

ACT Alliance

Appeal

Response to COVID-19 in Liberia and support to Ivorian Refugees.

actalliance

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Project Summary Sheet	
Project Title	Response to COVID Pandemic and support to the livelihood of Ivorian Refugees in Liberia
Project ID	LBR211
Location	Bong / Lofa / Nimba Counties
Project Period	Start Date 05/08/2021. End Date 15/09/2022. No. of months 12 Months.
Requesting Forum	ACT Liberia Forum <input checked="" type="checkbox"/> The ACT Forum officially endorses the submission of this Sub-Appeal.
Requesting members	Lutheran Development Service in Liberia (LDS-Liberia).
Contact	Name Augustine S. Laveleh, Sr. Email Cell: +231 886529259/776182708 ldsliberia1@gmail.com
Local partners	Liberian Refugee Repatriation Resettlement Commission (RRRC). CHAL-Christian Health Association Liberia.
Thematic Area(s)	<input checked="" type="checkbox"/> Public Health <input type="checkbox"/> Shelter and household items <input type="checkbox"/> Community Engagement <input checked="" type="checkbox"/> Food Security <input type="checkbox"/> Preparedness and Prevention <input type="checkbox"/> MHPSS and CBPS <input checked="" type="checkbox"/> WASH <input type="checkbox"/> Gender <input type="checkbox"/> Livelihood <input type="checkbox"/> Engagement with Faith and Religious leaders and institutions <input type="checkbox"/> Education <input checked="" type="checkbox"/> Advocacy
Project Outcome(s)	<p>Outcome 1 People and communities are aware of their risk of infection from Covid-19 and its mitigation including vaccine acceptance.</p> <p>Outcome 2 Improved living conditions (shelter, food and NFI) for refugees and vulnerable host communities. COVID 19 affected people and people at risk of being affected by COVID 19 can meet their immediate needs including access to medical services.</p> <p>Outcome 3 Hospitals are supported in strengthening their capacities by providing them with needed supplies</p> <p>Outcome 4: Reduced morbidity and mortality of COVID-19 patients, and increased preparedness and resilience of communities through public health interventions, community preparedness and prevention, and community engagement.</p>
Project Objectives	<ol style="list-style-type: none"> 1. Reduced morbidity and mortality of COVID-19 patients, at Curran Lutheran hospital by expanding the waiting room and expanding the emergency room at Phebe Lutheran Hospital and provision of medical supplies and establishing a borehole. 2. Increase access to safe water at targeted hospitals and community institutions churches, mosques, schools) by purchase of tanks, improving piping systems to enable institutions to access water from nearby wells. 3. Improved access to improved sanitation for the prevention of COVID-19 by construction of 4 washrooms at community institutions. 4. Increased awareness on prevention of COVID-19 and training of community health workers on conducting focus group discussions. 5. Supporting refugees and host communities in Agriculture and Food Security through the provision of agriculture seeds and tools and training on improved farming techniques. Supporting savings and lending through supporting Village Saving and lending associations. Response to support vulnerable refugee families by provision of non-food items, food packages and construction materials.

	6. Advocacy on awareness and uptake of covid-19 vaccine and prevention of COVID-19.																																																							
Target Recipients	Profile																																																							
	<table border="0"> <tr> <td style="padding-right: 10px;">x</td> <td style="padding-right: 10px;">Refugees</td> <td style="padding-right: 10px;"><input type="checkbox"/></td> <td style="padding-right: 10px;">IDPs</td> <td style="padding-right: 10px;"><input checked="" type="checkbox"/></td> <td style="padding-right: 10px;">host population</td> <td style="padding-right: 10px;"><input type="checkbox"/></td> <td>Returnees</td> </tr> <tr> <td>X</td> <td colspan="7">Non-displaced affected population</td> </tr> </table> <p>No. of households (based on average HH size):8.700</p> <p>Sex and Age Disaggregated Data:</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr style="background-color: #d3d3d3;"> <th colspan="10">Age / Gender</th> </tr> <tr style="background-color: #d3d3d3;"> <th colspan="2">0 - 5 yrs</th> <th colspan="2">6 - 18 yrs</th> <th colspan="2">19 - 65 yrs</th> <th colspan="2">above 65 yrs</th> <th colspan="2">Total</th> </tr> <tr style="background-color: #d3d3d3;"> <th>M</th> <th>F</th> <th>M</th> <th>F</th> <th>M</th> <th>F</th> <th>M</th> <th>F</th> <th>M</th> <th>F</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>800</td> <td>1,200</td> <td>1100</td> <td>1800</td> <td>2100</td> <td>500</td> <td>600</td> <td>4,100</td> <td>4,600</td> </tr> </tbody> </table> <p>Vulnerable households (men, women, youth) in Bong, Lofa and Nimba counties most likely to be prone to contracting COVID-19.</p>	x	Refugees	<input type="checkbox"/>	IDPs	<input checked="" type="checkbox"/>	host population	<input type="checkbox"/>	Returnees	X	Non-displaced affected population							Age / Gender										0 - 5 yrs		6 - 18 yrs		19 - 65 yrs		above 65 yrs		Total		M	F	M	F	M	F	M	F	M	F	600	800	1,200	1100	1800	2100	500	600	4,100
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600	800	1,200	1100	1800	2100	500	600	4,100	4,600																																															
Project Budget (USD)	USD 300,614																																																							

Reporting Schedule

Type of Report	Due date
Situation report	31 st January 2021. quarterly
Final narrative and financial report (60 days after the ending date)	30 th October 2022.
Audit report (90 days after the ending date)	31 st November 2022.

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-432629.50Z
IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT Alliance

UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please inform the Director of Operations, Nancy Ette (Nancy.ette@actalliance.org) and Niall O'Rourke (niallorourke@actalliance.org), Head of Humanitarian Affairs with a copy to Finance Officer, Marjorie Schmidt (Marjorie.Schmidt@actalliance.org) of all pledges/contributions and transfers. We would appreciate being informed of any intent to submit applications for back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information, please contact:

Africa

Lutheran Development Services, Executive Director: Augustine S. Laveleh (ldsliberia1@gmail.com).

ACT Regional Representative, Elizabeth Kisiigha Zimba (Elizabeth.Zimba@actalliance.org)

Humanitarian Programme Officer, Caroline Njogu (Caroline.Njogu@actalliance.org)

Visit the ACT COVID-19 webpage: <https://actalliance.org/covid-19>

Niall O'Rourke
Head of Humanitarian Affairs
ACT Alliance Secretariat

BACKGROUND

Context and Needs

BACKGROUND

2.1 Context

In Liberia, from 3rd January 2020 to 16th July 2021, there have been 5,306 confirmed cases of COVID-19 with 148 deaths, as reported by the World Health Organization. Liberia has administered at least 95,423 doses of COVID vaccines so far. Assuming every person needs 2 doses, that is enough to have vaccinated about 1% of the country's population. Liberia is reporting 43 new infections on average each day, expressing a 23% peak — with the highest daily average reported on July 8th 2021.

In Liberia, there is a misconception that traditional herbs will prevent/cure one from COVID-19 especially among the rural dwellers. As a result, there is apathy to seek much-needed medical attention in hospitals when symptoms persist.

Unfortunately, this situation is exacerbated as hospitals have been turning away patients due to their lack of medication. Also, there is a need to support proper diet to expedite the recovery of patients. ACT Liberia Forum is planning to respond to the needs of the most vulnerable through an appeal. Unfortunately, two major referral health facilities are experiencing acute shortages of basic medical supplies needed to prevent and support treatment of COVID-19.

Currently in the two major referral health facilities in Liberia, the demand exceeds the supply of medicine to treat those affected by COVID-19 due to insufficient funds to support the purchase of medicine unlike in other African countries. This is likely to cause a significant negative impact on patient care and a risk to increased adverse outcome to patients like an increased death rate and the likely spread of COVID-19.

Support to Health Institutions (Phebe and Curran Lutheran Hospitals):

To support patients at the emergency room at Curran Hospital, keep within the required protocols, there is a need to support the **expansion of the maternal waiting room** as one of the main aims of control measures is to reduce respiratory pathogen transmission through direct contact with others. This expansion is prioritized by the hospital administration as a measure to prevent further spread of the disease.

The risks of getting COVID-19 are higher in crowded and inadequately ventilated spaces where infected people spend long periods of time together in proximity. These environments are where the virus appears to spread by respiratory droplets or aerosols more efficiently, so taking precautions is even more important. This is the situation at the Emergency room at Phebe Lutheran Hospital, which is now not able to support critical patients, but **due to overcrowding**. The emergency room is now filled with non-emergency patients' cases, and this is not only putting medical workers at higher risk of contracting COVID-19 but is not allowing medical personnel to give emergency critical cases the attention required.

The two **community health centers** located in densely populated areas were introduced by the government to enable hospital services and to improve in their services of complex or critical cases and to act as referrals. One way to resolve the crowding at the major hospitals is to support the two community health centers located in densely populated areas to treat referral cases, by providing these facilities need with potable water system to enable them to function under better hygienic conditions.

WASH Support:

Other needs among the population are the dire need for safe drinking water and bathroom facilities. Safely managed water, sanitation, and hygiene (WASH) services are an essential part of preventing and protecting human health during infectious disease outbreaks, including the current COVID-19 pandemic. One of the most cost-effective strategies for increasing pandemic preparedness, especially in resource-constrained settings, is investing in core public health infrastructure, including water and sanitation systems. This proposal aims in supporting vulnerable population groups **access safe drinking water and bathroom facilities and improve training and awareness on hygiene practices** that would overall lead to reduced spread of COVID-19. Training and awareness are needed to increase knowledge about good hygiene

practices to minimize the chance of deadly diseases like COVID-19 spreading amongst the population and their communities.

COVID and Gender Issues:

COVID-19 has significantly impacted **women and girls** where factors affecting gender inequalities will be amplified. Women and girls are already performing unpaid care work and are more exposed to the virus and already burdened more from attending to those who are sick. Meanwhile, others, especially in informal settlements and refugee camps, have lesser or no access to healthcare and health services. While the livelihood activities are designed to improve incomes, advocacy will pave the way for **better accountability** not only in the application of public resources but also in the **social arena to reduce abuses on women and girls**. Abuses can be minimized if women and girls who are mostly victimized have access to finance for small businesses and other income generating activities and village saving and loan activities offer the best opportunity for access to finance.

Livelihood Support:

Agriculture is the main livelihood of over 70 percent of Liberian. Despite having a good climate, Liberia has remained food insecure due to poor farming practices such as the lack of adaptation of modern farming practices (like use of uncertified seeds), training gaps, lack of effective extension services and poor marketing infrastructure. Farming inputs that boost production are expensive for the income levels of rural farmers who produce most of the food for household consumption. Producing high value vegetables and selling to hospital kitchens will significantly improve patients' recovery and save medical cost as well as hospitals from congestion.

2.2 Needs

The needs to be addressed by this project are medical supplies for referral hospitals, inputs for vegetable production for health facilities, packages for survivors of disasters (refugees and vulnerable host households) including food and utensils, water, and sanitation infrastructure for sanity to communities, seed funds for women access to finance through savings and lending associations.

Health needs

Households in the targeted communities have relied on coping mechanisms that are in many instances negative. Regarding health, the risk is that most of the rural dwellers live on herbs. As a result, they will keep treating family members with herbs until curable diseases kill those family members because of lateness in seeking needed medical attention in hospital. This situation is exacerbated by medical facilities turning patients away because of lack of medication. The need is medication to improve **access to better health services** complemented by nutritious food such as high value vegetables to expedite the recovery of patients.

Health

The needs to be addressed by this project are to supply medicine to the major hospital, and expansion of some rooms in referral hospitals. Regarding health, the risk is that most of the rural dwellers live on herbs. As a result, they will keep treating family members with herbs until curable diseases kill those family members because of lateness in seeking needed medical attention in hospital. This situation is exacerbated by medical facilities turning patients away because of lack of medication. The need is medication to improve health services complemented by nutritious food such as high value vegetables to expedite the recovery of patients.

Safe Water

Rural households rely on creek and rivers for drinking water where they do not have improved WATSAN facilities and therefore contract waterborne diseases that sometime results into death and increase opportunities for contracting deadly diseases like COVID-19. There is need to assist communities with hand pumps and latrines with **washrooms** to bring sanity and increase hygiene activities in rural communities. Another critical need is finance for stimulating small businesses for women and girls who are vulnerable to abuses because of poverty. Village saving and loan activities have had tremendous success in financing small women businesses, and therefore this project will provide needed funds to train and engage women and

girls in the agriculture component households in saving and loan activities. In disaster situations, survivors who lost personal effects such as food, utensils, and clothing and in some instances damages to the shelter.

Hygiene facilities

Overcrowding in urban settings, lack of access to safe water and hygiene support as well as noncompliance to the government-imposed restrictions have exacerbated the spread of COVID 19 in Liberia. Handwashing and social distancing are not easily available preventive options. Furthermore, false and misinformation, lack of access to right information, and limited knowledge on preventive measures lead to increased fatalities. It is even more challenging for adolescent girls and women to practice proper hygiene practices, due to the lack of sanitation materials. Prices for sanitation items are already skyrocketing in the local markets, with 10 times higher than before the corona virus outbreak. Community transmission is at its peak and spreading rapidly. Stigma associated to Covid19 is also very high, resulting in affected people not coming forward for testing. Rural households rely on creek and rivers for drinking water where they do not have improved WATSAN facilities and therefore contract waterborne diseases that sometime results into death and increase opportunities for contracting deadly diseases like COVID-19. There is need to assist communities with hand pumps and latrines with washrooms to bring sanity and increase hygiene activities in rural communities

Gender

The restriction in movement places a higher risk on women to experience Gender Based Violence, Sexual Exploitation and Abuse, because women are confined in their homes or camps with abusers. Therefore, it is imperious that the national response plan on COVID-19 is grounded in a strong knowledge of gender dynamics, gender relations, sex and age disaggregated data that considers the differing experiences of all vulnerable groups The pandemic stands to exacerbate the vulnerability of women and girls even more so, an already acute food insecurity situation which can worsen and affect pregnant and breast-feeding women.

Livelihoods

There will also be a component to support, inputs for vegetable production for health facilities, packages for survivors of disasters including food and utensils, water and sanitation infrastructure for sanity to communities, seed funds for women access to finance.

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Capacity to respond

The Liberia ACT Forum has vast experience in the past in responding to various emergencies. LDS has worked on refugee and Ebola Crisis response. All projects have been done in close collaboration with various Government departments and other civil society partners.

For example, in 2011, two of Liberia ACT Forum members Finn Church Aid (FCA) and the Lutheran Development Service in Liberia (LDS) provided emergency assistance to refugees from Ivory Coast hosted in Nimba County in Liberia with support from ACT Appeal (\$ 460,000). Presently, there are 3 members of ACT Liberia Forum.

ACT Liberia forum members includes Lutheran Development Service in Liberia (LDS), Lutheran Church in Liberia (LCL) as an observer, and Finn Church Aid (FCA). Over the years, LDS – Liberia has been a requesting member during appeals and received rapid response funds through ACT humanitarian mechanism. Over the last fifteen years, LDS has managed humanitarian and development projects that impacted the lives of beneficiaries. Communities in Bong, Lofa, Nimba, Montserrado and Margibi Counties have benefitted from assistances in agriculture and food security, health, water and sanitation and disaster responses to storm and

flood survivors. The implementing staff have vast experiences in implementing projects from community entry to implementation and reporting to donors.

RESPONSE STRATEGY

Community Entry and Awareness Activities

This project has five (5) interrelated thematic areas for intervention; support for medical and health facilities, water and sanitation, food and nutrition, emergency response /preparedness and advocacy. LDS will carry out community entry by creating awareness about the project interventions ensuring the participation of men, women, youth, and elders as well local authorities. Awareness activities will inform stakeholder about the activities and resources available from the donors and inputs expected from the communities. The awareness activities will provide a platform for communities to seek clarity about the interventions as a mean of having them take ownership and contribute to the interventions.

Targeting of Beneficiaries

LDS exercises under the Bread for the World Project identified some of the communities in need of WATSAN facilities while others will have to be targeted. The two referral medical facilities have already been identified, Lutheran Curran Hospital in Zorzor Lofa County and Phbe Hospital in Bong County for medical assistance and improvement of sewage and water systems. Targeting for disaster responses will be on case-by-case basis as the need arises. Most of the targeting will be for vegetable production to select clinics with kitchens interested in nutritious food commodities and willing to buy from the farmers.

Impact

Provide life-saving assistance for prevention and response to vulnerable, COVID-19 affected and or at-risk communities across targeted areas in Liberia.

Outcomes

Outcome 1 People and communities are aware of their risk of infection from Covid-19 and its mitigation including vaccine acceptance.

Outcome 2 Improved living conditions (shelter, food and NFI) for refugees and vulnerable host communities. COVID 19 affected people and people at risk of being affected by COVID 19 can meet their immediate needs including access to medical services.

Outcome 3 Hospitals are supported in strengthening their capacities by providing them with needed supplies

Outcome 4: Reduced morbidity and mortality of COVID-19 patients, and increased preparedness and resilience of communities through public health interventions, community preparedness and prevention, and community engagement.

Outputs

1. Identification of selected vulnerable households, selected Ivorian refugees and identified host household.
2. Purchase of medical supplies and equipment, construction materials, food and nonfood items.
3. Construction, purchase, and rehabilitation of water systems (wells, boreholes, tanks).
4. Sensitization of community forums on prevention of COVID-19 and community health workers.
5. Identification of community institutions to establish WASH facilities (churches, mosques, schools).
6. Training and supply of agriculture seeds, tools, and inputs.
7. VSLA meetings/forums training.
8. Holding advocacy /community meetings to prevent gender-based violence, covid-19 prevention and increase uptake of covid-19 vaccines.

Exit strategy

Sustainability of the project intervention will start from commencement of implementation.

1. During awareness activities, LDS will make it known to communities that resource investment by LDS in the interventions is to their benefit to improve their lives. Communities will participate in project activities and decision making and will invest their own resources such as local materials for construction works. By investing labor, time and other community resources, LDS assumes that they will protect their investments so that they continue to benefit.
2. Community project management committees will be organized and trained how to take ownership of assistance to their respective communities. As a specific example, at least four inhabitants in each community comprising both male and female will be trained as hand pump mechanics and provided tool to maintain the hand pump when the project phases out.
3. The sustainability of beneficiaries' climate smart production activities is embedded in the tremendous benefits that they will accrue from demonstrating climate smart production of vegetable production that will provide alternative food and income. Knowledge and skills acquired by rural farmer is something that can never be taken away from them. The benefits they accrue from applying climate smart skill and knowledge will serve as motivating factor for sustaining vegetable production as an income generation activity. Producers will work in groups of 20 – 25 members. They will be trained in VSLA and holding weekly meeting to discuss their vegetable production and VSLA activities intended to solve their problem with access to finance. This will be credit facility for borrowing money to buy inputs for farming and other needs.
4. Regarding the drug revolving funds, proper monitoring will ensure accountability and CHAL has the experience to take on this responsibility. Dispensing these drugs will be separated from the central dispensary for accountability and replenishment guided by documentation.

PROJECT MANAGEMENT**Implementation Approach**Intervention Strategy

The project strategy is an integrated approach where activities are interlinked and complimentary of one another. The health activities are linked to vegetable production for kitchens of health facilities because they will be the prime target for selling nutritious vegetables produced in nearby communities. Training and awareness activities and construction of WATSAN facilities will improve sanitation which is linked to spread of diseases including COVID-19. LDS will collaborate with health facilities and communities to set priorities for keeping communities safe from diseases, finding joint solutions to emerging problems such as disasters and tackling governance issues associated with basic human rights.

LDS will provide opportunities for health facilities and communities to set their own priorities. For example, the Executive Director and Program Consultant visited Curren and Phebe Hospitals as we as targeted communities to hear their priorities which are integrated in this appeal. Part of the strategy will be coordination and information sharing and encourage inclusiveness from gender perspective.

Theory of Change

The theory of change is that "If rural dwellers have access to health and sanitation facilities, trained to use and maintain such facilities based on awareness created, and if they are supported to practice climate smart agriculture in producing nutritious crops and if they are on par with their local leaders about efficient and accountable use of meager resources, then the spread of deadly diseases will reduce, and their general well-being will improve".

Implementation Arrangements

Implementation within LDS Management

LDS manages grants from its head office by providing oversight of project staff in the field. This project will have a manager who will be the responsible person for the day-to-day activities. The head office supervises the project manager, support that person with needs for implementation of the project and consolidate data for reports to donors. The grant manager will be one of the management staff at head office working collaboratively with the Executive Director (ED) of LDS. The accountant and the ED will be part time grant managers working with the field technicians.

Liaising with external Stakeholders

Medical Assistance

The two (2) referrals health facilities provided short lists of their dire needs and some of the needs were resource intensive. LDS worked with their management in setting their priorities reflected in this proposal. LDS will work with these facilities through their administrators on addressing their needs. Funds will be disbursed to the facilities upon submission of quotes to establish amounts for disbursements for accountability.

Water and Sanitation

Over the last few years, LDS has been working jointly on constructing latrines and hand pumps in rural communities and thus has the experience. Communities have been providing sites, manual labor and local materials such as gravel, sand and wood. Different for this grant is the attachment of bathroom to the latrines for the dignity of women and girls in particular. LDS will contract a construction company to construct the facilities to standard for durability. Though the cost is slightly higher, the safety of users is paramount to LDS and to the donor.

Emergency Response

In disaster cases, LDS will collaborate with community leaders to identify survivors and their respective situations encompassing a verification process. Distribution of assistance to survivors will be case by case looking at the priorities of each household. LDS has established assistance packages for survivors as with refugees comprising food and non-food items except for construction materials that will need assessment to determine actual need.

Food and Nutrition and Access to Finance

Vegetable producers in communities near these facilities will be targeted and have group sites. After recruitment, LDS will host training sessions for producers in good cultural practices in climate smart agriculture, provided resources and monitored by LDS. Training will include crop intensification by intercropping, crop rotation, use of improved climate resilient planting materials to get the most out of crops. Producers will be discouraged from cultivating young fallows to preserve the rainforest, for example use of old farm sites. Training will also cover proper harvesting and processing of vegetables for marketing to add value and increase farmers' income. Producers will enter into contract with LDS that they will use the inputs to produce vegetable and give first preference for selling to kitchen at health facilities. The nutritious vegetable will improve nutrition of patient meals and enhance the effectiveness of medication and treatment and expedite recovery.

Advocacy

LDS will enhance the knowledge of community, district and county development committees in advocacy and resource mobilization for local development activities and on how to engage their legislators about their developmental needs. In addition, these practitioners will be trained how to carry out advocacy activities with focus on land rights, human rights and SGBV issues in their communities. Under the Bread for the World project LDS is organizing land dispute settlement committees in 15 communities. This project will add another dimension to the responsibilities of the land dispute committees by training them how to do advocacy for land rights. The opportunity is that BftW provided advocacy training for the LDS Consultant and project officer who will serve as training of trainers for LDS staff working with communities on advocacy.

Project Consolidated Budget

ACT APPEAL BUDGET FORMAT								
Requesting ACT member: Lutheran Development Service in Liberia								
Appeal Number:		LBR211						
Appeal Title:		Integrated Covid 19 Prevention and Health Improvement Project						
Implementing Period: August 5, 2021 to August 05, 2022								
Description	Type of Unit	No. of Units	Unit Cost USD	Appeal USD	Appeal USD			
DIRECT COSTS								
National program staff								
1.3.	Project manager	person	1	9,000	9,000	9,000		
1.3.1.	Project Officers	person	2	5,400	10,800	10,800		
1.3.2.	Monitor	person	1	5,400	5,400	5,400		
1.3.3.	Accountant (30%)	person	1	2,400	2,400	2,400		
1.3.4.	National Social Security Contribution	monthly	12	138	1,656	1,656		
1.3.5.	Severance Benefits	yearly	1	3,450	3,450	3,450		
TOTAL PROGRAM STAFF					32,706	32,706		
2 PROGRAM ACTIVITIES								
2.1 COVID 19 Assistanc to Medical Facilities								
2.1.1.	Caretakers waiting room Curran Lutheran Hospital	Building	1	18,000	18,000	18,000		
2.1.2.	Emergency Room Expansion - Phebe Lutheran Hosp.	Building	1	25,000	25,000	25,000		
2.1.3.	Medical Supplies (medicine, other face masks, sanitation material)	Hospital	1	5,000	5,000	5,000		
2.1.4.	Improved water system (purchase of tank, pump and piping system) to access water from a well.	Clinic	1	10,000	10,000	10,000		
2.2 Community Health and Sanitation for COVID 19 Prevention					34,800	34,800		
2.2.1.	In schools, mosques, churches (Bath and Latrine - 4 compartments)	comm.	2	6,400	12,800	12,800		
2.2.2.	Beside latrines Hand pump Well- in schools , mosques and churches,	well	2	3,200	6,400	6,400		
2.2.3.	Bore Hole drilled Well for health facilities	well	1	10,000	10,000	10,000		
2.2.4.	Community Awareness on the prevention of COVID-19	comm.	5	400	2,000	2,000		
2.2.5.	Training - Health focus groups to share covid-19 awareness	Comm.	5	720	3,600	3,600		
2.3 Agriculture/Food Nutrition & Security (forrans Refugees and host community)					14,800	14,800		
2.3.1.	Agriculture Tools (hoes, shovels, rakes)	Comm.	5	600	3,000	3,000		
2.3.2.	Seeds and planting materials (vegetable, cassava, potatoes)	comm.	5	400	2,000	2,000		
2.3.3.	Agriculture Pesticides/Chemicals	comm.	5	160	800	800		
2.3.5.	Crops Sprayers/local bio chemical (organic)	Comm.	5	110	550	550		
2.3.4.	Farming as a Business Training	Comm.	5	540	2,700	2,700		
2.3.5.	Good /improved Practice on Agronomic Training	Comm.	5	540	2,700	2,700		
2.3.6.	Village Savings and Loans Association Training & Support (leadership, constitution and borrowing principles)	Group	5	360	1,800	1,800		
2.3.7.	Seed Fund for VSLA	Group	5	100	500	500		
2.3.9.	Materials saving box ledgers to registration, stationary, pass books.	Group	5	150	750	750		
2.4 Response to refugees vulnerable families among refugees					25,250	25,250		
2.4.1.	Non - food items (kitchen set, Gender kit, WASH kit)	Household	100	40	4,000	4,000		
2.4.2.	Food Package (rice, oil and salt)	Household	100	25	2,500	2,500		
2.4.3.	Construction Materials (iron sheets, nails)	Household	75	250	18,750	18,750		
2.5 Advocacy - gender based /on COVID-19 prevention and awareness and uptake of vaccine					22,200	22,200		
Jingles (community mobilization-strategy to call the attention of pple in rural areas-drumming, singing).				Sets	2	300	600	600
2.5.2.	Radio Talk Show	Days	6	200	1,200	1,200		
2.5.3.	Community Activities	Comm.	15	400	6,000	6,000		
2.5.4.	Training	Days	15	360	5,400	5,400		
2.5.5.	Community Forum	comm.	15	600	9,000	9,000		
TOTAL PROGRAM ACTIVITIES					155,050	155,050		
3 PROGRAM IMPLEMENTATION								
3.4.	Baseline / endline Assessment	Days	10.00	250	2,500	2,500.00		
3.5.	Complaint mechanisms / information sharing	Days	5.00	1,000	5,000	5,000.00		
3.9.	Monitoring & evaluation	Monthly	12.00	800	9,600	9,600.00		
3.10.	Audit	yearly	1.00	2,000	2,000	2,000.00		
TOTAL PROGRAM IMPLEMENTATION					19,100	19,100		
4 PROGRAM LOGISTICS								
Transport (of relief materials)								
4.1.	Hire/ Rental of Vehicles	Days	60	180	10,800	10,800.00		
4.2.	Fuel	Gallons	2,200	4	8,360	8,360.00		
Warehousing								
4.3.	Rental of warehouse	Monthly	12	50	600	600.00		
4.4.	Wages for Security/ Guards	Monthly	12	230	2,760	2,760.00		
Handling								
4.5.	Salaries for Logistician/Procurement Officer	Monthly	12	200	2,400	2,400.00		
4.6.	Salaries / wages for labourers	Monthly	12	200	2,400	2,400.00		
4.7.	Salaries / wages for Drivers	Monthly	12	200	2,400	2,400.00		
4.8.	travel	Days	50	60.0	3,000	3,000.00		
4.9.	accomodation	Days	50	60.0	3,000	3,000.00		
TOTAL PROGRAM LOGISTICS					35,720	35,720		
5 PROGRAM ASSETS & EQUIPMENT								
5.1.	Computers and accessories	Once	2	1,100	2,200	2,200.00		
5.2.	Printers	Once	2	350	700	700.00		
5.5.	Communications equipment e.g. camera,	Once	2	400	800	800.00		
TOTAL PROGRAM ASSETS & EQUIPMENT					3,700	3,700		
6 OTHER PROGRAM COSTS								
6.2. FORUM COORDINATION								
6.2.1.	Kick-start workshop	Once	1	1,500	1,500	1,500.00		
6.2.3.	Visibility / fundraising	Once	25	75	1,875	1,875.00		
6.2.4.	Staff trainings	Session	4	400	1,600	1,600.00		
TOTAL FORUM COORDINATION					4,975	4,975		
TOTAL DIRECT COST					251,251	251,251		
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT								
e.g. Staff salaries								
Salaries 40% for Programme Director)		Monthly	12	480	5,760	5,760.00		
Salaries 40 % for Finance Director)		Monthly	12	480	5,760	5,760.00		
Salaries for accountant and other admin or secretarial staff		Monthly	12	1,050	12,600	12,600.00		
Office Operations								
Office rent		Monthly	12	1,000	12,000	12,000.00		
Office Utilities		Monthly	12	115	1,380	1,380.00		
Office stationery		Monthly	12	180	2,160	2,160.00		
Communications								
Telephone and fax		Monthly	12	79	948	948.00		
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT					40,608	40,608		
					14%	14%		
TOTAL EXPENDITURE exclusive International Coordination Fee					291,859	291,859		
INTERNATIONAL COORDINATION FEE (ICF) - 3%					8,755.77	8,756		
TOTAL EXPENDITURE inclusive International Coordination Fee					300,615	300,615		

Project Monitoring, Evaluation and Learning

The M&E Unit will provide oversight of monitoring and evaluation and knowledge management under the watchful eyes of the M&E Specialist. The M&E system will assume responsibility for producing, organizing and disseminating data and information about the project, documenting results and outcomes and responding to information needs by stakeholders. The M&E Unit will conduct field visits to collect and analyze performance data and ensure that data are disaggregated by activity, gender, and geographic area. M&E will ensure that reporting deadlines are met, and periodic forums are organized for presenting and discussing the findings of the monitoring exercise. Monitoring, evaluation, and learning coupled with proper adaptive management, will contribute to the achievement of the project objectives including the mitigation of climate change effects. M&E will track project performance and progress and intermediate results and make adjustments where necessary for successful implementation.

Safety and Security plans

LDS will identify potential risks to protect confidential information and put in place strategies for safe keeping. This will be achieved by organizing backup files and hard copies of the soft copies. The project manager and financial officer will be the mechanism for security and confidentiality of documents.

Regarding project inputs and other resources, LDS will maintain its integrity in communities by ensuring the safety of available resources working closely with community development committees to provide safe storages. Storeroom will keep accurate records of materials delivered and taken out of storage. When delivered at activity sites; the recipients will sign for what they receive for accountability purpose.

Office equipment and vehicles will be securely stored, and guards will be assigned to prevent theft and burglary and to ensure the safety of staff members. Motorbike's riders will adhere strictly to the policy that lays down the rule for safe riding. For examples, carrying non-LDS employee is prohibited and riders must wear safety gears. Riders are also encouraged not to be out in the field during night hours.

PROJECT ACCOUNTABILITY

Does the proposed response honour ACT's commitment to safeguarding including PSEA? All staff and volunteers of requesting members, particularly those involved with the response, will be required to sign the requesting members' Code of Conduct. If you don't have one, members can use [ACT's Code of Conduct](#).

X Yes

No

Code of Conduct

The ACT code of conduct will be applied to every staff, volunteers and contractors in addition to LDS staff. Every staff, volunteers and contractors has signed the ACT code of conduct. All new staff of the project ACT 201-LBR211 will sign the ACT code of conduct and will be given a copy of the code of conduct. A complaint Response Mechanism is already in place in all LDS projects. It gives all stakeholders opportunities to safely raise concerns or make complaints in respect of LDS works. In addition, LDS will appropriately address all complaints made by the affected stakeholders.

Safeguarding

LDS will make sure that all children have equal rights to protection from harm and ensure that everyone has a responsibility to support the protection of children in the project areas. All staff, volunteers and contractors have the duty to provide care and safety for children with whom they interact or are in contact with and also affected by their activities and operations. The project will help to meet the minimum requirements on child protection and all actions on child safeguarding are taken into consideration in the best interests of the child.

Conflict sensitivity / do no harm

LDS has always strived to avoid unintentional negative consequences in communities and to remain sensitive to maintaining the peace that existed in communities before its intervention. By experience, lack of adequate information about interventions has been one of the causes of some elements of community members misconstruing the intended purpose of project inputs and targets. As such, feelings might grow amongst non-targeted residents to the extent that they become aggrieved. LDS will remain sensitive to such situations by engaging every segment of the population in project communities at the entry level to create awareness about the interventions relative to the expectations of community residents. LDS will manage expectations of community residents and project participants in targeting and providing information on available resource levels and make sure that targets are reached timely with project resources. LDS also conducts post distribution and intervention monitoring to address any conflict situation that might emanate from its activities in communities.

Complaints mechanism and feedback

LDS has a strategy for addressing complaints during project implementation. Complaints during the implementation of this project, as has been in the past, will be the responsibility of project management committees constituted by the community people. They are at the frontline between LDS and communities and are best situated to understand the culture of their communities. Communities select their own representatives on the project committees. LDS role is to inform community members that the committee members should be trusted and well respected people that they believe can represent them. At the project management level, beneficiaries will be encouraged to fear nothing about reporting any dissatisfactions about the project activities. LDS will act swiftly to address grievance and provide feedbacks to beneficiaries.

Communication and visibility

Communication will be a two-way street between ACT Alliance and LDS by exchange of feedbacks and seeking clarities where and when necessary. Core to effective communication is the regular reporting of the details of progress and achievements of the planned activities and challenges associated with such progress. The reporting schedule presented will be closely adhere to. If for any reason in rare cases that report will be delays, LDS will inform ACT Alliance in advance. Emails offer the best opportunity for reaching out to LDS and partners and in some instances project beneficiaries. Telephones will also be used to reach out with information to project stakeholders. Where and when necessary, LSD will request zoom meetings with ACT Alliance to discuss pertinent project issues of mutual benefits to the success of the project. At the community levels, mass meetings will be a form of communicating project information to stakeholders. LDS will brand the project activities beginning with letterhead papers extending to activities in the project communities. For example, bath latrines and hand pump wells will be branded with the logo of ACT alliance. Billboards will be planted at agriculture/Food Security activities sites where there are demonstrations of modern technologies in food production. Expansion of the ER of Phebe and the maternity waiting room at Curran Hospital and the vehicle and motorbikes will all be branded properly to give credits to ACT Alliance. During coordination meeting with the Ministry of Health and Ministry of Agriculture, LDS will inform the meetings about the support of ACT Alliance to rural communities.

Annexes

Annex 1 – Summary Table

	Lutheran Development Service- Liberia			
Start Date	September 1, 2021			
End Date	August 31, 2022			
Project Period (in months)	12 Months			
Response Locations	Bong, Lofa and Nimba Counties			
Sectors of response	<input checked="" type="checkbox"/>	Public Health	<input checked="" type="checkbox"/>	Shelter and household items
	<input checked="" type="checkbox"/>	Community Engagement	<input checked="" type="checkbox"/>	Food Security
	<input checked="" type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social
	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender
	<input type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions
	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy
Targeted Recipients (per sector)				
Requested budget (USD)	US\$ 300,614.77			

Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: Travel Restrictions/ Lock down due to COVID-19.

Threat 2: Price fluctuations.

Threat 3: Extreme Flooding.

Place the above listed threats in the appropriate corresponding box in the table below. For more information on how to fill out this table please see the ACT Alliance Security Risk Assessment Tool (<http://actalliance.org/documents/act-alliance-security-risk-assessment-tool/>)

<i>Impact</i> \ <i>Probability</i>	Negligible	Minor	Moderate	Severe	Critical
Very likely	Low Click here to enter text.	Medium Click here to enter text.	High Click here to enter text.	Very high Click here to enter text.	Very high Click here to enter text.
Likely	Low Click here to enter text.	Medium Click here to enter text.	High Click here to enter text.	High Click here to enter text.	Very high Click here to enter text.
Moderately likely	Very low Click here to enter text.	Low Extreme Flooding.	Medium Click here to enter text.	High Click here to enter text.	High Click here to enter text.
Unlikely	Very low Click here to enter text.	Low Price fluctuations.	Low Click here to enter text.	Medium Click here to enter text.	Medium Click here to enter text.
Very unlikely	Very low Travel Restrictions/ Lock down.	Very low Click here to enter text.	Very low Click here to enter text.	Low Click here to enter text.	Low Click here to enter text.

Annex 3 – Logical Framework

Logical Framework			
IMPACT Provide life-saving assistance for prevention and response to vulnerable, COVID-19 affected and or at-risk communities across targeted areas in Liberia.			
OUTCOME(S) Outcome 1 People and communities are aware of their risk of infection from Covid-19 and its mitigation including vaccine acceptance. Outcome 2 Improved living conditions (shelter, food and NFI) for refugees and vulnerable host communities. COVID 19 affected people and	Objectively verifiable indicators A. Number of wash facilities available in communities B. Number of residents washing their hands and using face masks C. Number of residents social distancing D. Production sites E. Food in refugees' homes	Source of verification A. Community COVID prevention actions B. COVID materials distribution records C. Records of production inputs distribution D. Records of purchase of construction materials	Assumptions A. Residents take COVID-19 seriously and behave properly by practising recommended guidelines. B. Climatic condition allows production activities C. Refugees not selling the food and utensils

<p>people at risk of being affected by COVID 19 can meet their immediate needs including access to medical services.</p> <p>Outcome 3 Hospitals are supported in strengthening their capacities by providing them with needed supplies</p> <p>Outcome 4: Reduced morbidity and mortality of COVID-19 patients, and increased preparedness and resilience of communities through public health interventions, community preparedness and prevention, and community engagement.</p>	<p>F. Number of latrines and hand pump well in communities</p> <p>G. Refugees having utensils for cooking</p>		
<p>OUTPUT(S)</p> <p>A. Two referral hospitals having medications to deliver health services</p> <p>B. Sanitation and hygiene promotion activities conducted in 25 communities</p> <p>C. Harvests from refugee gardens</p>	<p>Objectively verifiable indicators</p> <p>Two referral hospitals (Phebe and Curran Hospitals) attending to patients</p> <p>Health and sanitation placards posted in targeted communities</p>	<p>Source of verification</p> <p>Records of mediations procured</p> <p>Records of production of placards</p>	<p>Assumptions</p> <p>Communities participate in awareness activities</p> <p>Communities safeguard placards posted on walls</p> <p>Medical practitioners use medications for intended purpose</p>
<p>Activities</p> <p>A.1.1 Develop training and awareness materials</p> <p>A.1.2 Conduct health and sanitation awareness in targeted communities</p> <p>A.1.3 Train health focus persons in communities</p> <p>A.1.4 Distribute sanitation materials in communities</p> <p>A.1.5 Construct gender-friendly latrines with washrooms in targeted communities</p> <p>A.1.6 Install hand pump wells in targeted communities</p>			<p>Pre-conditions</p> <p>A.1.1 Availability of suitable training materials</p> <p>A.1.2 Farming activities interruption of attendance to awareness activities</p> <p>A.1.3 Good construction quality</p> <p>A.1.4 Community use of the WASH facilities</p>