



**EBOLA RESPONSE MULTI-PARTNER TRUST FUND
PROPOSAL**

<p>Proposal Title: Strengthen District level case finding, case management, reporting, logistics management and community mobilization and engagement.</p>	<p>Recipient UN Organization(s): World Health Organization (WHO)</p>
<p>Proposal Contact: Rick Brennan Address: WHO/ Geneva Telephone: +41-22-791-2603; +41-79-204-4101 E-mail: brennanr@who.int</p>	<p>Implementing Partner(s) – name & type (Government, CSO, etc.): WHO, Respective Governments (Guinea, Liberia, Sierra Leone);</p>
<p>Proposal Location (country): Please select one from the following</p> <p><input checked="" type="checkbox"/> Guinea <input checked="" type="checkbox"/> Liberia <input checked="" type="checkbox"/> Sierra Leone <input type="checkbox"/> Common Services</p>	<p>Proposal Location (provinces): Focus is on strengthening district level capacities for each of the interventions.</p> <p>Sierra Leone: (a) Districts with high caseload: Bombali, Freetown, Port Loko, Western area, Tonkolili, Koinadugu, Moyamba (b) other districts: Kailahun, Kenema, Bo, Bonthe, Kono, Pujehun, Kambia,</p> <p>Liberia: a) Districts with high caseload: Bong, Gbarpolu, Grand Cape Mount, Margibi, Monrovia, River Cess. (b) other districts: Lofa, Nimba, Boma, Grand Bassa, Sinoe, Grand Gedeh, River Gee, Grand Kru, Maryland</p> <p>Guinea: (a) Districts with high case load: Beyla, Conakry, Coyah, Faranah, Guékédou, Kérouané, Kiindia, Macénta, N’ Zerekore, Sigouri. (b) Other districts: Boké, Boffa, Dabola, Dalaba, Dinguiraye, Dubréka, Forecariah, Kankan, Kissidougou, Koubia, Kouroussa, Labe, Lola, Mali, Mamou, Mandiana, Pita, Téliimélé, Yomou</p>

Project Description: Deploy multidisciplinary technical staff at district level to strengthen case finding, contact tracing and contact monitoring, including ensuring proper and effective management of epidemiological information; oversight and monitoring of case management and infection prevention and control; capacity for management and maintenance of the supply chain; and ensuring that the strategies and messaging for social mobilization and community engagement is aligned to the needs and addresses gaps at district level.	Requested amount: USD 30,010,044 Other sources of funding of this proposal: UNMEER budget: - Other sources (indicate): - Government Input: -
	Start Date: 01 Dec 2014 End Date: 31 Feb 2015 Total duration (in months): 3 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.

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

Recipient UN Organization(s)¹ World Health Organization Name of Representative: Signature Name of Agency Date & Seal	Management Committee Chair: Dr. David Nab Signature Date:
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NARRATIVE

a) Rationale for this project:

The transmission of the Ebola virus will not be interrupted without an in-depth understanding of the epidemic based on improved capacity to quickly investigate, isolate, monitor and analyse the data. This capacity is not only needed in the areas of

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.

high transmission but in order to get to zero this capacity is needed throughout each of the countries so that newly infected areas can be quickly identified and response can be immediately put in place.

Control and containment of Ebola requires implementation of comprehensive and coherent interventions that entail;

(i) social mobilization and community engagement to enhance awareness and garner community support, acceptance and participation in implementation of the containment measures;

(ii) active surveillance, case finding, contact tracing and monitoring and ensuring availability of laboratory diagnostic capabilities to improve case detection and limit further spread;

(iii) case management to increase survival and infection prevention and control to limit further spread.

The capacities to oversee these public health interventions at district level have been lacking, and this has undermined progress towards outbreak containment at the epicenters of the outbreaks. To ensure effective implementation of these proposed interventions it is important to strengthen district level capacities through recruitment and deployment of competent technical staff capable of adapting recommended strategies and interventions to the district level context. They should also be capable of aligning these strategies with each component of the response, and ensuring that implementation is coordinated with efforts of all partners.

This proposal therefore aims to strengthen capacities at the district level to actively find, investigate and refer new cases, register all potential contacts and monitor them for symptom development, strengthen data collection, reporting and analysis, and promote appropriate messaging for behavior change. Overall, the proposal aims to provide technical assistance to the government counterparts in relation to strategic objective1 MCA1, strategic objective2 MCA3, strategic objective4 MCA9, and strategic objective4 MCA 11. The details of the technical support needed are outlined below;

- **Strategic Objective 1 MCA1:** 2 epidemiologists per district for districts with high or increasing caseloads (9 districts in Guinea, 6 districts in Liberia, and 7 districts in Sierra Leone) and 1 epidemiologist per district for districts with fewer caseloads; For districts with high case loads, one of the epidemiologist will lead and be responsible for case investigation to ensure that all cases are investigated and referred appropriately, and that a listing of all contacts are made and provided to the team lead for contact tracing. The second epidemiologist will be responsible for contact tracing and monitoring. Both will support data consolidation, management, and analysis in real time to provide relevant information to inform the district level response strategies. The expected outputs include;
 - Prompt case investigation and appropriate referral of Ebola suspect cases
 - Identification and registration of all potential contacts
 - Effective routine monitoring of contacts, and identification of those who develop symptoms in real time, and refer appropriately.

- Effective data integration, consolidation, cleaning and analysis to inform the response and supply information for monitoring components of the response efforts.
- **Strategic Objective 2 MCA3:** 1 district level Infection Prevention and Control (IPC) expert. The expert will be responsible for ensuring infection control at treatment and/ or community care centers through training, on job-mentoring and day-to-day supervision. This should help stop further transmission of EVD to health care workers providing care for the sick, as well as contribute towards outbreak containment. Expected outputs include all health care workers caring for Ebola patients in respective districts;
 - are trained on IPC and adhere to correct IPC guidelines and standards as per the WHO recommendations
 - are mentored on their job on proper IPC practices
 - receive adequate supervision on the application of IPC practices
 - remain free of Ebola
- **Strategic Objective 4 MCA9:** 1 logistician per district. The district level logistician will be responsible for the day-to-day disbursement of essential supplies required for case management, infection prevention and control, as well as managing the logistics needs for epi-surveillance such as distribution of forms and tools for epi-surveillance, contact tracing and monitoring. The logistician will also be responsible for managing the district level stock cards for supplies and logistics, and for making requisitions if and when the supplies run low, and to ensure continuous availability of the necessary supplies to avoid stock outs. Expected outputs include;
 - continuous availability of supplies and logistics for EVD public health interventions at district level.
 - Proper and effective use of the supplies and logistics
 - Proper and effective management of the supply chain at district level.
- **Strategic Objective 4 MCA11:** The aim is to deploy at least 3 social mobilization experts per country. Each expert will be responsible for adapting strategies for social mobilization to address gaps and needs at district level, and to ensure that the strategies are flexible and the interventions address emerging needs and challenges. The expert will also be responsible for ensuring appropriate community engagement.
- Depending on need, the expert may be required to collaborate closely with an anthropologist to help understand and appreciate community socio-cultural practices that undermine the outbreak response, and ensure that the strategies and interventions for social mobilization and community engagement address the concerns. Expected outputs include:
 - Effective district level strategies and activities for social mobilization developed and implemented
 - Existence of community engagement and acceptance of EVD public health measures at district level.
 - Community level and related challenges are identified and resolved in real time.

To ensure overall improved reporting a number of reporting officers will be required.

The table below provides a summary of the staffing needs to be recruited and deployed as part of the implementation of this proposal.

Tab1e 1. Summary of planned staffing needs at district level by country

Countries	No. of districts	MCA1- Epidemiologist (2/district with high transmission and 1/district with low transmission)	MCA3- IPC experts (1/district)	MCA9- Logistician (1/district)	MCA11-Social Mobilization (3/country)	Reporting officer (1/district)	Total staffing /country
Guinea	33	25	10	15	3	5	58
Liberia	15	21	6	15	3	5	50
Sierra Leone	14	21	7	14	3	5	51
Total	62	67	23	44	9	15	158

b) Coherence with existing projects: *This section lists any of the projects which are supporting the same SO or MCA in the same country or area of operation.*

Active surveillance and contact monitoring, case management and infection prevention and control, social mobilization and community engagement are among the UNMEER pillars for scaling up response to contain the EVD outbreak. The UNMEER strategy builds on all previous initiatives, incorporates current strengths in the EVD response strategy and aims at closing gaps in a manner that ensures implementation of a well-coordinated, adapted and comprehensive strategy for EVD control and containment. It endeavors to align itself with concerted government and other stakeholder initiatives, while acknowledging the critical role and importance of community engagement.

The proposed technical assistance aims to strengthen district level capacities for these interventions, to complement and re-enforce ongoing activities by communities and partners, and to ensure the achievement of stopping further transmission and containing the outbreak. These experts will be part and parcel of the district level emergency committees and will report to the respective field coordinators.

Other key implementing partners at the district level include;

- Respective national government staff supporting district level response
- Other UN partners like UNICEF in social mobilization, UNFPA in contact tracing (technical supervision will be provided by WHO), WFP for distributing supplies, etc.
- Other Aid and technical organizations like ICRC, CDC, and international NGOs like MSF, IMC, SC, etc as well as national NGOs

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

WHO has the mandate and responsibility for case management, infection prevention and control, and for epidemiological surveillance, contact tracing and monitoring. In all three affected countries, WHO has country offices and longstanding collaboration with the Ministries of Health and works closely not only with the respective Ministries of Health, but also with the National Ebola Response Committee (NERC), the District Ebola Response Committees (DERC), and other UN partners operating under the UNMEER umbrella for coordination.

Table 2 below provides a summary of the current deployment status for each of the experts by country. These deployments however do not suffice for the support needed at the district level and WHO does not have the funds to keep these experts in place.

Table 2 shows staff currently deployed. However, these deployments are not covered after December 2014 and hence the proposal is aiming to cover the required teams needed for each of the districts for the next 6 months based on table 1.

Table 2. Summary of current staff deployed by WHO in each of the countries

Countries	MCA1- Epidemiologist (2/district)	MCA3- IPC experts (1/district)	MCA9- Logistician (1/district)	MCA11-Social Mobilization (2/country)	Total by Country
Guinea	27	1	5	0	33
Liberia	6	2	0	0	8
Sierra Leone	9	2	3	0	14
Overall Total	42	5	8	0	55

UNICEF is responsible for social mobilization and community engagement. However, to ensure quality and rigor into the strategies, it is important for both UNICEF and WHO to work closely and to coordinate their efforts to ensure harmonization and alignment. [Social Mobilization activities will be closely coordinated with UNICEF under the Social Mobilization pillar.](#)

The total WHO budget for the period from September 2014 to February 2015 is USD 260 million.

d) Proposal management

The recruitment of the proposed experts will be achieved through WHO recruitment mechanisms that have been established for the Ebola response. Once they are deployed in the field, they will work closely with the Field Crisis Manager and the respective District Ebola Response Committees (DERC). Under their guidance the team will work and collaborate with all stake holders to deliver on the expectations and work towards containment of the outbreak. The impact of the work will be monitored through regular reports, including monitoring of the response indicators.

Financial accountability and reporting will be achieved through existing WHO mechanisms.

The WHO regional office and headquarters in Geneva will be responsible for the overall oversight and management of the proposal. There will be close collaboration with the UNMEER Director Emergency Operations both in Accra and the country.

e) Risk management

This proposal focuses on recruitment and deployment of appropriate skill sets necessary to oversee and support implementation of active case finding, contact training and monitoring, case management and infection prevention, social mobilization and community engagement and logistics and supply management for each of the affected districts. Main risks include gaps and shortages in trained and experienced human resource capacities for the different skill sets. The challenge may be in obtaining enough of the required staff with relevant experience. To mitigate this risk, WHO has established a system for the advertisement, screening and vetting of potential

applicants, including internal applicants and those from technical partners (e.g. through the Global Outbreak Alert and Response Network (GOARN). Additionally, the recruited experts will be oriented at both global and national level on the expectations.

The outputs and achievements will largely depend on the delivery and implementation of a coordinated and comprehensive package for the control interventions that is adequately staffed and facilitated to deliver. This requires a well-coordinated multi-sectoral and multi-agency structure and with strong leadership to deliver the planned interventions. UNMEER, working with WHO and other partners is already addressing the gaps in leadership and coordination mechanisms at district levels.

The lack of community engagement and support in the past has been a challenge to the Ebola response and WHO has played a key role in this area.

Overall, there is need to recruit and train the national staff to support implementation of planned interventions, to closely monitor the response efforts and institute corrective measures as they arise, strengthen community mobilization and constructive engagement and enhance district level leadership and coordination capabilities, and efforts are underway to mitigate and address all these gaps.

In order to ensure that the required people are recruited as quickly as possible, in relation to the epidemiologist WHO will source from existing polio surveillance workers in order to be able to deploy quickly. For other positions, WHO will use existing databases and this work has already started and candidates have been identified.

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)
Risks to Strategic Objective 1 MCA1			
Inadequate pool of epidemiologist with EVD experience, and logisticians	High	medium	- Reaching out to other networks, e.g. GOARN . Internal recruitment, including of polio surveillance officers - Training and orientation on expectations. WHO is responsible
Lack /inadequate capacities for district level coordination and leadership	High	medium	Efforts are underway to address and close this gap under the leadership and coordination framework of UNMEER – shared responsibility between WHO and UNMEER
Lack or inadequate capacities for implementing the full intervention package at district level	High	medium	The scale up plan by UNMEER and partners aims at addressing this.
Resistance from communities and lack of community engagement	Medium	medium	Scale up strategies for social mobilisation and community engagement is underway.

Risks to Strategic Objective 2 MCA3			
Inadequate pool of IPC experts,	High	medium	- Reaching out to other networks, - Training and orientation on expectations. WHO is responsible
Inadequate and adapted IPC guidelines	Medium	low	- IPC guidelines have been developed by WHO
Strategic Objective 4 MCA9			
Inadequate pool of trained and experienced logisticians	High	medium	- Reaching out to other networks, - Training and orientation on expectations. WHO is responsible
Strategic Objective 4 MCA11			
Inadequate of pool of trained and experienced experts in social mobilisation and community engagement	High	medium	- Reaching out to other networks, - Training and orientation on expectations. WHO is responsible

f) Monitoring & Evaluation: *This section sets the M&E arrangements and responsibilities for the proposal, including who will be responsible for the collection and analysis of data required in the result framework.*

WHO will report back on the number of experts recruited, on their deployment and on the impact according to the lines of action of UNMEER. In order to strengthen reporting not only on the Key Performance Indicators but also to ensure that all information is collected and collated timely and completely to support district level decision making 5 monitoring and reporting officers are required by country.

PROPOSAL RESULT MATRIX

This proposal is Human Resource intensive. There are no costs associated with interventions as such but without these Human Resources UNMEER will not be able to have the right data for monitoring the epidemic, assessing the impact of the lines of action, and reaching zero Ebola as strengthening district and community level capacity is fundamental to the response.

Proposal Title:					
Strategic Objective to which the Proposal is contributing²					
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline³ In the exact area of operation	Target	Means of verification	Responsible Org.
<i>Only insert relevant Result indicators for your proposal (source Fund Result Matrix, MPTF Office can provide)</i>					
Strategic Objective1 MCA [1]⁴					
Output Indicators	Geographical Area	Target⁵	Budget	Means of verification	Responsible Org.
<i>Insert specific Project output indicator</i> 1. <i>Proportion of suspect cases investigated within 24 hours of notification</i> 2. <i>Weekly Average of proportion of contacts monitored</i>	<i>Guinea, Liberia & Sierra Leone</i>	<i>>90%</i> <i>>95%</i>		<i>- weekly update reports</i> <i>- indicators for response monitoring</i>	<i>WHO</i>
Strategic objective2 MCA [3]					
Output Indicator	Geographical Area	Target	Budget	Means of verification	Responsible Org.
<i>Number of new health care workers infected by district</i>	<i>Guinea, Liberia & Sierra Leone</i>	<i>0</i>		<i>- Daily and weekly country specific epi reports</i>	<i>WHO</i>

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

				- indicators for response monitoring	
Strategic Objective4 MCA [9]					
Output Indicator	Geographical Area	Target	Budget	Means of verification	Responsible Org.
Incidences of stock out of PPEs	<i>Guinea, Liberia and Sierra Leone</i>	0		Weekly updates and minutes of coordination meetings	WHO
Strategic objective4 MCA [11]					
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.
Proportion of incidences of community resistance resolved	<i>Guinea, Liberia and Sierra Leone</i>	>90%		Minutes of coordination meetings	WHO
Coordination Fees⁶					
<i>Staffing</i>			22,292,250		
<i>Data collection</i>			1,152,720		
<i>Equipment & Supply</i>			3,330,000		
<i>Contract</i>			1,080,000		
<i>Direct Costs</i>			191,800		
<i>Indirect Cost max 7 %</i>			1,963,274		
Total Project Cost in USD			30,010,044		

⁶ Should not exceed 20% including the indirect cost

Project budget by UN categories

PBF PROJECT BUDGET			
CATEGORIES		Amount Recipient Agency	TOTAL
1. Staff and other personnel (include details)	158 experts for 6 months	22,292,250	
2. Supplies, Commodities, Materials (include details)			
3. Equipment, Vehicles, and Furniture, incl. depreciation (include details)	90 laptops and 90 4WD vehicles	3,330,000	
4. Contractual services (include details)	2 per district for 45 districts	1,080,000	
5. Travel (include details)	Per diem and Fuel	1,152,720	
6. Transfers and Grants to Counterparts (include details)			
7. General Operating and other Direct Costs (include details)	Office supplies, utilities, phone subscription, generator, security	191,800	
Sub-Total Project Costs		28,046,770	
8. Indirect Support Costs*		1,963,274	
TOTAL		30,010,044	

*

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

Proposal: District Case Finding , Case Management, Logistical Management and Community Mobilization

Breakdown of budget by country and MCA

	GUINEA		LIBERIA		SIERRA LEONE	
SO1 – Stop	MCA1	6,308,640	MCA1	5,312,789	MCA1	5,065,084
SO2 - Treat	MCA3	1,990,380	MCA3	1,212,945	MCA3	1,302,584
SO4 – Preserve	MCA9	2,618,660	MCA9	2,574,893	MCA9	2,026,848
SO4 - Preserve	MCA11	570,788	MCA11	552,963	MCA11	473,469
	TOTAL	11,488,469	TOTAL	9,653,590	TOTAL	8,867,985

Signature :