effective case management of the Ebola Virus Disease in refugee camps.

Activity	Locations	Indicator	Target	Amount US\$
Establish information dissemination and communication pathways in camps, train community health workers and WASH committees (including hygiene promoters) in camps under the supervision of health partners and in line with response strategy of the county health team's task force.	Nimba, Grand Gedeh, Maryland	# of community health and WASH workers or hygiene promoters trained in refugee camps on Ebola modes of transmission, case ID and reporting	500	200,000
Sensitization and training of refugee leaders in adherence to and compliance with Standard Operating Procedures on Ebola suspected case identification in the camps and early reporting to ensure rapid response	Nimba, Grand Gedeh, Maryland, Montserrado	# of refugee leaders trained	150	200,000
		% of suspected cases reported.	100	
		# monitoring visits per months	8	
Project monitoring support			8	
Incentives for county administration support staff		# of Administration staff recruited	20	
Recruitment of additional staff to support county administration		Office Equipment provided	Yes	
Provision of office equipment and supplies		# of Financial Management staff receiving incentives	8	
Incentives to financial management Staff				
TOTAL				400,000

UNICEF

Activity	Locations	Indicator	Target	Amount US\$
Strengthen emergency coordination among UNICEF programmes and partners and ensure timely humanitarian response	All 15 counties	# of people recruited to respond to Ebola outbreak	15	1,886,385

Activity	Locations	Indicator	Target	Amount US\$
TOTAL				1,886,385

CLUSTER/SECTOR PRIORITY 2: Strengthen monitoring and evaluation capacities

UNICEF

Activity	Locations	Indicator	Target	Amount US\$
M&E capacity Building	All 15 counties	Monitoring mechanism of EVD in place at MoHSW	National and County levels	200,000
Strengthen monitoring and evaluation capacities for UNICEF and partners	All 15 counties	# of people recruited to respond to Ebola outbreak	1 international M&E specialist	142,360
TOTAL				342,360