General Information

Fund	MPTF_00209: UN COVID-19 MPTF						
Title	Building Back a Resilient Health System Responsive to the needs of women, children and adolescents						
MPTFO Project Id							
Start Date							
End Date							
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Description

The joint catalytic project will improve delivery, access to and utilization of selected Reproductive Maternal Newborn Child and Adolescent Health and Nutrition(RMNCAH&N) services by vulnerable and marginalized women, children and adolescents; and strengthen county and community health systems in three counties with worst health outcomes in Liberia. Human rights and gender will be an integral part of the project in order to leave no one behind. The three counties with worst health outcomes were jointly defined by UN and government based on key health outcomes using the 2019-20 Liberia Demographic and health survey and the Liberia Service Availability and Readiness assessment survey, 2018.

The project will deliver lifesaving health services to these groups while at the same time build county, district and community health systems using targeted health systems strengthening interventions and approaches in the three counties.

The project will contribute to Liberia United Nations Socio Economic Response and Recovery Plan(UNSERP 2020), United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020-2024, the Government of Liberia Pro poor Agenda for Prosperity and Development (PAPD), National Health Policy and Plan, Liberia COVID 19 National Preparedness and Response Plan, COVID 19 Transition Plan and other frameworks and plans to contribute to reducing morbidity and mortality among women and children and other vulnerable groups and attainment of Sustainable Development Goals 3, 5 and 6.

The project will respond to and address the following urgent health and health systems performance problems in the three counties(that will be selected jointly by UN, government and communities) during the COVID 19 response and beyond;

1. Limited access and low utilization of essential RMNCAH and N services by vulnerable women, children, adolescents and other marginalized groups
2. Unavailability of life-saving RMNCAH drugs, commodities, diagnostic supplies and equipment at facilities providing critical services to women, children and adolescent due to the impact of COVID 19 including the diversion of focus from routine services to COVID-19 response and the over-stretched health system.
3. Infection prevention and control and WASH gaps in health care facilities to lower infection of COVID 19 among health care workers and reduce hospital acquired infections
4. Weak county and community health systems(weak coordination, weak operational planning, limited health care workers availability/capacity and motivation, stock out of essential medicines, supplies and equipment) including monitoring and supervision; integrated disease surveillance including maternal and neonatal deaths surveillance and response

The objectives of the project will be to 1) improve access to and utilization of selected Reproductive Maternal Newborn Child and Adolescent Health and Nutrition (RMNCAH) services by vulnerable and marginalized groups[1] (SERP pillar 1.1 outcome) in three counties with worst maternal and child health outcomes 2) strengthen county and community health systems in three counties with worst health outcomes[2] (SERP pillar 1.2 outcome)

The project will be implemented jointly by the four UN agencies (WHO, UNICEF, UNFPA and IOM) under the leadership of the Resident Coordinator in collaboration with relevant government line ministries and other partners including international and national non governmental organizations, civil society organizations and other county and community structures.

Expected results;

1. Increased utilization of selected key essential health services (e.g. Emergency obstetric and neonatal care services, antenatal care, skilled birth attendance, pentavalent 3/measles antigen coverage, outpatient department utilization,) for the most vulnerable groups.
2. Improved health systems capacities to deliver quality essential health services to contribute to attainment of Universal Health Coverage (UHC), reduction of infant and maternal mortality and other health related SDGs.
3. Strengthened disease surveillance and response capacities (building on integrated disease surveillance and response, maternal and neonatal death surveillance and platforms) in 3 counties and selected facilities
4. Strengthened M&E (for essential health services) using existing platforms including documentation of best practices and case studies e.g. the District Health Information Software 2 platform
5. COVID 19 preparedness and response plan activities are integrated into routine health service delivery
6. Strengthened IPC to minimize HCW infections and risk of facility acquired infections

All in all the project aims to quickly accelerate the delivery, access to and utilization of key essential health services for vulnerable and marginalized groups including women, children, adolescents living in three counties (to be determined) with the worst health outcomes in Liberia.

[1]Essential health services will include: Family Planning, Emergency Obstetric and Neonatal Care, Integrated management of childhood illnesses, adolescent-friendly SRHR services including Post-abortion Care, Antenatal care, delivery care, management of sexually transmitted infections, HIV Screening and Testing, Postnatal care for mother and newborn. The service delivery package is aligned to the national Reproductive, Maternal, Child, Adolescent Health and Nutrition (RMNCAH & N) Policy & Investment Plan, the Liberia Essential Package of health Services, and National SGBV Action Plan (from Liberia EPHS and WHO Global recommended EPHS during COVID 19)

[2] Targeted health systems strengthening will include; planning, service delivery, health information/M&E, revision and adapting guidelines, community health systems/structures, IPC, health care workers, essential medicines and supplies

Universal Markers	**Gender Equality Marker**	**Risk**	**OECD-DAC**
	• GEM3 - GEWE is the principal objective of the Key Activity	• High Risk	• Basic health infrastructure
Fund Specific Markers	**Fund Windows**	**Fund Windows** • Window 3: Recover better	
	Human Rights Based Approach to COVID19 Response	**HRBA integrated** • Yes	
	Primary Socio-Economic Pillars	**Pillars** • Pillar 1: Health First	
	Concept Note Type	**Type** • Funding	

Geographical Scope	**Geographical Scope**	**Name of the Region**	**Region(s)**	**Country(ies)**
	• Regional		• Africa	• Liberia

Participating Organizations and their Implementing Partners	**Participating Organizations**	**NGOs**	**New Entities**	**Implementing Partners**
	• IOM • UNFPA • UNICEF • WHO		Other	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties

Programme and Project Cost	**Budget**	**Agency**	**Amount**	**Comments**
	Budget Requested		$849,931	This amount includes 7% overhead
	Total		**$849,931**	

Keywords		
Programme Duration	**Anticipated Start Date**	Feb 01, 2021
	Duration (In months)	14
	Anticipated End Date	Apr 01, 2022
Comments	Comments from secretariat: Please complete a few RBM tab indicators to link them to the relevant outcome and output.	

Narratives

Title	Text
CN_I. What is the specific need/problem the intervention seeks to address? Summarize the problem. Apply a gender lens to the analysis and description of the problem. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens).	*Contextual background:* Liberia is situated on the west coast of Africa and borders Guinea, Sierra Leone and Côte d'Ivoire, has 15 counties with an estimated population of 4.9 millior majority being predominantly young. Currently, 52% of the population resides in urban areas, with nearly one third of the population residing in the capital, With a population density of 51 persons per square kilometer and about a third of the population lacks access to health facility. Liberia Human Developmen ranked 176 out of 189 countries in 2019. The country's Gross Domestic Product per capita increased from US$ 327 in 2010 to US$ 456 in 2015 and has rema over the past two years. More than half of the country's population lives below the poverty line (Household Income and Expenditure Survey 2016) which is c entrenched in rural (71.6 per cent) compared to urban (31.5 per cent) areas. The Expanding Access to Essential Health Services is an integral component of the national Pro-poor Agenda for Prosperity and Development (PAPD) of the of Liberia and elucidates how the Ministry of Health, other key institutions, and strategic partnerships within the health sector, will harmonize technical and resources towards implementing the health goals of the PAPD. The UNSDCF has clearly defined health as one of the outcomes. Further the United Nations in Liberia has developed this Socio-Economic Response and Recovery Plan, with an 18 months horizon (September 2020- March upon the United Nations framework for the immediate socio-economic response to COVID-19. The aim of this response and recovery plan is to anchor, as s possible, the socio-economic response to COVID-19 firmly within the national COVID-19 response and long-term development plans. Thus, the Plan aligns v PAPD, UN Sustainable Development and Cooperation Framework (UNSDCF 2020-2024) and the National COVID-19 response plan and places the protection strengthening of health services and systems at the core of the response plan, further in line with the UN framework for the socioeconomic response to COV *Health Status* Although the maternal mortality ratio (MMR) in Liberia, which is among the highest in the world, has shown improvement in recent years, according to a 20 estimated 661 women per 100,000 live births died in childbirth[1], the 2019-20 Liberia Demographic and Health Survey (LDHS) key indicator report highlight concerning increase in neonatal mortality in Liberia, increasing from 26 deaths per 1,000 live births in 2013[2] to 37 deaths per 1,000 live births in 2019-20. Liberian infants die before their first birthday (63 deaths per 1,000 live births), which is higher than the average infant mortality in the African region of 51 pe births. And this is despite the 2.3% increase of overall life expectancy at birth from 62.45 in 2015 to 63.88 in 2019. The continuous high maternal mortality ratios and neonatal mortality rates are likely to be attributed from the continuous high teenage pregnancy rate in Li cent in 2019 compared to 30 per cent in 2013) with adolescent birth rate of 177/1000 births with only 25% of the adolescents who have begun childbearing live birth. As teenage mothers are more likely to experience adverse pregnancy outcomes and are more constrained in their ability to pursue educational op than young women who delay childbearing. The proportion of young women who have begun childbearing increases rapidly with age, from 4% among thos 55% among those age 19. Rural teenagers tend to start childbearing earlier than other teenagers. Early childbearing among teenagers is more common in R County (55%) than in other counties, especially Maryland (19%). Teenagers with no education (47%) are more likely to have started childbearing than those v some education (20%-31%). Also, childbearing is more common among teenagers in the lowest three wealth quintiles (40%-42%). About 40% of adolescent girls are mothers by age 19 as a result of early sexual debut including early marriages (38% of adolescent girls are in union) with n ever completing their education and others are victims of backstreet and unsafe abortions (claiming 30% of pregnancies amongst adolescents) due to restri and policy environment. Furthermore, young people (15 -24 yrs) are at an increased risk of STIs and HIV infections and they contribute 34% of the 1,386 nev within the reproductive age group (NACP 2014). Whereas overall HIV prevalence is 1.9% i.e. 2.0 for females and 1.7 for males (2013 LDHS); prevalence amon age group is 1% i.e. 1.4 females and 0.5 males. Among young adults, comprehensive knowledge of HIV/AIDS is low at 21% for females and 27% for males. F utilization of family planning services that include condoms for protection against unwanted pregnancies and sexually transmitted infections including HIV i amongst young people both in and out of school with only 16.4% of adolescents aged 15 – 19 years using any method of family planning couple with a very need of 59.5%. Very few young people receive adequate preparation for their sexual lives because of taboos around sexuality discussions, deep rooted and c gender and traditional norms and simply no access to accurate and appropriate sexual and reproductive health information and services. All the above statis that programs meant to improve access to services and empowerment opportunities for young people are not making the desired impact. Many programs implemented but data on interventions that work for young people is none existent *Key health systems performance indicators* Although 77% of the population have access to basic health care i.e. live within one hour walk or 5 km distance, services availability and capacity to deliver t across the country(MOH Service Availability and Readiness Assessment (SARA), 2018)[3]. For example with 1.9 health facilities per 10,000 population(facility Liberia is close to achieving the WHO recommended minimum health facilities density index of two health facilities per 10,000 population, distribution of pu facilities remains inequitable. The number of public health networks accounts for only 55.1% of all health clinics, health centers and hospitals. Further accord World Health Organization (WHO) Liberia has one of the lowest numbers of midwives and nurses. It is estimated that Liberia only has 10.7 core health care v (HCWs) per 10,000 persons(WHO recommended minimum is 44.5/10,000), and amongst all cadres the largest shortfall is amongst physicians especially thos rural hospitals. This is attributed by inadequate resources allocation, and inequitable distribution of resources (financial and human resources) at various leve health system. The country's past conflict, EVD outbreak, precarious economic situation have led to inadequate healthcare financing, underdeveloped health infrastructure and health systems; a shortage of both human resources for health and essential medical supplies, and limited administrative and managerial

Thus, the health care system in Liberia remains weak, fragile and is not resilient to shocks and with the COVID-19 pandemic, an additional burden is placed c strained health care system, making it even more critical to focus on ensuring the continuity of the provision of life-saving quality health services both at the community levels.

The preliminary findings from the 2019 Liberia Demographic and Health Survey show quite significant geographical disparities across the counties with som showing better or improved outcomes while others have poor outcomes. For example, Sinoe, River Cess and Grand Bassa counties respectively had only 46% 51 % proportion of children aged 12-23 months who received all basic vaccines while Lofa county had 77%. On Skilled Birth Attendance, Lofa had 97% of a attended by skilled personnel while Gbarpolu had 51%.

Effects of COVID 19 on health systems and essential health services

As Liberia continues to combat the COVID-19 pandemic, the country has instituted a number of measures to effectively respond to the growing number anc COVID-19 cases in all 15 counties. However, in addition to mortality and morbidity directly attributed to COVID-19, the pandemic already poses a significant indirect morbidity and mortality from other preventable and treatable diseases if the provision of essential health services is disrupted, which unfortunately Liberia.

There is a 40 per cent overall decline in facility utilization rate thereby impacting access to critical services, including immunization, RMNCAH/N and SRHR se delivery and family planning) as well as birth registration which are all provided within health facilities. A risk communication survey found that only 29 per c respondents knew how COVID-19 spreads, while focus group discussions revealed that participants even doubted the existence of COVID-19 in Liberia. Misi and fear are affecting not only health facility utilization, it is also hampering the work of community health assistants (CHAs) who are responsible for providi health services within their communities. Rumors that CHAs are spreading the virus have hindered their ability to conduct home visits, which is one of their r

For example, Ministry of Health's Health Management Information System (HMIS)[4] has shown a 39 per cent reduction in the proportion of children fully im 17 per cent decline in women receiving four antenatal care (ANC) visits; and a 5.4 per cent decrease in institutional deliveries between January to March 202 to the same period in 2019. The data further shows a 32 per cent decline in women receiving four ANC visits between April to May 2020.

There has also been a 47 per cent increase in maternal deaths reported in communities from January to June 2020, a 7.1 per cent increase in neonatal morta per cent increase in still births compared to 2019.[5] During the same six months reference period, the number of children with diarrhoea receiving oral reha solution (ORS) decreased by 22 per cent. While birth registration for infants showed a steady increase between January and May, there was a 52 per cent de June 2020 in comparison with June 2019. The decrease in the utilization of services and the increase in maternal deaths (at the community level), still births a deaths during this period can be attributed to the impact of the COVID-19 pandemic containment measures, increasing community fears of going to health family loss of income, demotivated staff, lack of essential supplies at health facilities and limited funds for health services.

Liberia has one of the highest confirmed COVID-19 infection rates amongst health workers in Africa, with health worker cases accounting for 16 per cent of COVID-19 cases. This is unsurprising as many health care workers lack PPE and health facilities are unable to implement satisfactory infection prevention anc measures due to lack of supplies and capacity and many health facilities also lack the needed safe water, sanitation and hygiene standards. There is therefo need to strengthen IPC measures especially at health facilities. As it is unclear how long the COVID-19 pandemic will last, there has been a realization that L afford to solely focus on the COVID-19 response at the expense of routine health services. The Ministry of Health has therefore developed a strategy to tran towards strengthening routine health services and integrating the COVID-19 response within these routine health services.

Disequilibrium in Health Service Delivery

The pandemic has compounded existing gender inequalities and geographic disparities in health indicators. There are growing reports of increases in gende violence and sexual exploitation and abuse, even as related services for prevention and response are under pressure. With restrictions to freedom of movem combined with the fear, tension and stress related to COVID-19, and the negative impacts on household incomes, anecdotal evidence reveals that the risk o grown in Liberia. Women are also more vulnerable to economic fragility during confinement and movement restrictions, for reasons that include their far gr representation in informal sector jobs in Liberia. This vulnerability in turn affects family income and food availability, and leads to malnutrition, especially for adolescents, youth, pregnant and breastfeeding women and girls.

Furthermore, since women represent nearly 41 per cent of healthcare workers, it is critical to support their needs, including on the frontline of the COVID-19 Yet not enough attention has been given to women health-care workers in terms of how their work environment may be impacted, their safety requirement sexual and reproductive health and psychosocial needs.

Shortages of vital supplies, medicines and other commodities for essential health services including Sexual, Reproductive, Newborn, Child, Adolescent healt Gender based Violence(RMNCAH & SGBV) services loom large. Life-saving medicines for maternal health and contraceptives are less available given the clos production sites, and breakdown of global and local supply chains. Sexual and reproductive health and rights is a significant public health issue that demanc sustained attention and investment.

Against this background, there is an urgent need to accelerate delivery of essential health services while simultaneously building health system to prevent fu in health outcomes in the short to medium term.

[1] The United Nations Maternal Mortality Estimation Inter-agency Group (*MMEIG*) WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Popul Trends in Maternal Mortality: 2000 to 2017, Geneva, World Health Organization, 2019

[2] Liberia Institute of Statistics and Geo-Information Services (LISGIS), Ministry of Health and Social Welfare [Liberia], National AIDS Control Program [Liberi International, 2014. Liberia Demographic and Health Survey 2013. Monrovia, Liberia: Liberia Institute of Statistics and Geo-Information Services (LISGIS) and International.

[3] Liberia Service Availability and Readiness Assessment (SARA)and Quality of Care Report, 2018, Ministry of Health

[4] Ministry of Health's Health Management Information System, Trends 2020 vs 2019 January to June Health service delivery

[5] HIMS

P_I. Immediate Socio-Economic Response to COVID19 and its impact

Social Economic Impact of COVID-19 in Liberia:

The COVID-19 pandemic found the Liberia still grappling with the socio-economic effects of the Ebola outbreak of 2014 to 2016 that took the lives of close people, and the preceding 14 years of civil conflict. As a consequence, a significant part of the country's infrastructure, including health care facilities, have b destroyed. After the Ebola crisis, combined multilateral and government efforts were directed to rebuilding Liberia's health care systems and building up its [1]and capacity to respond to future pandemics.1 Despite of the significant improvements that were made on post-Ebola to strengthen and decentralize the delivery system, create much needed infrastructure, train more medical professionals, and increase the resilience and capacity of the system to respond to fu pandemics and shocks. Nevertheless, inadequate infrastructure, persisting poverty, poor access to health care services and water, sanitation and hygiene (W undermine the Liberian health care system, which remains one of the most fragile globally and has been ranked as the 11th country most vulnerable to the COVID-19.[2]

The current heightened economic hardships coupled with the state of emergency(declared for three months and later lifted) that imposed country-wide mc restrictions and the closure of non-essential businesses significantly affected and increased vulnerabilities of the populations, especially women and children upon the Ebola virus disease (EVD) experience and regional trends, sexual and gender-based violence (SGBV) cases likely increased, surpassing 2000+ cases

2018. The closure of schools is affecting over 1.4 million students (including 650,000 girls), which might increase cases of child marriages and teenage pregn addition to restricted economic activities due to COVID-19 related income losses, those in the informal sectors of the economy were hit harder by the impac pandemic and will continue to suffer more during and beyond the pandemic.

Liberia's Pro-Poor Agenda for Prosperity and Development (PAPD, 2018-2023) sets out the strategic priorities and vision for expanding access to quality hea all by raising the share of the rural population living within 5 km of a service delivery point to 75% and reducing out of pocket payments to 35% of total hea expenditure through sustainable health financing mechanisms. It also aims to address persistent morbidity and mortality with a special focus on malaria, as reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH&N).

Liberia health systems and service delivery remain heavily funded by and dependent on international donors. Despite the legal mandate to provide free pub care (the Free Health Care Policy, Essential Public Health Services [EPHS] free at the point of use), the system is not meeting its objective, as evidenced by hi pocket payments expenditure. Real public expenditure on health constitutes 8.5% of GDP and out-of pocket expenditure is 45.5% of current health expendit Domestic private health expenditure

makes up 54% of CHE, while government health expenditure represents 17.2% of CHE (2017).Moreover, household out-of-pocket expenditure has increased decade, indicating that health care services are becoming less accessible to the poorest households.

One of the biggest threats to the health systems in Liberia is the discontinuation of lifesaving health system service provision. Failure to maintain access to e health care services is likely to increase morbidity and mortality rates stemming from vaccine preventable and treatable conditions. Maternal, neonatal and u mortality remain high, as is the burden of infectious diseases such as malaria, HIV/AIDS, tuberculosis (TB) and other diseases with epidemic potential.

According to the World Bank Macro Poverty Outlook (June 8, 2020),[3] extreme poverty at $1.90 per day purchasing power parity (PPP) is projected to increa 44.4% of the population in 2019 to 46.3% in 2020. This is around 2.3 million people, an increase of 141,000 people over the period. It is expected to stabilize decrease in the medium term to 45.8% in 2021 and 45.2% in 2022. The impact of the COVID-19 shock is expected to be greater in urban areas, where it is es poverty will increase by 10.9% in contrast to a 4.7% increase in rural areas, and the majority (59.9%) of the new poor are expected to be from urban areas.[4] county is predicted to be most affected, with the poverty headcount estimated to increase by 3.9 p.p. Moreover, poverty is also expected to increase at a gre proportion for female-headed households (3.4 p.p. in contrast to 2.4 p.p. for male-headed households). Nonetheless, the share of the poor is still mainly cor male-headed households as these constitute the majority in the country.

A possible reason for poverty increasing more in urban areas is that the urban labour force is much more reliant on the sectors of work deemed to be most the lockdown measures taken in response to COVID-19 and regional and global impacts of the COVID 19 on trade, businesses and livelihoods due travels ar commercial restrictions. The majority (41%) of the urban labour force are self-employed workers in the services sector, many of whom are categorised as inf vulnerable workers who have been most hit by the restriction measures, travel and trade reductions. This is in contrast to rural areas, where the majority (arc are own-account agricultural workers. Relatedly, the majority of female heads of households (34.4%) are self-employed service sector workers, in contrast to who mostly work in non-wage agriculture.

In fact, the "new poor" mainly work in the self-employed services sector (46.2%), followed by wage work in the agricultural sector (18.25%). This is why sub-p poverty rates are predicted to increase the most in these sectors.[5] The livelihoods of those in vulnerable employment are therefore also predicted to be ha will have a significant impact on Liberian livelihoods, as vulnerable employment constituted around 80% of the total labour force just prior to the pandemic. estimated that the poverty rate will increase by 2.5 p.p. for vulnerable workers in contrast to 1.9 p.p. for non-vulnerable workers. Among the new poor house have at least one member working in vulnerable employment.[6]

Monetary deprivation is a significant barrier to the optimal human development of the Liberian population. Monetary resources are vital for investment in e health, economic activities and living standards, all of which are vital for the long-term sustained graduation out of poverty. The Human Development Index Liberia of 0.465, which already lags behind similar countries in Sub-Saharan Africa, and multidimensional poverty rates are over three quarters of the popula monetary impact of the crisis will therefore further undermine multidimensional well-being in the country. As a consequence, this crisis will hamper progress achieving the goals of ending poverty (Sustainable Development Goal [SDG] 1) 1), as well as other well-being related SDGs (2-6) by 2030.

Agricultural livelihoods have also been impacted by COVID 19 and its related restriction measures. The Liberia Agricultural Commodities Regulatory Authori reported that exports of coffee and cocoa have declined, which means that farmers of these goods have seen incomes decline. The uncertainty of the pande reduced incomes due to job losses also reduces demand, leading to farmers selling less and consuming and storing more internally. There have also been re agricultural food stocks have been perishing due to reduced demand and lack of markets and adequate storage facilities during the lockdown. For instance, Veroleum Liberia (GVL), a major palm oil operator, has made 440 employees redundant due to the reduced operations during the lockdown.[7]

Border restrictions and limits to international movements have caused a shortage in a variety of agricultural inputs, and there is a huge demand for seed inp and other inputs such as tractors. For instance, certain regions of Liberia rely on imports from Guinea and Cote d'Ivoire for agro-equipment and agrochemic which have dwindled following border restrictions. The import prices of such products have consequently risen due to the scarcity created. The National Rice of Liberia has also reported that rice farmers lack the necessary labour and agricultural technicians due to lockdown measures.

The COVID-19 social economic impact also hampered efforts to implement the PAPD social protection strategy of establishing a universal social protection f affecting key economic sectors and government finances, and thus constraining the fiscal capacities of the Government of Liberia, the pandemic is likely to s the roll out of planned long term investments in worker social security systems, pensions and disability benefits, which will have to surrender to more pressi responsive short-term transfers to address food security and short-term cash needs.

The pandemic has reduced access to certain essential maternal and child health services such as antenatal care, child and newborn health care and intervent including immunisation, and maternal care. Similar trends were observed during the EVD outbreak in 2014-2015. For instance, the immunization coverage f to 36%, which likely explained the rise in measles the following years. Vulnerable children with chronic illnesses such as HIV/ AIDS, disabilities or other chron face constraints to accessing needed care and medicines. The restriction measures and labour market impacts of COVID 19 also threaten to reduce access to health services such as psychosocial/mental health.

School closures have affected an estimated 1.4 million students across the country. Authorities launched a radio schooling initiative to mitigate this lost lear however, close to half a million children have no access to a radio set and are therefore left behind.63 In fact, only 1.2% of surveyed households used mobile services. These are often children already in more precarious situations, thus reinforcing educational deprivations. Moreover, such learning methods may no appropriate for children with disabilities.

The crisis might have consequences on school dropout rates in the medium to long term, especially for girls, as the cutting of school fees from the household and the increase in child labour are common forms of coping mechanisms during periods of income shocks. This reduction in educational outcomes would be detrimental for the country, which is among the lowest in the world in terms of learning outcomes,and will entrench low population education. In the longer scenarios would therefore imply negative consequences on accelerating economic and social development, given the importance of youth and education for Such impacts will hinder the achievement of SDG 4 and other related SDGs including SDG 3 and 5.

The COVID-19 pandemic has seriously affected gender inequalities which persist in all realms of life, and equal political representation remains elusive in Liberia. Gender Inequality Index (GII) is 0.651 (2018) higher than the average of 0.572 for Sub-Saharan African and the average of 0.561 for the least developed countries (LDCs). These gender inequalities translate into limited access to health (specifically reproductive health) services, basic services, education, fewer opportunities employment in the formal economy, impaired access to justice, and exclusion from political participation and decision making.70 Underlying these structural gender blind COVID-19 mitigation measures disproportionately affect women by further limiting their access to services and putting their livelihoods at risk.

The Government competing priorities risk shifting resources away from reproductive, maternal, newborn, child and adolescent health services and nutrition changes in health seeking behaviour risk reducing access to and the uptake of contraception, facility-based deliveries and other essential services. For instance, the Ebola crisis in Liberia, access to sexual, reproductive and maternal health care services were extremely limited, which resulted in an estimated 38% reduction facility-based deliveries and a 43% reduction in first antenatal care visits.This has the consequence of increasing maternal deaths and involuntary teenage pregnancies putting girls and women at higher health risks. Following the outbreak of COVID-19, girls have been found to be the most vulnerable in terms of pursuing education home as they are more subject to contributing to home chores and childcare. They also face risks of sexual abuse, resulting in adolescent pregnancies (which, for example, increased by 65% during the Ebola crisis), as well as increased child marriage as a coping mechanism for income shocks through bride prices.73 Such impacts deepen gender inequality in relation to social and income inequality in the longer term, and could slow down the **achievement of SDG 5.**

The pandemic has seriously hit livelihoods, informal workers, micro, small and medium-sized enterprises (MSMEs),

and unemployment. The informal sector and MSMEs constitute the backbone of Liberia's economic landscape. These informal MSMEs have lower rates of capital accumulation, savings, investments and productivity, which makes them more vulnerable to shocks such as COVID-19.84 Female ownership of MSMEs is estimated at around 30% of businesses and is generally clustered in smaller sized enterprises in the service sector. Women are also more likely to work as unpaid family workers in family enterprises and face more precarious conditions without

social protection and other health and safety measures in the workplace.

The COVID-19 crisis is impacting MSME revenue, which has decreased due to lowered demand, whilst supply

chains are being constrained exerting an upward pressure on the prices.85 Those most affected are in the trade and industry sectors, with close to two thirds of firms affected according to LISGIS. The forced decreased operational capacities are leading to both temporary and permanent closures. Also, specific health risks to COVID-19 also magnify vulnerabilities related to informal workers. Most informal workplaces lack the capacity to put in place the necessary hygiene and social distancing measures as they rely on close contact with their customers and often lack access to hand-washing facilities and PPE. If they do contract the virus, individuals lack the formal health protection afforded to some formal workers in terms of health coverage, medical care and income security. Out-of-pocket expenditure may therefore plunge them deeper into poverty or force them to resort to extreme coping strategies such as selling crucial assets, child labour themselves.

The informal economy is also likely to increase as a consequence of the pandemic. Due to the income and employment shock of COVID-19, workers who have livelihoods in the formal sector may be forced into the informal economy. Growing informality has been observed during previous health and economic shocks the Ebola crisis, the Indonesian financial crisis and the great recession. This will increase the number of individuals in precarious working conditions without protection.

The services sector accounts for 45.3% of economic output and is the largest sector in Liberia's economy. It

is also the main employer, besides the agricultural sector, accounting for around 40% of the workforce, particularly those working in the informal economy. The sector has been particularly impacted by the pandemic, largely driven by the lockdown, social distancing, border restrictions and weakened demand. The sector is expected to contract by a considerable 12.1% of GDP in 2020 before experiencing a slow recovery in the medium term under the assumption that the pandemic subsides by 2021.

The impact of COVID-19 related restriction measures also significantly impact the transportation sector. Border restrictions, internal movement limitations and decline in demand for transport due to reduced mobility will substantially reduce revenues and incomes for businesses and workers in the sector. The Ministry of Transport's COVID-19 prevention measures such as limiting passengers per ride and social distancing will further compound the reductions in income for vulnerable transport drivers in the informal economy such as tricycles, taxis and motorcycle taxis.

The aviation industry will also be particularly hard hit due to the closure of Roberts International Airport and the cessation of commercial flights until its reopening July 2020. From a health perspective, these workers are also at high risk of contracting the virus due to the limited social distancing that is inherent on public

Inflation is stabilizing during the COVID-19 period, but the crisis still poses inflationary risks. Unadjusted annualized inflation remains high (18%) as of June 2 threatens to continue weakening the purchasing power of Liberian households, leading to a negative effect on consumption. There are counteracting forces weakened demand induced by income shocks, lower fuel import costs and tight monetary policy are expected to suppress inflation, whilst supply-related co rising food and medical import costs threaten to fuel rising prices in imported goods, certain food prices and transportation costs. These trends have been v between January and June 2020. Moreover, the pressures on the currency, higher cash needs(thus possible increases in money supply) and increased public finance the fiscal deficit also led to inflationary pressures. However, these are expected to subside in the medium to long term as macroeconomic pressures monetary tightening and fiscal consolidation continue.

[1]For example, World Bank; **"After Ebola, Liberia's health system on the path to recovery"**, https://www.worldbank.org/en/news/feature/

2017/06/07/after-ebola-liberias-health-system-on-path-to-recovery; GIZ, "Strengthening the health system in Liberia", www.giz.de/en/worldwide/

81469.html.

[2]Poljanšek, K., M. Marin-Ferrer, L. Vernaccini and L. Messina, "Incorporating epidemics risk in the INFORM Global Risk Index", Publications Office of the Eur Luxembourg, 2018, https://doi.org/10.2760/647382

[3]These estimates are based on a behavioral microsimulation model developed by the authors which calibrates the latest representative.

household survey (HIES 2016) according to the most up to date macro-projections made by the World Bank, IMF and CBL for Liberia. These

estimates are therefore predictions subject to prediction and forecasting uncertainty.

[4]Deprivation is nevertheless still higher in absolute terms in rural areas, which reflects the baseline mapping of poverty where more than two thirds of the poor in contrast to less than 40% in urban areas.

[5] In absolute terms, poverty remains the highest amongst own-account agricultural workers.

[6] These households have higher absolute poverty rates relative to households without vulnerable workers.

[7]FPA, "Liberia: Golden Veroleum Justifies Reduction of Workforce", 19 May 2020, https://frontpageafricaonline.com/labor-matters/liberia golden- veroleum reduction-of-workforce/.

CN_II. Results expected to be achieved and a clear explanation of tangible results or changes that will be achieved through this collaborative programme

Describe the results expected to be achieved and how it contributes to the Covid-19 response and the SDGs. Describe programme approaches, methods, and theory of change, and explain why they are the appropriate response to the problem. Please highlight a) how the solution(s) is data driven (especially on population being targeted) b) if and how it employs any innovative approaches; c) if and how it applies a human rights-based approach and how is it based on the principle of "recover better together" d) if and how the theory of change reflects the Gender Equality Marker score selected in this solution

Project goal and objectives

The goal of the project is to accelerate the delivery, access and utilization of key essential health services, especially for children, adolescent girls and women contribute to building resilient health systems in three worst counties with worst health outcomes[1].

The specific objectives of the project are;

1. To improve access and utilization of selected Reproductive Maternal Newborn Child and Adolescent Health and Nutrition (RMNCAH) services by vulne marginalized groups[2] (UNSERP 2020 for Liberia pillar 1.1 outcome) in three counties with worst maternal and child health outcomes
2. To strengthen county and community health systems in three counties with worst health outcomes[3] (UNSERP 2020 pillar 1.2 outcome)

The following results are envisaged through the project along the results chain (outputs and outcomes and impact)

- Increased utilization of selected essential health services (e.g. Emergency obstetric and neonatal care services, Antenatal Care, Skilled Birth Attendance 3 vaccines/Measles antigen, Outpatient utilization,) for the most vulnerable women and children including adolescents' girls, pregnant women, newbo people living with HIV/AIDs
- Improved health systems capacities to deliver quality essential health services to contribute to attainment of Universal Health Coverage (UHC), contrib reduction of IMR, MMR and other health related SDGs.
- Strengthened disease surveillance and response capacities (building on IDSR, MNDSR platforms) in 3 counties and selected facilities
- Strengthened M&E (for essential health services) using existing platforms including documentation of best practices and case studies e.g. the DHIS
- COVID 19 preparedness and response plan activities are integrated into routine health service delivery
- Strengthened IPC to minimize health care workers infections and risk of facility acquired infections

Program/project approaches and methods;

The project will be implemented using existing government and UN and other partners structures in the country using rights-based approaches. It will build programs/projects and ongoing COVID 19 response. It will focus on improving service delivery, addressing and filling critical gaps in COVID response and pr and health care systems and social protection systems; changing social norms that hinder access to health and social protection services for women, childre young people; and empower and give women voice to participate actively in health service delivery and to claim their rights.

The project will be jointly planned, implemented, coordinated and monitored under the leadership of the Ministry of Health, and in collaboration with other ministries such as the Ministry of Gender, Children and Social Protection.

Theory of Change: Women, children and adolescents bear the brunt of the impact of COVID-19 on the health service delivery system. The Pandemic is worse inequalities for women and girls, and deepening discrimination against other marginalized groups. To build back a resilient health system that effectively ma gender will require special attention to addressing underlying gender inequalities and preexisting vulnerabilities. The key assumptions underpinning this T

If community-based actors including CHAs/CHVs and community surveillance systems are reinforced, - restore trust and enhance service uptake/increase (d be restored

If women, girls and adolescents are made aware of essential public health and nutrition services and empowered to make key informed decisions about the rights;

If routine health and nutrition services are accessible and equipped with capacitated health care workers, essential medicines, supplies and better diagnostic better for women, children and adolescents,

If the health system is strengthened with adequate HR, essential drugs and supplies and diagnostics, health information to deliver better for women, childre adolescents

If health systems are strengthened with emergency preparedness and response capacities

If underlying gender inequalities, norms and practices are addressed through community engagement and social cohesion,

if women, girls and adolescents agencies are built to have sexual autonomy and bodily integrity;

then women, children and adolescent vulnerability will be reduced, mortality and morbidity will decline

Because women, children and adolescents will have better access and utilization of essential routine health and nutrition services, including children being f the right food, provided with right routine services at the right time in their development phase during COVID-19 response and beyond and no one will be l

[1]Liberia Demographic and Health Survey 2019-20 preliminary findings

[2]Essential health services will include: Reproductive, Maternal, Child, Adolescent Health and Nutrition, SRHR, MPSS and SGBV (from Liberia EPHS and WHC recommended EPHS during COVID 19)

[3] Targeted health systems strengthening will include; planning, service delivery, health information/M&E, revision and adapting guidelines, community hea systems/structures, IPC, health care workers, essential medicines and supplies

CN_III. Catalytic impact and nexus Describe how the intervention is catalytic by mobilizing or augmenting other financial or non-financial resources including from IFIs, foundations, the private sector. Describe how the proposed intervention supports medium to long-term recovery for example by enabling other actors to engage, generates an enabling environment for longer-term development.	The implementation of the project in three counties within the transition plan for Liberia will be catalytic; as such the lessons learnt and recommendations w documented and scaled up and/or used as a resource mobilization and advocacy tool in other 12 counties. The programme will also explore the determinar for delivering nutrition results for children, adolescent and women through the food, health, water and sanitation and social protection systems. Liberia needs a healthy population to achieve its growth and development goals (PAPD). This project will contribute significantly towards ensuring a healthy socio economic development and recovery for the people of Liberia. The proposed interventions are in line with and will contribute to the overall Liberia CC response plan, SERP, UNSDCF, PAPD, transition and recovery plans. Through joint planning, implementation, coordination, M&E and resource mobilization, the project will support UNCT and Liberian government to map, qua identify the needed resources for response, recovery and building resilient health systems. Lessons learnt, case studies and best practices will be documente within and with other countries in the region and globally. M&E, strategic information and data to generate evidence and accountability in terms of results and value for money will be core. Additionally, the project w to strengthening humanitarian and development nexus through improved coordination, joint planning, implementation and monitoring. The project will provide targeted technical assistance and guidance to government counterparts and other partners including Civil Society Organizations anc national and sub national levels. This will build their capacities for COVID19 and other emergencies and public health events preparedness and response. Policy dialogue, advocacy and multi sectoral collaboration and coordination. Through this, key stakeholders in health including donors and the private secto engaged in building resilient health systems and delivery of quality health services during and after COVID 19. Through community engagement and supporting the government community health program in the project sites, best practices and lessons learnt will be r rolled out to other communities in the rest of the countries which are not covered in this seed funding. The project will use innovative approaches e.g. electronic Integrated Disease Surveillance and Response (eIDSR) and other relevant digitization programs in before and during the COVID19 response to roll out to three additional counties and districts and facilities and communities to provide real time date to det investigate and respond to public health events (including COVID 19). Furthermore, the project will provide opportunities for the country to strengthen and community based surveillance system. The project will contribute to the joint MOH - USAID partnership to initiate a trust fund to facilitate the public and private partnership for health. The implementation of the project will be localized i.e. county led and county owned to ensure and promote sustainability of interventions beyond the COV response. The project will use bottom up approach and keep a strong gender and rights-based lens. Using the bottom up approach will also strengthen the national and local NGOs, women's groups and youth networks, community structures; for example on advocacy and awareness raising; and can contribute t resilience for emerging crises. The project will contribute and promote government's and partners attention and buy-in for the development/adaptation of new guidance and tools that a responsive and rights based . This project will build on lessons learned from the EVD outbreak and the ongoing impact of COVID-19 to introduce technology friendly health service deliv ensure the safety for both the client and health service providers. Health system strengthening activities will be anchored on strong laboratory and diagnost that can effectively withstand the shock of emerging diseases; task-sharing or shifting including community-based service providers as an innovative strateg increasing women and girls access to SRMNCAH/SGBV services.
CN_IV. Who will deliver this solution List what Recipient UN Organizations (no less than 2 per concept note) and partners will implement this project and describe their capacities to do so. Include expertise, staff deployed, as well as oversight mechanisms that determine the monitoring and evaluation (M&E) arrangements and responsibilities. Use hyperlinks to relevant sites and the current portfolios of RUNOs so the text is short and to the point.	The UN Agencies under the leadership of the RC system will strengthen the capacity of the government to deliver on the project results in collaboration witl partners. Agencies comparative advantage will be harnessed to deliver on the collective results that are outlined in this document. Existing programs and pr interventions will not be duplicated but rather be used as a springboard for supporting the innovative strategies and activities. The project will be planned, i coordinated, monitored and evaluated using existing joint UN and government M&E systems, processes and platforms to ensure quality and accountability results and value for money. List of UN Organizations and other partners that will implement the project 1. World Health Organization (WHO) - WHO's mandate with member states revolves around six (6) strategic priorities (i) advancing universal health cov health related sustainable development goals (iii) addressing the challenge of non-communicable diseases and mental health, violence and injuries and disa implementing the provisions of the International Health Regulations (2005) and emergency preparedness and response (v) increasing access to quality, safe, and affordable medical products (vi) addressing the social, economic and environmental determinants of health.(to be added). Further based on the Sustain Development Goals, the WHO's 13th General Programme of Work (GPW) sets out WHO's a strategic direction for the next five years. The central focus of GP in countries. It articulates WHO's mission to promote health, keep the world safe, and serve the vulnerable. GPW 13 is structured around key interconnected priorities of achieving universal health coverage, addressing health emergencies and ensuring healthy lives and well-being for all at all ages and promoting populations. The WHO Country Office in Liberia works very closely with the Liberia Ministry of Health. The Organization supports health system strengthening, advising a on norms, standards, setting policy directions and priorities, health information management and utilization of evidence for informed decisions, advancing c delivery, with a lot of emphasis on reproductive, maternal, newborn, child, adolescent health, nutrition, communicable and non communicable diseases. Add WHO supports health governance and leadership working at the highest level of health governance in the country. WHO has field presence in all of the 15 Liberia working with county health teams for the delivery, monitoring and tracking of essential health services. Health management information system enh among the work of the Organization. The WHO also actively forges partnerships with relevant entities in the health and non health sectors including commu holistic approach to quality health care services in the country and the promotion of health and wellbeing of the population. 2. UNFPA is the United Nations sexual reproductive health and rights agency. It works to deliver a world where every pregnancy is wanted, every childb and every young person's potential is fulfilled. UNFPA has been operating in Liberia since 1973 ensuring universal access to SRHR, including emergency obs services for women, adolescents and youth by providing reliable and sustained supply of modern contraceptives, RH kits, HIV Test kits, condoms and lubrica a reliable partner to the Government of Liberia for the training of skilled birth attendants as well as physician for the prevention, surgical repair, managemen rehabilitation of Obstetric Fistula cases.The Liberia CO has worked to training of SBA translate to ensuring that at least 90 per cent of all childbirths are supe skilled attendants; prevention and management of SGBV cases including clinical management of Rape through integrated one stop centers, and protection home Abandonment of female genital mutilation, Efforts to end child marriage, which deprives girls from enjoying their childhood; Prevention of teen pregr complications of which are the leading cause of death for girls 15-19 years old; Censuses, data collection and analyses, which are essential for development Delivery of safe birth supplies, dignity kits and other life-saving materials to survivors of conflict and natural disaster. 3. United Nations Children's Fund (UNICEF) addresses child and maternal vulnerabilities and their health and nutritional challenges, as the United Na mandated to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. G Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behaviour towar UNICEF further ensures that the survival, protection and development of children are universal development imperatives that are integral to human progres mobilizes political will and material resources to help countries, to ensure a "first call for children" and to build their capacity to form appropriate policies an services for children and their families. UNICEF is committed to ensuring special protection for the most disadvantaged children - victims of war, disasters, e poverty, all forms of violence and exploitation and those with disabilities. UNICEF responds in emergencies to protect the rights of children. In coordination Nations partners and humanitarian agencies, UNICEF makes its unique facilities for rapid response available to its partners to relieve the suffering of children who provide their care. UNICEF is non-partisan and its cooperation is free of discrimination. In everything it does, the most disadvantaged children and the greatest need have priority. Specifically in Liberia, Pillar 1: Health First is anchored and aligned under Goal Area 1: Every child survives and thrives, mostly co and nutrition interventions of UNICEF's strategic plan (2018-2021) as well as UNICEF Liberia's Child Survival programme which includes the Health and Nutri programme strategy note of 2020-2024. Immunization is used as programme' s entry point to promote and deliver a package of maternal, newborn, child a health and nutrition services, including antenatal care, the prevention of mother-to-child transmission of HIV, the integrated management of neonatal and c illness, preventing stunting, vitamin A supplementation, deworming, treatment of children with severe acute malnutrition and the promotion of birth registra

to strengthen the primary health-care and nutrition systems to deliver quality, equitable, gender-sensitive and integrated services in selected counties, with focus on modelling a scalable delivery approach using the child-friendly community initiative, the hospital-based obstetric and neonatal care approach, trea children with severe acute malnutrition and responsive cold-chain systems.

4. International Organization on Migration (IOM) - Migrants (women, children, adolescents, youth).

IOM, in partnership with WHO, have engaged with the Government of Liberia since its preparedness phase and response against the COVID-19 outbreak, w operational and technical support in the area of migration and health. IOM stresses its extensive experience in empowering governments and communities detect and respond to health threats along the mobility continuum, whilst advocating for migrant-inclusive approaches that minimize stigma and discrimina migration and mobility are increasingly recognized as determinants of health and risk exposure of women, children, and adolescents youths within the three interventions.

In Liberia, IOM is a recognized operational health partner. During the 2015 Ebola virus outbreak it has played an important role in responding to this major accordance with the IHR. It has supported capacities strengthening at Ports of Entries to detect and respond to health emergencies. The office of Liberia can significant experience of enabling the development of regional Emergency Operation Centers, and support to the national EOC with trainings, simulation ex the utilization of health-surveillance data of its activities. Also, it has supported an inter-operable, electronic real-time health surveillance reporting system li district-level surveillance system with the data-collection system from the border crossing points and provide situation reports which enables quick decision during health emergencies.

Capacities of UN organizations that will implement the project (Expertise and staffing)

Agency	No. of staff members that will support the proposed intervention	Highlight any existing expert staff of relevance to project	Oversight/M&E arrangements/roles/responsibilities
UNFPA	8 Staff members	One women RH Specialist; one Adolescent and youth SRHR & HIV specialist, one Midwifery Advisor; one Supply Chain and RH commodity Expert; one Gender Analyst, one Expert on Clinical management of Rape; One expert on CSE (in and out of school; two Data experts (one international and one local	Two International Staff with expertise in RBM and HRBA; One nation expertise in M& E and Use of mobile technology including geospati SPSS-Pro and the use of GPS to improve data quality and harmonize collection platforms
WHO	8 staff	Two health systems experts(IP, P3 and P4)(part time and three National Professional Officers/RMNCAH/Gender/Prevention and control of communicable diseases) , one EPI, IP at P3, one communication/health promotion officer, 1 M&E/data Manager	The health systems, health information and data management team program staff provide, project planning, budgeting and managemer functions including supervision, mentoring and quality of care impro
UNICEF	7 staff	2 Health Specialist dedicated to MCH activities, 1 MCH officer dedicated to community health activities, 1 Immunization Specialist dedicated to EPI activities, 2 Communication for Immunization Specialist and a Health Manager (1 IP at P3 level) who provides all technical support.	2 Planning and M&E staff (1 IP/P3 PME Specialist and 1 NOB PME O
IOM	3 staff members	Epidemiologist and port health staff experts	OM project staff will perform a rigorous monitoring and evaluation activities implemented in the cadre of the LMPTF project, so that the of this can be used to establish guidelines and recommendations fo and responding to public health emergencies of international conce Lessons learned will be disseminated to government partners, other international partners, including UN. Project staff will gather data continuously and will submit monthly n reports, including updated indicator data to project management te

Government Partners:

1. Ministry of Health – is responsible for health policies, plans and standards; delivery and coordinates the delivery of decentralized medical care in public develop health manpower; undertake preventive and promote health services including specific health interventions. The MOH will provide oversight a leadership for the health component of this project as well as support the River Cess County Health Team to ensure delivery of the project results
2. Ministry of Education Liberia; Two of the basic responsibilities of the MOE are: 1). to draw up strategies, policies and plans for educational reform and and to draft relevant rules and regulations and supervise their implementation. 2). to take charge of the overall planning, coordination and manageme forms of education at various levels; to formulate, in collaboration with relevant departments, the standards for the setting-up of schools of all types a levels; to guide the reform of education and teaching methods; and to take charge of the statistics, analysis, and release of basic educational informati these two statutory responsibilities, the MOE will oversee the delivery of the reform CSE Curriculum and implement an age appropriate and gender res School health component of the project. These efforts will also ensure a safe and protective environment void of sexual harassment, exploitation and a of the Ministry's responsibility, the National School Health Policy document will be used to educate adolescent and youth on nutrition.

3. Ministry of Gender

The Ministry shall promote the development, empowerment and protection of women, girls and children, as well as the welfare and integration of persons v disabilities, the vulnerable, extremely poor, excluded and disadvantaged. Specifically, the Ministry is responsible to initiate, develop and implement and/or c policies and programs aimed at women, girls, and children, as well as those physically challenged, marginalized, disadvantaged and excluded, to ensure that are protected and that they are integrated, and contribute to, and benefit from, the peace, stability and socio-economic advancement of the country

4. Under this project, the MGCSP will provide leadership and oversight for the SGBV response; the economic livelihood and skills training as well as engagen traditional/cultural leaders and women's groups in effort to advocate for the removal of cultural barriers to accessing SRHR/SGBV services by adolescent. Ma one safe-home (to be established by the project) will also be led by MGCSP

Other partners(international, national and Civil Society Organizations)

1. International and National and Civil Society organizations working in RMNCAH, health systems strengthening, COVID 19 preparedness and response i counties shall be mapped and engaged during the design, planning, implementation and monitoring of the project.

P_V. Target population

The project is will be delivered through a network of 3 County Health Teams, 16 District Health Teams, 78 PHC facilities (68 public and 10 private) and Comr Structures (including CHAs, TTMs, TBA, CHC) to directly benefit 237,565 women including 109,385 women of reproductive age, 80,850 children under five ye 108,909 adolescents.

Additionally, the following disadvantaged groups are expected to be reached through the project interventions; key population, immigrants, adolescents, pe disability. The indirect beneficiaries will be about 0.47m people living in the three counties including about people from neighbouring country of Sierra Leo the border to access basic services including health.

Reaching the hard to reach population: Grand Kru and Gbarpolu as well as Grand Bassa have some of the most hard to reach communities in Liberia as such communities have not been accessing some of the key RMNCAH and N services. Which partly explains why they have some of the worst RMNCAH and N ir the country. This project will deliver critical RMNCAH services to these communities so that no one is left behind. Additional, the population will be empowe targeted demand creation and community engagement efforts to demand for their rights and access these RMNCAH and N services whenever they need ar should be of good quality and not push them into poverty.

The table below summarizes the target population in each of the county and the number of health facilities/service delivery points.

Country	Total Population	Urban Total	Rural Total	Total female	Live Births	Surviving Infants	Under15 years	Under 5 years	Adolescents (10-19)	Pregnant Women	Women of Reproductive Age(15-49 years)	Total numb of distric
Gbarpolu	109,248	56,383	52,865	54572	4,698	4,370	49,162	18,572	25017	5,025	25,127	5
Grand Bassa	290,450	149,901	140,549	145,085	12,489	11,618	130,702	49,376	66513	13,361	66,803	7
Grand Kru	75,890	39,167	36,723	37908	3,263	3,036	34,150	12,901	17379	3,491	17,455	4
Total	475,588	245,451	230,137	237565	20,450	19,024	214,015	80,850	108909	21,877	109,385	16

As part of the project strategy, the population living in the other 13 counties will indirect benefit from some of the interventions through the following ways scalability of some of the interventions/package using ley lessons learnt and documentation of best practices and through using and adapting some of the t and guidelines that will be used during the project and lastly through engagement with national health sector MOH and partners in resource mobilization while leveraging other additional resources for RMNCAH&N

The table below summarizes the population in each of the 13 counties and the number of health facilities/service delivery points that would potentially bene project in sort to medium term.

County	Total Population	Live Births	Surviving Infants	Under15yrs	Under 5yrs	Pregnant Women	Women of Reproductive Age	Total Number o facilities
Bomi	110212	4,739	4,408	49,595	18,736	5,070	25,349	23
Bong	455156	19,572	18,206	204,820	77,376	20,937	104,686	56
Grand Cape Mount	166504	7,160	6,660	74,927	28,306	7,659	38,296	40
Grand Gedeh	164106	7,057	6,564	73,848	27,898	7,549	37,744	25
Lofa	361492	15,544	14,460	162,671	61,454	16,629	83,143	59
Margibi	275048	11,827	11,002	123,772	46,758	12,652	63,261	62
Maryland	178101	7,658	7,124	80,146	30,277	8,193	40,963	27
Montserrado	1514667	65,131	60,587	681,600	257,493	69,675	348,373	396
Nimba	605346	26,030	24,214	272,406	102,909	27,846	139,230	80
River Gee	87513	3,763	3,501	39,381	14,877	4,026	20,128	21
RiverCess	93689	4,029	3,748	42,160	15,927	4,310	21,548	20
Sinoe	134162	5,769	5,366	60,373	22,808	6,171	30,857	42
	4145996	178,278	165,840	1,865,698	704,819	190,716	953,579	851

All in all this project is expected direct to benefit the population in the 3 counties with the simultaneous potential of scalability to indirectly benefit the entir (health and productive) of Liberia and hence contributing to the socio economic recovery and development of the country. Lastly but not least the target po be empowered to access their basic human right to health and ensure that the most vulnerable groups in the population are not left behind in putting healt building back better.

SDG Targets

Target	Description
Main Goals	
Goal 3. Ensure healthy lives and promote well-being for all at all ages	
TARGET_3.1	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

Target	Description
TARGET_3.2	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
TARGET_3.3	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
TARGET_3.7	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
TARGET_3.8	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
TARGET_3.c	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
TARGET_3.d	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
Goal 5. Achieve gender equality and empower all women and girls	
TARGET_5.1	5.1 End all forms of discrimination against all women and girls everywhere
TARGET_5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
TARGET_5.6	5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

SDG Indicators

Indicator Code	Description
C030101	3.1.1 Maternal mortality ratio
C030102	3.1.2 Proportion of births attended by skilled health personnel
C030201	3.2.1 Under-5 mortality rate
C030202	3.2.2 Neonatal mortality rate
C030701	3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
C030702	3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group
C030801	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capa
C030d01	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness
C050201	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
C050601	5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

Contribution to SDGs

Participating Organization	% TARGET_3.8	% TARGET_3.c	% TARGET_5.6	% TARGET_3.3	% TARGET_3.7	% TARGET_5.1	% TARGET_3.1	% TARGET_3.2	% TARGET_5.2	% TARGET_3.d	% Total
WHO	10	10	10	10	10	10	10	10	10	10	100
UNFPA	10	10	10	10	10	10	10	10	10	10	100
UNICEF	10	10	10	10	10	10	10	10	10	10	100
IOM	10	10	10	10	10	10	10	10	10	10	100
Total contribution by target	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**40**	
Project contribution to SDG by target	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**100**

List of documents

Document	Document Type	Document Source	Document Abstract	Modified By	Modified On

Liberia LDHS 2019-2020 preliminary key findings_Report.pdf	Other Docs	Concept Narrative	Liberia Demographic and Health Survey Report 2019/20	ocanc@who.int	Aug 31, 2020
LDHS 2019-2020 preliminary key findings.pdf	Other Docs	Concept Narrative	LDHS Power point slides	ocanc@who.int	Aug 31, 2020
Servcie Availability and Readiness Assessment_2018 Final Report.pdf	Other Docs	Concept Narrative	Liberia Service Availability and Readiness Assessment Report 2018	ocanc@who.int	Aug 31, 2020
Liberia National COVID-19 Preparedness and Response Plan-04-02-20.docx.pdf	Other Docs	Concept Narrative	Liberia National COVID 19 response Plan 2020	ocanc@who.int	Aug 31, 2020
papd MOH Strategic Plan_v2_.pdf	Other Docs	Concept Narrative	National Health Policy and Strategy-(Health Component of the PAPD) 2019-2023	ocanc@who.int	Aug 31, 2020
Revised_PAPD.pdf	Other Docs	Concept Narrative	Liberia PAPD 2018-2023	ocanc@who.int	Aug 31, 2020
WHO-2019-nCoV-Essential_Health_Services-Interim_Guidance_1_June_2020.pdf	Other Docs	Concept Narrative	WHO guidance continuity of essential health services during COVID 19,2020	ocanc@who.int	Aug 31, 2020
UN SocioEconomic Framework Report on COVID-19 FINAL.pdf	Other Docs	Concept Narrative	UN Socio Economic Framework Report on COVID 19, 2020	ocanc@who.int	Aug 31, 2020
UNCDF Liberia - Final.pdf	Other Docs	Concept		Margaret.Gulavic@un.org	Aug 31, 2020
UN Liberia Socio Economic Covid Response Plan August 2020 copy 2.pdf	Other Docs	Concept	UN Liberia Socio Economic Response Plan 2020-2022	ocanc@who.int	Sep 01, 2020
Concept note Pillar 1 31-08-2020.docx..pdf	Other Docs	Concept	Submitted concept note pillar 1 in populated offline template	ocanc@who.int	Sep 01, 2020
Liberia - Assessment of Proposals_by Reviewers RC Assessment_27 Aug.xlsx	Other Docs	Concept Narrative		owen.shumba@undp.org	Sep 07, 2020

Reviewer1_Liberia_Building_Back_Health.xlsx	Other Docs	Concept Narrative	The intervention is very important as Liberia has one of the highest MMR in the world and the experience from Ebola showed what a devastating impact an pandemic can have. However, there is little innovation and link to socio-ec recovery . The CN could also be stronger in how to leverage existing resources and how to use this funding to catalyze and resource mobilize for more funding, especially from GFF, GAVI, GF etc.	priya.alvarez@unwomen.org	Sep 10, 2020
MOH endorsement for the Development of a Proposal for the COVID-19 MPTF Call.pdf	Other Docs	Project	MOH endorsement letter for the MPTF proposal	ocanc@who.int	Jan 13, 2021
Liberia Investment Plan for building resilient health system12_2015.pdf	Other Docs	Project	Liberia Investment plan for resilient health systems	ocanc@who.int	Jan 13, 2021
Liberia Rapid Assessment Report-October 2020.pdf	Other Docs	Project	Liberia Rapid Assess Report on socio economic impact and response to COVID 19	ocanc@who.int	Jan 13, 2021
COVID 19_ Strategic Revised Plan_Oct_27_2020.docx	Other Docs	Project	Liberia COVID 19 Transition Plan	ocanc@who.int	Jan 13, 2021
Liberia RMNCAH INVESTMENT CASE 2016 - 2020 (1).pdf	Other Docs	Project	Liberia RMNCAH&N Investment Case	ocanc@who.int	Jan 13, 2021
COVID_19 MPTF_ List of Drugs and Supplies for RMNCAH 21-1-2020.xls	Other Docs	Project	Procurement Plan	livingstone@unfpa.org	Jan 22, 2021

Final Copy of Prodoc_COVID-19.pdf	Pro-Doc	Project	The joint catalytic project will improve delivery, access to and utilization of selected Reproductive Maternal Newborn Child and Adolescent Health and Nutrition (RMNCAH&N) services by vulnerable and marginalized groups and strengthen county and community health systems in three counties with worst health outcomes in Liberia. Human rights, and gender and will be an integral part of the project in order to leave no one behind. The three counties with worst health outcomes have been jointly defined by UN and government based on key health outcomes using the Liberia Demographic and health survey and the Liberia Service Availability and Readiness assessment survey, 2018. The project will leverage on existing resources/projects and harness the comparative advantages and field presence of participating agencies; to collectively address the RMNCAH challenges and continuously support to the Government of Liberia in its fight against COVID-19 within the three counties. The project will deliver lifesaving RMNCAH&N services through 35 public and private primary health care facilities and community health assistants to these groups benefiting approximately 0.47m people including women and children living in hard to reach communities while at the same time build county, district and community health systems using targeted health systems strengthening interventions and approaches in three counties(Gbarpolu, Grand Bassa and Grand Kru) with worst health outcomes in Liberia	john.dennis@one.un.org	Feb 04, 2021

Project Results

Outcome	Output	Description
1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu		Increased coverage of quality essential reproductive, maternal, newborn and child health services among women, children, adolescents and other most disadvantaged groups (marginalized and vulnerable).
	1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services	Selected reproductive, maternal, newborn and child, adolescent health services are delivered, accessed and utilized by women and children and other vulnerable and marginalized groups provided through 35 health facilities in 3 counties

Activities

Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
EmONC Services	Delivering EmONC (C/BEmONC/Neonatal care Units, an EmONC Call in center, ANC triage, mentoring and supervision for EmONC,	UNFPA - United Nations Population Fund	• IOM - International Org Migration • UNICEF - United Nations Children's Fund • WHO - World Health Organization	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties
Referral for EmONC	Strengthen and improve referral (empower communities and use community structures/network/support systems)	UNFPA - United Nations Population Fund	• IOM - International Org Migration • UNICEF - United Nations Children's Fund • WHO - World Health Organization	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties

Outcome	Output	Description			
	Management of common childhood illnesses	Support IMNCI in hospitals and PHC facilities(trainings, supplies, supervision)	UNICEF - United Nations Children's Fund	• IOM - International Org Migration • UNFPA - United Nations Population Fund • WHO - World Health Organization	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties
	Facility to community RMNCAH Outreaches	Conduct integrated MCH outreaches in communities located 3 - 4 hours away from targeted health facilities	UNFPA - United Nations Population Fund	• IOM - International Org Migration • UNICEF - United Nations Children's Fund • WHO - World Health Organization	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties
	Training and mentorship for EmONC	Train Service Providers in EmONC, provide mentorship and coaching	WHO - World Health Organization	• UNFPA - United Nations Population Fund • UNICEF - United Nations Children's Fund	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties
	Maternal and Perinatal Death Surveillance and Response	Roll out Perinatal death surveillance & strengthen MDSR in selected facilities(trainings, tools and implementation)	WHO - World Health Organization	• UNFPA - United Nations Population Fund • UNICEF - United Nations Children's Fund	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties
	Demand generation	Demand Generation for RMNCAH & N services through community and multimedia platform	UNICEF - United Nations Children's Fund	• IOM - International Org Migration • UNFPA - United Nations Population Fund • WHO - World Health Organization	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties
	1.2 Supply chain management capacity of three CHT enhanced through the provision of life-saving RMNCAH & N medicines, drugs commodities & equipment,	Health facilities have a core set of relevant essential medicines, commodities and equipment available in 35 health facilities and community service delivery points			

Outcome	Output	Description
	Activities	

Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
EmONC drugs, supplies, kits and equipment	Procure and distribute RMNCAH drugs, equipment, diagnostics and medical supplies for EmONC	UNFPA - United Nations Population Fund	• UNICEF - United Nations Children's Fund • WHO - World Health Organization	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties
Laboratory and blood transfusion supplies	Procure diagnostic and Laboratory reagents and supplies	WHO - World Health Organization	• UNFPA - United Nations Population Fund • UNICEF - United Nations Children's Fund	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties

1.3 WASH &IPC standards reinforced in targeted health care facilities/providers to minimize health care workers infections and risk of facility and healthcare-acquired infections	Selected health facilities equipped with WASH, IPC/waste management facilities and supplies and practice key behaviors to minimize hospital acquired infections including COVID 19 and other infectious diseases

Activities

Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
Infection Prevention and Control	Support implementation of the Infection Prevention and Control Assessment Framework (IPCAF) and the Infection Prevention and Control Tool (IPCAT) at the national and subnational levels	IOM - International Org Migration	• UNFPA - United Nations Population Fund • UNICEF - United Nations Children's Fund • WHO - World Health Organization	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties
WASH	Provide/improve WASH/IPC/waste management facilities and supplies	IOM - International Org Migration	• UNFPA - United Nations Population Fund • UNICEF - United Nations Children's Fund • WHO - World Health Organization	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties

1.4 Strengthened capacities of three county health teams for better oversight and coordination of RMNCAH&N Interventions	County health teams, selected facilities and community health structures have increased capacity to deliver quality RMNCAH services and detect and respond to public health events.

Outcome	Output	Description

Activities

Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
Integrated Disease Surveillance and Response(IDSR)	Roll out 3rd generation IDSR in facilities and communities including PoE for border	WHO - World Health Organization	• IOM - International Org Migration	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties
Planning and Coordination	Support county planning, coordination and quarterly reviews	WHO - World Health Organization	• IOM - International Org Migration • UNFPA - United Nations Population Fund • UNICEF - United Nations Children's Fund	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties
HMIS Tools	Print and distribute HMIS tools	WHO - World Health Organization	• IOM - International Org Migration • UNFPA - United Nations Population Fund • UNICEF - United Nations Children's Fund	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties
Agencies General Operations	Project Management and Monitoring and Evaluation	WHO - World Health Organization	• IOM - International Org Migration • UNFPA - United Nations Population Fund • UNICEF - United Nations Children's Fund	Ministry of Health, Ministry of Education Ministry of Gender, Children and Social Protection County Health Teams in the Counties

Signature Indicators

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
Outcome Indicator 1		Percentage of funding allocated to proposals making a significant contribution to gender equality	Policy	Yearly	Country	Percentage	N/A	2020	90	2022	**Outcome:** Outcome 1
	GEM Score	GEM Score: 2 and higher	Policy	Yearly	Country	Percentage		0		0	

Outcome 2.3		Number of people accessing services (education, health, social protection, etc)	Beneficiaries	Yearly	Country	Number	N/A	2020		0	**Outcome:** Outcome 2
	By Sex	Male	Beneficiaries	Yearly	Country	Number		0		0	
	By Sex	Female	Beneficiaries	Yearly	Country	Number		0		0	
	By Age Group	0-14 years	Beneficiaries	Yearly	Country	Number		0		0	
	By Age Group	15-24 years	Beneficiaries	Yearly	Country	Number		0		0	
	By Age Group	25-59 years	Beneficiaries	Yearly	Country	Number		0		0	
	By Age Group	60 years and over	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	Women	Beneficiaries	Yearly	Country	Number		0		0	
	By risk popylation	Older persons	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	Adolescents; children and youth	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	Persons with disabilities	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	Persons with mental health conditions Indigenous peoples	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	Migrants; refugees; stateless and internally displaced persons	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	Minorities	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	Persons in detention or in institutionalized settings	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	Slum dwellers; informal settlements; homeless persons	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	People living with HIV/AIDS	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	Small farmers; fishers; pastoralists; workers in informal and formal markets	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	The food insecure	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	People in extreme poverty	Beneficiaries	Yearly	Country	Number		0		0	
	By risk population	Marginalized people	Beneficiaries	Yearly	Country	Number		0		0	
Outcome 2.4		Percentage of investments supporting innovative solutions (e.g. delivery mechanism, new policy)	Investment	Yearly	Country	Percentage	N/A	2020		0	**Outcome:** Outcome 2

Imported Fund Outcome / Output Indicators

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output

No fund indicators available.

Project Indicators

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
Births attended by a skilled health personnel (SBA)		Proportion of births attended by skilled health personnel (doctors, nurses or midwives) in the 3 counties	Beneficiaries	Twice a year	Others	Percentage ra	55	2019	60	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	Maternal Health	Proportion of births attended by skilled health personnel (doctors, nurses or midwives) in the 3 counties	Beneficiaries	Twice a year	Others	Percentage	55	2019	60	2022	
Unmet need of family planning among women of reproductive age(15-49 years)		The percentage of women of reproductive age (15–49 years) who desire to have no (additional) children or to postpone the next child who are unbale to use a modern contraceptive method.	Beneficiaries	Twice a year	Others	Percentage ra	25.5	2019	20.5	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	Family planning services	The percentage of women of reproductive age (15–49 years) who desire to have no (additional) children or to postpone the next child who are unbale to use a modern contraceptive method.	Beneficiaries	Twice a year	Others	Percentage	25.5	2019	20.5	2022	

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
Postpartum care coverage – women		Proportion of women who have postpartum contact with a health provider within 2 days of delivery	Beneficiaries	Twice a year	Others	Percentage ra	63	2019	68	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	Maternal Health	Proportion of women who have postpartum contact with a health provider within 2 days of delivery	Beneficiaries	Twice a year	Others	Percentage	63	2019	68	2022	
Postnatal care coverage – newborn		Proportion of newborns who have a postnatal contact with a health provider within 2 days of delivery in 3 counties.	Beneficiaries	Twice a year	Others	Percentage ra	63	2019	68	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	Neonatal Care	Proportion of newborns who have a postnatal contact with a health provider within 2 days of delivery in 3 counties.	Beneficiaries	Twice a year	Others	Percentage	63	2019	68	2022	
Antenatal care coverage(4+)		Proportion of pregnant women attending at least 4 ANC visits in the 3 counties	Beneficiaries	Twice a year	Others	Percentage ra	68	2019	78	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	Maternal Health	Proportion of pregnant women attending at least 4 ANC visits in the 3 counties	Beneficiaries	Twice a year	Others	Percentage	68	2019	78	2022	

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
IPTp2+ (Malaria)		Percentage of women who received two or more doses of intermittent preventive treatment during antenatal care visits during their last pregnancy.	Beneficiaries	Twice a year	Others	Percentage ra	55	2019	65	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	Maternal Health	Percentage of women who received two or more doses of intermittent preventive treatment during antenatal care visits during their last pregnancy.	Beneficiaries	Twice a year	Others	Percentage	55	2019	65	2022	
Children < 1 year receiving DTP3		Children < 1 year receiving three doses of DTP	Beneficiaries	Twice a year	Others	Percentage ra	32	2019	38	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	Child Health	Children < 1 year receiving three doses of DTP	Beneficiaries	Twice a year	Others	Percentage	32	2019	38	2022	
Care-seeking for symptoms of pneumonia among children under 5 years		Percentage of children under 5 years of age with suspected pneumonia (cough and difficult breathing NOT due to a problem from a blocked nose) in the two weeks preceding the survey taken to an appropriate health facility or provider.	Beneficiaries	Twice a year	Others	Number ra	78	2019	85	2021	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
	Child Health	Percentage of children under 5 years of age with suspected pneumonia (cough and difficult breathing NOT due to a problem from a blocked nose) in the two weeks preceding the survey taken to an appropriate health facility or provider.	Beneficiaries	Twice a year	Others	Number	78	2019	85	2021	
Coverage of diarrhoea treatment		Percentage of children under 5 years of age with diarrhoea in the last two weeks receiving ORS (fluids made from ORS packets or pre-packaged ORS fluids) and zinc supplement	Beneficiaries	Twice a year	Others	Number ra	55.8	2019	65	2021	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	Child Health	Percentage of children under 5 years of age with diarrhoea in the last two weeks receiving ORS (fluids made from ORS packets or pre-packaged ORS fluids) and zinc supplement	Beneficiaries	Twice a year	Others	Number	55.8	2019	65	2021	
Fever treatment and/or advice given		Percentage of children under 5 years of age with fever in the previous two weeks for whom advice or treatment was sought	Beneficiaries	Twice a year	Others	Number ra	41	2019	50	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	Child Health	Percentage of children under 5 years of age with fever in the previous two weeks for whom advice or treatment was sought	Beneficiaries	Twice a year	Others	Number	41	2019	50	2022	

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
Access to a core set of relevant essential medicines(availability of tracer medicines-		Proportion of health facilities that have a core set of relevant essential medicines available	Capacity	Twice a year	Others	Percentagera	42	2018	60	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.2 Supply chain management capacity of three CHT enhanced through the provision of life-saving RMNCAH & N medicines, drugs commodities & equipment,
	Availability of RMNCAH Medicines & Commodities		Capacity	Twice a year	Others	Percentage	42	2018	60	2022	
Maternal death reviews		% of all reported maternal deaths that have been reviewed in selected facilities	Capacity	Twice a year	Others	Percentagera	8.8	2020	20	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.4 Strengthened capacities of three county health teams for better oversight and coordination of RMNCAH&N Interventions
	Maternal Health	% of all reported maternal deaths that have been reviewed in selected facilities	Capacity	Twice a year	Others	Percentage	8.8	2020	20	2022	
HMIS reporting rates(completeness and timeliness)		Proportion of facilities submitting complete HMIS data	Capacity	Twice a year	Others	Percentagera	85	2020	95	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.4 Strengthened capacities of three county health teams for better oversight and coordination of RMNCAH&N Interventions
	HMIS reporting rates(completeness and timeliness)	Proportion of facilities submitting HMIS data in time(timeliness)	Capacity	Twice a year	Others	Percentage	83	2020	90	2022	

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
Functional County Health Teams		County Health Teams with updated operational plans, EPR/contingency plan, functional coordination platforms, functional supportive supervision system	Capacity	Twice a year	Others	Number ra	0	2020	3	2020	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.4 Strengthened capacities of three county health teams for better oversight and coordination of RMNCAH&N Interventions
	Capacity for RMNCAH services	County Health Teams with updated operational plans, EPR/contingency plan, functional coordination platforms, functional supportive supervision system	Capacity	Twice a year	Others	Number	0	2020	3	2022	
Adolescent health service availability		Number of adolescents reached with services	Capacity	Twice a year	Others	Number ra	0	2020	8300	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	Adolescent Health	Number of adolescents reached with RMNCAH services	Capacity	Twice a year	Others	Number	0	2020	8300	2022	
Caesarian section rate		% of all deliveries in facilities that are by C section	Beneficiaries	Twice a year	Others	Percentage ra	4	2020	5	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	EmONC service availability	% of all deliveries in facilities that are by C section	Beneficiaries	Twice a year	Others	Percentage	4	2020	5	2022	

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
Availability of RMNCAH Services		Number facilities supported to provide RMNCAH &N Services:tracer items to offer family planning services	Beneficiaries	Twice a year	Others	Number ra	0	2018	35	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	Availability of RMNCAH Services	Number facilities supported to provide RMNCAH &N Services:tracer items to offer family planning services	Beneficiaries	Twice a year	Others	Number	0	2018	35	2022	
IDSR reporting and completeness		Proportion of facilities submitting complete weekly data	Capacity	Twice a year	Others	Percentage ra	100	2020	100	2020	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.4 Strengthened capacities of three county health teams for better oversight and coordination of RMNCAH&N Interventions
	ISDR timeliness of reporting	Proportion of facilities submitting timely weekly data	Capacity	Twice a year	Others	Percentage	100	2020	100	2020	
Health facility deliveries		Proportion of deliveries within targeted health facilities (disaggregated by age, type of facilities and ability status)	Beneficiaries	Twice a year	Country	Percentage ra	61.9	2019	74.30	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.1. Capacity of health facilities in three counties strengthened to deliver a quality comprehensive package of RMNCAH&N services
	SBA Deliveries	Number of targeted health facilities strengthened to provide the complete set of EmONC signal functions (disaggregated by type of EmONC facility and locations)	Beneficiaries	Twice a year	Country	Percentage	0	2018	17	2022	

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
	Health Facility Capacity to Provide RMNCAH services	Number facilities supported to provide RMNCAH &N Services	Beneficiaries	Twice a year	Country	Percentage	0	2020	35	2022	
	Access to drugs and supplies	Number of targeted facilities with no stock-out of major RMNCAH drugs, commodities and kits within a given period during the project lifespan	Beneficiaries	Twice a year	Country	Percentage	0	2020	35	2022	
	Family Planning commodities availability	Number of selected facilities offering method mixed of family planning commodities	Beneficiaries	Twice a year	Country	Percentage	0	2020	35	2022	
Access to drugs and supplies		Number of targeted facilities with no stock-out of major RMNCAH drugs, commodities and kits within a given period during the project lifespan	Capacity	Twice a year	Others	Number ra	0	2020	35	2022	**Outcome:** 1.: Improved access (availability and utilization) to key RMNCAH&N services in Grand Bassa, Grand Kru and Gbarpolu **Output:** 1.3 WASH &IPC standards reinforced in targeted health care facilities/providers to minimize health care workers infections and risk of facility and healthcare-acquired infections
	Capacity for Basic WASH & IPC	Proportion of health meeting minimum required WASH standards	Capacity	Twice a year	Others	Number	13.1	2019	35	2022	

Risks

Event	Category	Level	Likelihood	Impact	Mitigating Measures	Risk Owner
Slow delivery and inability to implement within timeframe due to resumption of lock down measures preventing implementation (including government counterparts unable to access premises)	• Operational	Medium	Unlikely	Major	Effective governance & close collaboration with MOH and other parts of government to secure necessary permits and approvals to facilitate continuity of service during renewed lockdown measures	ocanc@who.int
Lack of Results/Impact due to misalignment between solutions and root causes of the vulnerabilities of the selected counties	• Strategic	Low	Unlikely	Major	Leveraging knowledge of local context among participating agencies to ensure lessons learnt are incorporated into design and opreational solutions. Robust M&E mechanisms to facilitate course corrections where necessary	livingstone@unfpa.org

Political pressures to intervene in particular counties or communities not among the most vulnerable	• Political	Medium	Unlikely	Major	County selection by technical team from GoL/MOH and UNCT using evidence based data related to Reproductive Maternal Newborn Child and Adolescent Health and Nutrition (RMNCAH) indicators to inform county selection based on existing data	livingstone@unfpa.org
Reprioritization of funding and government/partner activities away from project focus and needs	• Organizational	Low	Possible	Major	Streamline M&E into project results such that early benefits are identified and communicated to key stakeholders with the view to maintain strong buy-in throughout the project. Carefully select proven and cost effective priority interventions in collaboration with stakeholders and based in available data/information from LDHS and SARA reports	ocanc@who.int
Slow resources mobilization to facilitate scalability and uneven access to newly mobilized resources	• Strategic • Financial	Medium	Likely	Major	Leverage M&E system to facilitate communication around project outputs and outcomes to support resources mobilization efforts. Leadership on resources mobilization by RCO to facilitate coordination and facilitate equal access to resources according to prioritization criteria. Multiple stakeholders engagement during planning, implementation and evaluation of the project.	ocanc@who.int

Budget by UNSDG Categories

Budget Lines	Description	IOM (7%)	UNFPA (7%)	UNICEF (7%)	WHO (7%)	Total
1. Staff and other personnel		9,060	39,252	14,582	26,160	89,055
2. Supplies, Commodities, Materials		15,000	100,000	10,000	50,000	175,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation		10,000	35,000	5,000	5,000	55,000
4. Contractual services		31,000	15,000	50,000	120,000	216,000
5. Travel		5,000	15,000	15,000	15,000	50,000
6. Transfers and Grants to Counterparts		5,000	140,000	24,273	5,000	174,273
7. General Operating and other Direct Costs		5,000	10,000	10,000	10,000	35,000
Sub Total Project Costs		**80,060**	**354,252**	**128,855**	**231,160**	**794,328**
8. Indirect Support Costs		5,604	24,798	9,020	16,181	55,603
Total		**85,665**	**379,050**	**137,875**	**247,341**	**849,931**