




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

<b>Proposal Title:</b> Stop Ebola through social mobilization and community engagement in Guinea	<b>Recipient UN Organization(s):</b> UNICEF
<b>Proposal Contacts:</b> For UNICEF Dr Mohamed Ayoya Representative Address: UNICEF, Corniche, Coleah, Conakry Telephone: +224 622 663 452 E-mail: mayoya@unicef.org	<b>Implementing Partner(s) – name &amp; type (Government, CSO, etc.):</b> - NGOs: PLAN Guinée, OCPH, CENAFOD, CNOSCG; Youth & Women Associations  - <b>Government.</b> National Coordination, Ministry of Youth
<b>Proposal Location (country):</b> Please select one from the following <input checked="" type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Common Services	<b>Proposal Location (provinces):</b> Conakry, Dubreka, Coyah, Forecariah, Kindia, Boffa, Boke, Fria (see map in Annex for detailed targets locations)
<b>Project Description:</b> <i>One sentence describing the project's scope and focus.</i>  Achieving Zero Ebola through Intensification of Social Mobilization /Community Engagements interventions that foster Behavior Changes	<b>Requested amount:</b> <b>USD 999,915</b>  <b>Total requested amount: 999,915 USD</b> <b>Other sources of funding of this proposal</b>  <b>UNMEER budget:</b> <b>Other sources (indicate):</b> <b>Government Input:</b> in kind support
	<b>Start Date:</b> May 1 <sup>st</sup> 2015 <b>End Date:</b> August 30, 2015 <b>Total duration (in months):</b> 04 months
<b>MISSION CRITICAL ACTIONS</b> 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. <ul style="list-style-type: none"> <li><input type="checkbox"/> Strategic Objective 1 MCA1: <b>Identifying and tracing of people with Ebola</b></li> <li><input type="checkbox"/> Strategic Objective 1 MCA2: <b>Safe and dignified burials</b></li> <li><input type="checkbox"/> Strategic Objective 2 MCA3: <b>Care for persons with Ebola and infection control</b></li> <li><input type="checkbox"/> Strategic Objective 2 MCA4: <b>Medical care for responders</b></li> <li><input type="checkbox"/> Strategic Objective 3 MCA5: <b>Provision of food security and nutrition</b></li> </ul>	

<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 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

<b>Recipient UN Organization(s)<sup>1</sup></b>	<b>Management Committee Chair:</b>
<i>Name of UNICEF Representative:</i> Dr Mohamed Ayoya <i>Signature</i>  <i>Name of Agency</i> UNICEF <i>Date &amp; Seal</i>	<i>Dr. David Nabarro</i>  <i>Signature</i> <i>Date:</i>



**NARRATIVE (Max 2 Pages)**

**a) Rationale for this project:**

As of April 18, 2015 Guinea has registered 3,133 confirmed cases of Ebola since the epidemic started; 692 cases have been notified in 2015 so far; the epidemic is now active in the prefectures of Forecariah, Coyah, Dubreka, Boffa, Boke, Kindia, Fria and the five communes of Conakry.

On early April, the Government has reinforced the medical emergency in the affected prefectures and communes.

Some challenges contributing to the ongoing of the outbreak include:

- Inadequate understanding within the communities of the EVD
- Lack of Experience of the health system and limited capacities for rapid response
- High Exposure to Ebola virus in the communities through household care and customary burial procedures; this has led to increase community deaths leading to panic and anxiety
- Denial, mistrust and rejection of proposed public intervention arising from misinterpretation of the cause of the epidemic
- Fear of the disease in the communities including frontline workers

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

- Close communities' ties and contacts movements within and across districts leading to difficulties in tracing and following up of contacts or suspected cases.

Given the evolving situation and the dynamic of the epidemic UNICEF is regularly conducting a set of consultation with the communities and various stakeholders in order to apprehend key lessons and adapt its strategy adequately:

- The current epidemic requires simultaneous attention and integration of biomedical interventions and proactive communication strategies
- Multi-level coordination among stakeholders –Communicators, health, emergency- is needed for coherence and complementarity
- Participatory and empowered based communication approaches strengthen public health responses by integrating the perspectives of local population into control procedures (burial, contact tracing, early referrals)
- Educating communities about Ebola transmission and Prevention (hygiene kits, Hand Washing) is not sufficient to promote behavioral changes; evidence suggests that providing people with information that allows them to evaluate risk and make rational choices for protecting themselves has been effective in influencing behavior change in addition to role modelling by those communicating messages
- Epidemiological and behavioral risks analyses as well prioritization of audiences enhances focus of strategies and sharpens messaging
- Mass media Outreach activities need to be complemented with active mobilization efforts and greater community engagement; the lack of communication infrastructures such as radio and telephone in remote area presents key challenges in fighting rumors and misconceptions

In order to address this situation, the government, with support from partners, has launched an acceleration plan with the aim of reaching zero infection. Social mobilization and community engagement are priority components of this plan but remain chronically unfunded.

This project will support the National Coordination social Mobilization and community engagement strategy in which UNICEF is the major partner and lead of partners.

Interpersonal communication, community participation and engagement and mass media communication will be the prioritized strategies through which UNICEF and partners intend to influence positive behavioural change. Such strategies will be tailored based on specific audiences recognizing the heterogeneity, diversity and varying levels of EVD risks in the still active areas and general population, while targeting specific participant groups is seen as very critical.

#### Participants Groups

Audiences	Messages types	Channels
<u>Primary Audiences:</u> -General Population -Heads of Households/Family of suspect/victims	-Public announcements -Jingles -Themes song -Animations -Print Materials -Flipcharts/Pictures cards	-Radio/ TV -Interpersonal Communication -Mosques/Churches -Chiefs/Traditional Leaders

	-Fact Sheets/Q&A -Survivors testimony -Text Message -Website	-Towns Criers/Spokespersons -Mobile Phones -Social Media
<u>Secondary Audiences</u> -Local Authorities/Leaders -Religious Leaders -Head of secret societies -Traditional Healers	-Fact Sheets/Q&A -Briefing Kits with key messages -Print Materials/Posters/leaflet -Survivors Testimony	-Paramount Chiefs, Villages Elders -Faith Based Organizations -Religious Media Houses -Secret Society Events
<u>Tertiary Audiences</u> -Lines Ministry -Frontlines Workers -NGOS/CSO -Teachers	-Emergency Coordination -Advocacy briefs/ Meetings -Mass media -Trainings Materials	-Constituency networks -Special Consultation -Opinion pieces on newspapers Website -TV/RADIO Clips/ads -Schools/ Care Centers

#### Delivery of Cores Messages

Cores Messages	Venues	Targets
-Prevent Infection -Recognizes the Signs and Symptoms of Ebola -Promote Call Centers ( 115) & other Hotlines -Get to a health facility if sick -Care and treatment increases the chances for survival and reduce the chance of transmission to others -Take action to protect individual and families in the home while waiting for help -Promote safe funeral and burial practices -Address misperceptions and stigmas -Promote unity, cooperation and hope against Ebola - Promote acceptance of Ebola Treatment Units -Emphasize that more than 1,000 fully recovered from Ebola	-23 Rural Radio & RTG  -Interpersonal Communication  -Outdoor Promotion: Billboards, Banners, Posters, Wall painting, Transport  -Religious Venues  -Mobile Phone  -Schools  -Health Centers	-3 Millions peoples in 10 districts -235,000 Households visited in 25 sub districts  -Outdoor promotion in 08 majors cities  -450 mosques and churches in high risk districts -2 Millions telephones users

#### Specific outlines

Media material, product and material will be designed in function of the evolving situation and the specific context of each communities; UNICEF will ensure that the information is accessible to all in an decentralized and equitable way; based on survey, UNICEF will reinforce messages that work or design new messages as needed to address specific contexts.

Interpersonal communication will be delivered and strengthened in districts where refusal for care, or refusal to cooperate are notified, using identified community gates keepers and people trusted by the community such as teachers , parliamentarians, local government, elected authorities, and high ranking government officials.

### **Community Engagement**

UNICEF approach on community engagement will build on community volunteers groups such the Community Watch Committees (CVV) as well as building strategic partnerships with youth and women groups; engaging youth and women group is key to building acceptance and increasing cooperation between frontline workers (Contacts tracers, surveillance teams, burials teams ) and reluctant communities.

The National Coordination has just decided to continue the CVV strategy throughout the country, with those in the still EVD affected areas remunerated and those in the calm areas used as sentinels. Funds to pay the CVV members in the affected areas are currently not available because the initial plan was to stop all payments by end of April. Not continuing this CVV approach, which is showing more and more its effectiveness on the ground could jeopardize the response on many fronts, including early identification of cases and safe burials in the communities.

Below are the key deliverables to be performed by Community Watch Committees (CVV);

<b>Community Watch Committee and Youth Group key Interventions</b>
1) Social mobilization on Ebola
2) Information and sensitization on the purpose and importance of Ebola Treatment Unit
3) Facilitation of interactions with external actors in the context of the Ebola epidemic
4) Identification and notification of suspected cases
5) Identification and notification of deaths occurring in the community
6) Identification of contacts and facilitation of contact tracing
7) Facilitation of safe burials
8) Facilitation of transfers to Ebola Treatment Unit
9) Provision of community-based health services (no touch C-IMCI; Nutrition )
10) Referrals to existing mechanisms/structures for the protection of children

### Key Outcomes

- Support 663 Community Watch Committees (CVV) in affected districts
- Support 10 Youth and Women Groups in Districts reporting Incidents
- 50 Community dialogue forums in districts reporting incidents: Community forums will be conducted as a platform for community dialogue helping to shape the component of the response through open community feedback; open dialogue will be also used to foster community ownership of the response
- 10 Rapid response Teams composed of influential leaders and community gates keepers for social mediation and family support in support to surveillance, safe burials and case management: this approach aims at quickly deploying teams of

influential leaders to specific communities where refusal to cooperate for contact tracing, safe burial , delay referrals of suspected cases pose a challenges for frontlines workers;

**b) Coherence with existing projects:**

The current proposal will strengthen the community engagement pillar by extending the “Comite d’evail Villageois” (663 CVV) for 02 months and already ongoing sensitization activities with youths and women in the active prefectures of Kindia, Forecariah, Coyah, Dubreka, Fria, Boffa, Boke and the five communes of Conakry. In addition the project will also strengthen surveillance, contact tracing, case management, and safe burial through positive behavior changes.

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

UNICEF has about 200 staffs, the majority of whom are currently deployed in the EVD active prefectures and the 05 communes of Conakry. UNICEF is partnering with more than 50 NGOs and Civil Society Organizations and the Government. Altogether, UNICEF support a network of 16,817 people involved in the response.

**d) Proposal management:**

UNICEF currently has more than 30 staff (50% nationals and 50% internationals) dedicated to social mobilization and community engagement. Under the supervision of the Representative and the Deputy Representation, the Social Mobilization and Community engagement Chief will be in charge of the project implementation. UNICEF has established a coordination platform in each of the affected prefectures and communes as well as operational units in those areas. The coordination platforms are composed of others UN agencies (WHO, UNFPA, WFP,), IFRC, The National Red Cross, MSF, CDC, NGOS, and community based organizations.

Each social mobilization platform is led by a team leader and a social mobilizer. UNICEF has recently recruited 10 international social mobilizers who are provide technical support to CVV, community leaders, local youth and women groups on the ground and working closely with other pillars to ensure intersectoriality. Indeed, the social mobilizers work closely with surveillance and safe burials teams to foster community collaboration and thus reduce potential occurrence of resistance.

**e) Risk management:**

<b>Risks to the achievement of SO in targeted area</b>	<b>Likelihood of occurrence (high, medium, low)</b>	<b>Severity of risk impact (high, medium, low)</b>	<b>Mitigating Strategy (and Person/Unit responsible)</b>
<b>Resistance:</b> Communities, families or individual do not cooperate	Low	Low	Social Mobilization, empower local leaders and communities
<b>Other epidemic risks:</b> Possible resurgence of other epidemics such as meningitis or measles.	High	High	Ensure continuous services of vaccination to all children.
<b>Financial risk:</b> Low funding of response plan	Medium	High	Stronger global level advocacy
<b>Political risks:</b> Civil unrest and political environment		Medium	Promote community dialogue and peace building programming

**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:

- Daily collection of data
- Weekly sitreps
- Weekly Field visits: Supervision, Monitoring and Evaluation
- Monthly Progress Reports
- Final Reports at project Ends

PROPOSAL RESULT MATRIX

Strategic Objective to which the Proposal is contributing <sup>2</sup>		Geographical Area (where proposal will directly operate)	Target	Means of verification	Responsible Org.
Effect Indicators	Zero Ebola Notification: No confirmed cases	Conakry, Forecariah, Boke, Boffa, Fria, Kindia, Coyah, Dubreka	00	Epidemiology	National Coordination
MCA [11] <sup>3</sup>					
Social mobilization and community engagement					
Output Indicators	Geographical Area	Budget (USD)	Means of verification	Responsible Org.	
4,641 members of the 663 CVV	Conakry, Forecariah, Boke, Boffa, Fria, Kindia, Coyah, Dubreka	556,920 USD	Daily and Weekly Sitreps	UNICEF	
Door to door campaigns to 450,000 Households		147,580 USD			

<sup>2</sup> Proposal can only contribute to one Strategic Objective

<sup>3</sup> Project can choose to contribute to all MCA or only the one relevant to its purpose.





**Project budget by UN categories**

<b>CATEGORIES Amount (USD) Recipient</b>	<b>Budget details</b>	<b>Total</b>
1. Staff and other personnel Salary cost for 10 field based International social Mobilizers	5,000 USD /Month* 04 Months*10 Social Mobilizers (IP)	200,000
2. Supplies, Commodities, Materials	00	00
3. Equipment, Vehicles, and Furniture, incl. Depreciation	00	
4. Contractual services		
5. Travel DSA for 30 days Field Visit for 10 staff	100 USD/ day* 30 days* 10 staffs	30,000
6. Transfers and Grants to Counterparts: 6.1:Project Cooperation Agreements with NGOs to pay 4,641 CVV members stipend for 02 Months  6.2 PCA with Youth and Women groups for 10 door to door campaigns	60 USD* 4,641 members* 02 months= 556,920 USD  Production of leaflets : 02USD*3,790= 7,580 USD  Lump sum for door to door campaigns : 14,000 USD to 10 targeted districts= 140,000	704,500
7. General Operating and other Direct Costs	00	00
<b>Sub-Total Project Costs</b>	934,500	934,500
8. Indirect Support Costs*	65,415	65,415
<b>TOTAL</b>	<b>999,915</b>	<b>999,915</b>