



EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL

<p>Proposal Title: Stop Ebola through social mobilization and community engagement in Guinea</p>	<p>Recipient UN Organization(s): UNICEF UNDP</p>
<p>Proposal Contacts: <u>For UNICEF</u> Dr Mohamed Ayoya Resident Representative Address: UNICEF, Corniche, Coleah, Conakry Telephone: +224 622 663 452 E-mail: mayoya@unicef.org</p> <p><u>For UNDP</u> Aissatou Cisse-Yao Yao Deputy Country Director, Programme Address: UNDP Guinée Maison Commune Coléah Commune de Matam BP : 222 Conakry République de Guinée Telephone: 224 622 35 54 69 E-mail: aissatou.yaoyao@undp.org</p>	<p>Implementing Partner(s) – name & type (Government, CSO, etc.):</p> <ul style="list-style-type: none"> - NGOs: Plan Guinée, CERAD, CENAFOD, CNOSCG; youth organizations - Government.
<p>Proposal Location (country): Please select one from the following</p> <p><input checked="" type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Common Services</p>	<p>Proposal Location (provinces): Conakry, Boke, Kindia, Mamou, Faranah, Kankan, Nzerekore. (see map in Annex for detailed targets locations)</p>
<p>Project Description: <i>One sentence describing the project's scope and focus.</i></p> <p>Through social mobilization, with a particular focus on vulnerable and at-risk groups such as women and youth, UNICEF and UNDP will support communities to setup Community Watch Committees (CWCs), door-to-door sensitization and referral of Ebola suspected and contact cases.</p>	<p>Requested amount: USD 3,139,364 UNICEF USD 809,000 UNDP Total requested amount: USD 3,948,364</p> <p>Other sources of funding of this proposal:</p> <ul style="list-style-type: none"> • UNICEF regular resources • UNDP core fund <p>UNMEER budget: Other sources (indicate): Government Input: in kind support</p>

Start Date: 10 December 2014
End Date: 15 June 2015
Total duration (in months): 6 months

MISSION CRITICAL ACTIONS to which the proposal is contributing. For reporting purposes, each project should contribute to one SO. For proposals responding to multiple MCAs within 1 SO, please select the primary MCA to which the proposal is contributing to.

- Strategic Objective 1 MCA1: **Identifying and tracing of people with Ebola**
- Strategic Objective 1 MCA2: **Safe and dignified burials**
- Strategic Objective 2 MCA3: **Care for persons with Ebola and infection control**
- Strategic Objective 2 MCA4: **Medical care for responders**
- Strategic Objective 3 MCA5: **Provision of food security and nutrition**
- Strategic Objective 3 MCA6: **Access to basic services**
- Strategic Objective 3 MCA7: **Cash incentives for workers**
- Strategic Objective 3 MCA8: **Recovery and economy**
- Strategic Objective 4 MCA9: **Reliable supplies of materials and equipment**
- Strategic Objective 4 MCA10: **Transport and Fuel**
- Strategic Objective 4 MCA11: **Social mobilization and community engagement**
- Strategic Objective 4 MCA12: **Messaging**
- Strategic Objective 5 MCA13: **Multi-faceted preparedness**

Recipient UN Organization(s)¹	Management Committee Chair:
<p><i>Name of UNDP Representative Seraphine Wakana</i> <i>Signature</i></p> <p><i>Name of Agency UNDP</i> <i>Date & Seal</i></p> <p><i>Name of UNICEF Representative Dr Mohamed Ayoya</i> <i>Signature</i></p> <p><i>Name of Agency UNICEF</i> <i>Date & Seal</i></p>	<p><i>Dr. David Nabarro</i></p> <p><i>Signature</i> <i>Date:</i></p>

NARRATIVE (Max 2 Pages)

a) Rationale for this project:

The weak health system and socio-cultural practices coupled with frequent movements of people are accelerating the spread of the outbreak, including in densely populated urban cities such as Conakry, Guéckédou, Nzérékoré, Macenta and Lola (Nzerekore region), Forecariah, Dubréka, and Coyah (Kindia region), Siguiri (Kankan region). 24 prefectures (districts) and the capital city of Conakry. The total reported cases as of November 4th amounted to 1,744 (1,494 confirmed; 204 probable and 46 suspected cases). The trend of the epidemic is putting more people at risk, with 451 new cases for the month of October alone.

Bringing social mobilization closer to the population and getting community members directly involved in neighborhood sensitization and watch for behavior changes, early alert and referral of suspected Ebola cases and contacts, has been identified as one of the most critical factors in fighting the spread of the epidemic.

Through this project UNICEF and partners will set up 2,560 Community Watch Committees (CWCs), which will be linked to both the Community Care Centers (CCCs) and the Community mechanisms of child protection.

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

UNDP will enhance community engagement, with a particular focus on vulnerable and at-risk groups such as women and youth, targeting communities: i) in the Forest Guinée districts; ii) in Upper Guinée and iii) training a network of youth leaders, opinion leaders, Ebola survivors, community-based organizations (CBOs) and non-governmental (NGOs) in Ebola treatment.

b) Coherence with existing projects:

Children who are already vulnerable are now more at risk due to exposure to the epidemic and the loss of caregivers and family members. The lack of understanding of the disease and the role of health workers leads to children stigmatization and their isolation, as they cannot return to their places of origin. These children are unable to access basic services, health care, education and protection, and are in need of psychosocial support and alternative care. The combined approach, linking Community Watch Committees (CWCs), Community Care Centers (CCCs) and the Community Mechanisms of Child Protection will contribute to achieve the following objectives:

- a. To urgently achieve full geographic coverage with specific communication, social mobilization and community based preparedness and response activities;
- b. To prevent avoidable Maternal and Child deaths and ensure that child's rights are protected/respected during the EVD outbreak through provision of Health, HIV, Nutrition, WASH, Education and Child protection services;
- c. To mobilize the necessary human, supply and financial resources to support the response at scale.

Through a programme criticality exercise, UNDP has undertaken a re-alignment of its existing project portfolio in the framework of UNCT in order to contribute to the strategic objectives established by UNMEER.

The same SO is supported by UNDP through the following programmes:

- Programme conjoint pour la relance des dynamiques locales de développement en guinée forestière (PC-GF)
- Programme conjoint pour la relance des dynamiques locales de développement en haute guinée (PCK)
- « Programme de développement local en Guinée» (PDLG 3)
- UNDP Community Police project

c) Capacity of RUNO(s) and implementing partners:

UNICEF has dedicated staff and experts in the areas of health, nutrition, WASH, Education, Child Protection, Communication and M&E, in Conakry as well as in its 3 field offices. In running this project, UNICEF will associate the government services at central and decentralized levels, as well as some key NGOs such as Plan Guinee, CENAFOD, and the national coordination of CSOs (CNOSC), to whom the UN Harmonized Cash Transfer (HACT) and quality assurance mechanisms will be applied.

The UNDP Country office has sufficient knowledge and experience to implement the project both through national institutions and under the Direct Implementation Modality (DIM). The UNDP programme and operational units are already operational both at the capital and at decentralized level in the most affected area. SURGE team and other staff from regional and HQs offices are reinforcing this support unit.

UNDP CO will work with all actors (Government, CSO, NGOs, banking system). The CO will work in close consultation the National Coordination Cell and with UNMEER through the Deputy Country Director for Operations and Deputy Country Director for Programmes. A field partnership with UNICEF and UNFPA in rural areas is already established and this project will build upon this collaboration. UNDP project will be complementary to ongoing activities undertaken by UNICEF, UNFPA, UNVs and UNCDF.

d) Proposal management:

Since the outbreak of the Ebola crisis and the establishment of the National Coordination structure in September 2014, both UNDP and UNICEF have been actively involved in the participation of the daily strategic meetings chaired by the National Coordinator. In the revised national coordination structure, UNICEF has been given the co-lead (as well as lead UN Agency designated by UNMEER) on the Communication and Community Engagement Team, with UNDP as a recognized participating entity along with other international and national NGO's. UNDP and UNICEF also collaborate on joint project platforms in the Regions of Guinée Forestière (Nzerekore) and Upper Guinea (Kankan). It is proposed that UNDP and UNICEF establish one Project Board constituted with representatives from key international/national institutions and CSO's and mandated with overall oversight and quality assurance. Given the widespread nature of the Ebola emergency and the area of coverage of joint activities (24 out of 33 districts), in view of the crisis, UNICEF and UNDP, where and when possible, will work closely with district level Health coordinators and ensure, where possible, regular joint reporting through district level coordination.

Primary responsibility for the day-to-day management of community engagement activities will rest with UNDP and UNICEF respective programme management/support/M+E units with regular interaction at central and local level. Reviews of progress will be based on field reporting and joint monitoring visits (where possible). Both UNDP and UNICEF will work on the principle of conducting a final outcome evaluation, preferably jointly, in line with organization's evaluation procedures

e) **Risk management:**

Table 5 – Risk management matrix

Risks to the achievement of SO in targeted area	Likelihood of occurrence (high, medium, low)	Severity of risk impact (high, medium, low)	Mitigating Strategy (and Person/Unit responsible)
Resistance: Communities react negatively to social mobilization efforts	Medium	High	Ensure protocols and engagement approaches take into account culture resistances. UNICEF will ensure that a proper preliminary sensitization of community leaders has taken place to ensure their buy-in. UNDP will build on the trust established with the local communities through the ongoing decentralized programmes (peace infrastructures) Responsible: UNICEF, UNDP, Community engagement working group lead and national coordination cell, Implementing Partners
Other epidemic risks: Possible resurgence of other epidemics such as meningitis or measles.	Medium	High	Ensure continuous services of vaccination to all children.
Partnership risks: Weak capacity of implementing partners.	Medium	Medium	Strengthen capacity of partners and both central and field based monitoring, coordination and reporting processes to maintain and advance donor confidence.
Financial risk: Low funding of response plan	Medium	High	Stronger global level advocacy
Political risks: Civil unrest and political environment	Medium	Medium	Promote community dialogue

f) Monitoring & Evaluation:

UNICEF will conduct monitoring and evaluation in accordance with its approach of Humanitarian Performance Monitoring (HPM), as defined in its HPM online toolbox, designed to facilitate the management of humanitarian programs. This includes:

- Monitoring of internal functions to support the UNICEF response (supplies, personnel, financial resources) through regular program meetings and monthly meetings of the Management Team of the Country Office (CMT);
- Monitoring of progress in relation to the results on key indicators, in order to ensure adequate coverage in accordance with the Core Commitments of UNICEF vis-a-vis Children in Humanitarian Action (Core Commitments for Children/CCC), through internal reports level of implementation of the project;
- Joint monitoring visits with key stakeholders and implementing partners will also be organized on a regular basis

In UNDP, every intervention/project is subject to risk analysis in accordance with UNDP's internal procedures and subject to its monitoring and evaluation (M&E) procedures, with designated staff responsible for implementation of an appropriate M&E specific plan, including project visits. UNDP's M&E efforts will feed into the overall coordination of information and management under the responsibility of UNMEER's overall M&E structure and plan for Guinea, covering the 30-60-90-day period and beyond.

The project manager, in close collaboration with UNDP M&E specialists, will be responsible for monitoring the project's contribution towards the crisis response outcome by ensuring that: (i) generated outputs contribute toward desired outcomes; (ii) each constituent activity produces the envisaged results in an efficient manner as per the overall development plan and the corresponding annual work plan (AWP); and (iii) decisions of the project are based on facts and evidence, and lessons learnt are systematically captured to potentially add value to the project.

PROPOSAL RESULT MATRIX

Proposal Title: Stop Ebola through social mobilization and community engagement in Guinea					
Strategic Objective to which the Proposal is contributing ²	Strategic Objective 4 : Preserve Stability				
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline ³ In the exact area of operation	Target	Means of verification	Responsible Org.
Observable and measurable behavior change in the 24 prefectures (districts) of 7 regions affected by Ebola.	24 prefectures (districts) of Boke, Kindia, Mamou, Faranah, Kankan, Nzerekore and Conakry regions affected by Ebola.	Weak knowledge about Ebola, due to lots of rumors and misinterpretations, leading to resistance and continuous risky behaviors in several communities.	At least 80% of communities/ villages in the 14 currently active prefectures and 50% of communities/ villages in the other prefectures earlier affected but no longer active.	Surveys, monitoring reports and updates made available at the national coordination cell.	UNICEF, UNDP (in partnership and coordination with the Ebola National Communication Committee, governments services and NGOs, Mano River Union joint Unit on Trust Restoration).
MCA [11] ⁴ Social mobilization and community engagement					
Output Indicators	Geographical Area	Target ⁵	Budget (USD)	Means of verification	Responsible Org.
<ul style="list-style-type: none"> • Nb of prefectural and sub-prefectural meetings with participation of communes and villages representatives, to prepare the ground for setup of the CWCs; • Nb of Ebola-affected communities who have adopted EVD response strategies, including creation and rolling out of CWCs; 	24 prefectures (districts) of Boke, Kindia, Mamou, Faranah, Kankan, Nzerekore and Conakry regions affected by Ebola, with particular focus on the 14 currently active prefectures.	29 prefectural and 259 sub-prefectural meetings 2,560	257,153 1,893,289	Ebola Prefectural Commissions reports; List of health monitoring committee established and functional.	UNICEF/UNDP UNICEF/UNDP

² Proposal can only contribute to one Strategic Objective

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

⁴ Project can choose to contribute to all MCA or only the one relevant to its purpose.

⁵ Assuming a ZERO Baseline

<ul style="list-style-type: none"> •Number of community volunteers trained in Ebola-related health issues and incorporated in the CWCs (disaggregated by sex •Nb of UN national volunteers trained and reaching communities along with Ebola survivors to raise awareness on Ebola; •Nb of young leaders trained in Ebola-related issues; •Nb of police officers trained and who have an improved awareness of Ebola; •Nb of police officers trained and participating in community mobilization. •Nb of community traditional palavering facilitated to discuss Ebola related issues •Nb of health agents trained at sub-prefectures level • Number of HH reached by door-to-door sensitization and who have an improved awareness of Ebola-related risks and measures to take. • Number of HH/ community members who have improved access to health related infrastructures (i.e. dispensaries, latrines), disaggregated by sex • Nb of travellers using local buses respecting hand washing and temperature control procedures in bus stations 		12,800 community volunteers	412,425	Reports from national coordination cells	UNICEF/UNDP
		20 UN national volunteers	150,000	UNDP training reports.	UNDP
		1,000 young leaders 500 police officers	100,000 70,000	Independent monitoring	UNDP UNDP
		150 police officers	30,000	Attendance lists of police officer trainings	UNDP
		100 community traditional palavering	70,000	Reports from national coordination cells	UNDP
		512 health agents	16,497	UNICEF activity reports;	UNICEF
		742,230 HH		Reports from national coordination cells Mission reports Field monitoring reports	UNICEF/UNDP
	100% of travellers using local buses in bus stations	80,000		UNDP	
MCA [12] Messaging					
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.
All affected communities are listening to radio broadcasts devoted to Ebola response in their mother tongue, particularly in Guinée forestière, so far condemned to listen to broadcasts from neighboring Liberia because of the limited range of broadcasts from Conakry Insert specific Project output indicator	National, with a particular focus on Guinée forestière where some of the local communities have only access to neighboring broadcasts	Number associated with the type of measure (ex. tonnes, staff etc.) • 500 radios programme raising the awareness of Ebola are	60,000	Records and registry of radio broadcasts	UNDP (Lead : National coordination cell, Communication working group)

		broadcasted		
Coordination Fees⁶	UNICEF	UNDP	%	
<i>Staffing</i>	100,000*	20,000	3	
<i>Data collection</i>	80,000	10,000	2	
<i>Equipment & Supply</i>	300,000	30,000	8	
<i>Indirect Cost max 7 %</i>	205,379	49,000	7	
Total Project Cost in USD	3,139,364	809,000	100%	
<i>*National Project Manager salary (P4 level, 6 months)</i>				

⁶ Should not exceed 20% including the indirect cost

Project budget by UN categories

CATEGORIES	Amount Recipient Agency - UNICEF	Amount Recipient Agency - UNDP	TOTAL
1. Staff and other personnel <i>(national Project Manager salary 3 field coordinators).</i>	200,000*	70,000	270,000
2. Supplies, Commodities, Materials <i>(Preventive and protective material such as soap, chlorine, gloves, etc. for 2560 CWCs and distribution to HHs)</i>	600,000	20,000	620,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation <i>(10 ambulances, motorbikes and other equipment)</i> 20 Motorbikes and computers for UNVs (UNDP) 1 vehicle 4X4 for UNV team Generators for youth associations	400,000	95,000	495,000
4. Contractual services <i>(studies, independent monitoring, youth organizations etc.)</i>	450,000	446,075	896,075
5. Travel <i>(supervision missions, joint monitoring visits, mobilization and travel of youth leaders, UNVs etc.)</i>	269,364	25,000	294,364
6. Transfers and Grants to Counterparts <i>(Partnership agreements with 3-4 NGOs involved)</i>	714,621	0	714,621
7. General Operating and other Direct Costs	300,000	100,000	400,000
Sub-Total Project Costs	2,933,985	756,075	3,690,060
8. Indirect Support Costs*	205,379	52,925	258,304
TOTAL	3,139,364	809,000	3,948,364

Annex: Map of targeted locations of the CWCs, with priority zones in blue.

