



EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL

<p>Proposal Title: Ebola Response Interagency Stewardship</p>	<p>Recipient UN Organization(s): World Health Organisation</p>
<p>Proposal Contact: Dr. Bruce Aylward Telephone: +41227914419 E-mail: aylwardr@who.int</p>	<p>Implementing Partner(s) – name & type (Government, CSO, etc):</p>
<p>Proposal Location (country): Please select one from the following <input checked="" type="checkbox"/> Guinea <input checked="" type="checkbox"/> Sierra Leone <input type="checkbox"/> Common Services</p>	<p>Proposal Location (provinces): All provinces – Guinea, Sierra Leone and Regional Coordination across Ebola Affected Countries</p>
<p>Project Description: The people and governments of Ebola-affected countries are committed to achieving an end to the Ebola outbreak as quickly as possible, to preventing re-emergence of Ebola and other threats to people’s health, and to initiating the early recovery of essential services that are safe and accessible for all. As WHO takes on oversight of UN system contributions to the Ebola Response from UNMEER, capacity for Ebola Response Interagency Stewardship is being reinforced so as to ensure alignment and synergy among United Nations’ programs and partners.</p>	<p>Requested amount: USD\$119,000</p> <p>Other sources of funding of this proposal: ECHO USAID – OFDA DFID</p> <p>Start Date: August 24th , 2015 End Date: January 31st , 2015 Total duration (in months): 6 months</p>
<p>STRATEGIC OBJECTIVES AND MISSION CRITICAL ACTIONS to which the proposal contributes. The SO and MCAs to which each project contributes should be identified. For proposals responding to multiple Mission Critical Actions (MCAs) within one or more Strategic Objectives (SOs), [usually one only] please select the primary MCA to which the proposal contributes.</p> <p> <input type="checkbox"/> SO 1 Stop Outbreak MCA1: Identifying and tracing of people with Ebola <input type="checkbox"/> SO 1 Stop Outbreak MCA2: Safe and dignified burials <input type="checkbox"/> SO 2 Treat Infected People MCA3: Care for persons with Ebola and infection control <input type="checkbox"/> SO 2 Treat Infected People MCA4: Medical care for responders <input type="checkbox"/> SO 3 Ensure Essential Services MCA5: Provision of food security and nutrition <input type="checkbox"/> SO 3 Ensure Essential Services MCA6: Access to basic services <input type="checkbox"/> SO 3 Ensure Essential Services MCA7: Cash incentives for workers <input type="checkbox"/> SO 3 Ensure Essential Services MCA8: Recovery and economy <input type="checkbox"/> SO 4 Preserve Stability MCA9: Reliable supplies of materials and equipment <input type="checkbox"/> SO 4 Preserve Stability MCA10: Transport and Fuel <input type="checkbox"/> SO 4 Preserve Stability MCA11: Social mobilization and community engagement <input type="checkbox"/> SO 4 Preserve Stability MCA12: Messaging <input checked="" type="checkbox"/> SO 5 Prevent Further Spread MCA13: Multi-faceted preparedness </p>	
<p>Recipient UN Organization(s)</p>	<p>Special Envoy on Ebola:</p>
<p><i>Signature</i> Dr R. Bruce Aylward Special Representative of the Director-General for the Ebola Response and Assistant Director-General, Emergencies <i>Date & Seal:</i></p>	<p><i>Signature</i> Dr. David Nabarro <i>Date:</i></p>

NARRATIVE

a) Rationale for this project:

With the phasing out of United Nations Mission for Ebola Emergency Response (UNMEER) UNMEER, the World Health Organization (WHO) has been tasked with stewardship of the response and with ensuring effective coordination of agencies involved in the response at international, national, local government and community levels. WHO will take on the former UNMEER leaders both within countries and regionally in order to ensure (a) the seamless and successful transition of responsibilities from UNMEER to WHO, and (b) continued strengthening of national capacity to end the present outbreak and to respond to any re-emergence.

This proposal for funding includes the estimated budget required to cover the costs of the former UNMEER leadership team, and their activities, from August to December 2015, and project reporting completed by end January 2016.

Background

In September 2014, with the adoption of General Assembly resolution A/69/1, and upon the request from the Presidents of Guinea, Liberia and Sierra Leone, the first-ever United Nations emergency health mission was established: the United Nations Mission for Ebola Emergency Response (UNMEER). UNMEER was designed to ensure rapid and effective response to the Ebola outbreak and to reinforce unity of purpose among responders.

There has been considerable progress in the effort to bring the outbreak under control and to scale up national and international response capacities. However, nationally-led response efforts continue to need focused support from the United Nations (UN) system, backed by sustained financing from the international community, as they work towards a sustained end to the outbreak.

Given the progress that has been made, and in line with General Assembly resolution A/C.5/69/L.63, UNMEER will close by 31 July. Oversight and stewardship of the UN system's contribution to the Ebola emergency response will be taken on by WHO. The UN agencies, funds and programs, the UN Mission in Liberia (UNMIL) and national and international partners have all contributed to planning this transition.

Consultations have taken place with the Ebola affected Governments about the continuity of the coordination mechanism including several meetings with Government representatives including the three Ebola leads and the concerned Ministries.

The new arrangements for Ebola Response Interagency Stewardship will:

- Retain the existing, dedicated interagency leadership as a very light presence (without a mission structure and without operational capacity);
- Establish a straightforward coordination and reporting structure under the oversight of the WHO Director-General;
- Ensure that post-UNMEER leadership functions are fully aligned with, and complementary to, the political leadership of authorities that are responsible for responses to the Ebola outbreak.

Ebola Response Interagency Stewardship from August 1st 2015

The former UNMEER leadership team will support national governments to pursue their work towards ending the outbreak as quickly as possible. These **Interagency**

Stewardship Arrangements will liaise with national governments and across the region of the three Ebola affected countries (Guinea, Liberia and Sierra Leone) to assist them as they:

1. Lead the response efforts through trusted and effective national institutions;
2. Build capabilities to detect and respond to future threats to people's health.

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

This project is designed to complement all existing and future projected implemented and supported by the UN in line with nationally agreed priorities and procedures so that there are no significant gaps or overlaps in the response.

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

This section should provide a brief description of the RUNO capacity in the Country, including the overall current emergency budget and the staff deployed. It should include its expertise in the targeted area of support. This section should also outline any additional implementing partners, including their role and experience and how the RUNO will provide quality assurance.

The project will be implemented by Regional Inter-Agency Ebola Crisis Lead [RIECL, former Acting Special Representative of the Secretary-General responsible for UNMEER] and two Ebola Crisis Managers (ECMs). These three individuals have already been acting in the role of coordinator of UN agencies in the Ebola affected countries for several months and have the proven experience to undertake the activities outlined in this project. The Ebola Crisis Managers will be supported by a Senior Advisor (to support the Ebola Crisis Manager in her/his convening role and who will act as Officer-in-Charge in the absence of the Ebola Crisis Manager) and junior staff members (Personal Assistant and Special Assistant to provide administrative support). In the case of Guinea, local circumstances require a Protocol Officer and two Security Officers for the team (the two Security Officers working alternately in shifts). Guinea and Sierra Leone will have two drivers and vehicles and Liberia one driver and vehicle (since the RIECL will be frequently abroad).

d) Proposal management:

The **Interagency Stewardship Arrangements** will consist of the Regional Inter-Agency Ebola Crisis Lead [RIECL, former Acting Special Representative of the Secretary-General responsible for UNMEER] that will oversee coordination across the region, and two Ebola Crisis Managers (ECMs) focused on Guinea and on Sierra Leone. They will be accompanied by a small staff group. They will remain in place to provide dedicated stewardship of country and regional UN-led coordination until the end of December 2015. The RIECL and ECMs will be based in the Ebola affected countries with regular travel to WHO headquarters. The ECMs will report to the RIECL who will work under the overall oversight of the WHO Director General, and report to the Special Representative of the Director General for the Ebola Response. An organogram is attached.

The main functions of the RIECL and ECMs will be to ensure that actions of stakeholders contribute to the overall response and are coordinated with Ebola Response Country Operational Plans. The RIECL and ECMs will work in cooperation with the UNCT whose capabilities and capacities are essential both to stop the outbreak and to

address its broader socio-economic impact.

Based on the division of labour, UN agency heads in country will remain accountable to their agencies. They will support and engage in effective coordination under the leadership of the RIECL and ECMs. Where necessary, with respect to Ebola Emergency Response, the RIECL and ECMs will continue to assist the UNCTs to prioritize and coordinate implementation of their actions related to ending the outbreak.

These new stewardship arrangements will continue to maintain close and regular interaction with the Resident Coordinators and the heads of each UN agency in country. The interactions will assist with securing common positions, ensuring well-aligned response actions and functional linkages between the response and early recovery.

The RIECL and ECMs will also work closely with all actors in the response, including contributing national and regional organizations, in-country partners and international non-governmental organizations to ensure overall coordination of responses to the Ebola outbreak in country, as well across the region.

The ECMs will continue to chair weekly meetings of the UN agencies at local and national levels, to convene meetings with donors and partners as necessary, and to represent the United Nations in national Ebola response coordination meetings. The RIECL will continue to chair the monthly meetings of the Ebola Response Coordination Board: together with the ECMs he will participate in weekly meetings of the Global Ebola Response Coalition. In this way the RIECL and ECMs will ensure that the experiences of Ebola response activities are incorporated into the broader work of the UNCTs and other actors.

OCHA works in support of the ECMs and Resident Coordinator (RC) structures in terms of coordination, information management, resource mobilisation and advocacy for the Ebola response. Each country office has a small team of humanitarian affairs officers and information managers that are assigned to support the functions as required by the ECMs and RCs. For example in support of ECMs, OCHA provides the management and compilation of the new Interagency Collaboration on Ebola (ICE) report which informs on the activities and analysis of recent trends in terms of the Ebola response. In terms of support for the RCs, OCHA team support multi-hazard preparedness planning for the UN Country Teams (UNCTs) and support on recovery efforts for Ebola.

Description of Key Responsibilities

RIECL – provides overall leadership and advocacy of the interagency response at regional and international level. The RIECL is specifically responsible for ensuring that contributions of all stakeholders (including UN agencies and government, bilaterals and NGOs) are aligned and gaps and overlap are avoided to deliver the objectives of the response and are coordinated with Ebola Response Country Operational Plans in all Ebola affected counties. Further, the RIECL leads political engagement at the highest levels to ensure continued support for the getting to and staying at zero agenda while the recovery agenda is being developed and implemented; leads engagement with the international community through chairmanship of the Ebola Response board of UN agencies and IFRC; and represents the UN system at key meetings of stakeholders such as the meeting on global health security in Seoul in September 2015.

ECMs - responsible for ensuring that actions of stakeholders (including both UN agencies and government, bilaterals and NGOs) are aligned and gaps and overlap are avoided to deliver the objectives of the response and are coordinated with Ebola

Response Country Operational Plans in the Ebola affected countries. The ECMs lead engagement with the government and international community and with key national and local stakeholder groups.

Senior Advisors – act as alternate for ECMs in country and share the workload given the very high volume of requests for ECM engagement. On behalf of ECMs, the Senior Advisors meet with key stakeholders directly and attend meetings to ensure sustained engagement with key stakeholders. They provide additional technical advice on relevant areas of expertise.

Assistant and Special Assistants – responsible for day to day management of respective offices including budget; schedule, travel and logistics of the RIECL and ECMs respectively in the relevant countries and when travelling abroad; organize meeting program for senior UN staff when visit respective countries; overseeing drivers and protocol officer to arrange meetings with senior officials; organize meetings, take minutes and disseminate; and liaise with OCHA on meetings of different stakeholders.

Protocol Officer – given the specific requirements in Guinea, the officer is responsible for enabling an effective dialogue between the ECM office and government, and ensuring requisite meetings and paperwork is completed to facilitate discussions and engagement at the highest levels.

Description of Stakeholder Meetings Convened by RIECL and ECMs

Regional coordination meetings

Ebola Coordination Board meetings are held monthly and bring together all the main stakeholders involved in the response and recovery work (government agencies, national and international NGOs, donor agencies). The meetings also provide an opportunity to summarise and review the work in each country and address operational challenges. The RIECL and ECMs are expected to contribute to the costs of these meetings (room hire, refreshments, interpreter, travel costs of participants such as thee delegations of the different governments to the meetings).

National stakeholder meetings

National stakeholder meetings are held at least weekly – often more frequently – with the main responding agencies, UN family, donor and diplomatic community and a series of meetings organized by the government in all countries.

Local Stakeholder Meetings

In all three Ebola affected countries the RIECL and ECMs hold meetings at local level in affected areas to discuss the challenges that need to be addressed to ensure 100% adherence to protocols established to end the outbreak and safely reactivate health services. These meetings are usually co-hosted by the RIECL/ECMs and a local stakeholder group such as faith leaders, community leaders or politicians. Often the RIECL/ECM is asked to cover the costs of per diems for participants (such as journalists) and refreshments and occasionally travel costs.

Examples of local meeting costs:

1. Press conferences for UN senior staff
2. Field trips of journalists, ambassadors and other key stakeholders
3. Meetings with Ambassadors and senior donor officials
4. Ebola sensitization forums such as gatherings of civil society (pay for venues, materials and refreshments) in national capital and during monitoring meetings.

For example, an Ebola sensitization stakeholder forum was held in March 2015 at the Millennium hotel in Conakry for 100 people was followed up a month later in Forecariah with a further gathering of key stakeholders

5. Hosting of delegations of UN officials, donors, involves costs of meetings and refreshments

e) Risk management:

Risk management matrix

Risks to the achievement of SOS in targeted area	Likelihood of occurrence (high, medium, low)	Severity of risk (high, medium, low)	Mitigating Strategy
Rapid Response teams do not effectively deal with new outbreaks	low	high	ECMs and RIECL work with national governments, regional authorities and UN agencies to identify and address any weaknesses in RRT organisation and management
Incidents of community resistance increase	medium	high	ECMs and RIECL work with key stakeholders to identify and address issues that could accelerate community resistance e.g. access to food, ability to continue with livelihoods etc
All new cases are from not from contact lists	medium	high	ECMs and RIECL work with national governments, regional authorities and UN agencies to identify and address any weaknesses in contact tracing and contact management
Increasing number of cases of Ebola acquired in health care settings	low	medium	ECMs and RIECL work with national governments, regional authorities and UN agencies to identify and address any weaknesses in IPC and health care provision
National plans are not implemented or well financed	medium	medium	ECMs, RIECL work with national governments, regional authorities, donors and UN agencies (and other key stakeholders) to ensure financing of priority interventions and strong implementation capacity and monitoring
Lack of cross party political support for Ebola response	high	medium	ECMs, RIECL work closely with political leaders to sustain support
Lack of local community support for Ebola response	medium	high	ECMs, RIECL work closely with community leaders to sustain support
Lack of cross faith group support for Ebola response	low	medium	ECMs, RIECL work closely with faith leaders to sustain support

f) Monitoring & Evaluation:

The monitoring and evaluation of the project will be conducted through the indicators produced weekly by WHO in the Ebola situation reports that indicate progress towards achieving and sustaining zero cases of Ebola. The project will be managed according to the work plan below and all activities are ongoing throughout the duration of the project. The RIECL and ECMs will continue to join the Global Ebola Response Coalition (GERC) calls each week to report to donors.

Programme level	Description	Responsibility	Implementing partner	Indicator
Impact	Zero Ebola Cases in Guinea, Liberia, Sierra Leone			
Output 1	ECMs ensure stakeholders positively contribute to the National Ebola Response in Guinea and Sierra Leone			
Activity 1.1	Chair weekly meetings of UN agencies at national levels in Guinea and Sierra Leone	ECMs	Health and other Cluster Partners, other Ebola response stakeholders	Meetings held and action points implemented
Activity 1.2	Convene donors and partners at country level in Guinea and Sierra Leone to ensure sustained donor support	ECMs	Health and other Cluster Partners, other Ebola response stakeholders	UN agencies' key Ebola response activities funded
Activity 1.3	Represent the UN in national Ebola response coordination meetings	ECMs, RIECL	MOH, Other Government Departments	UN agencies' well integrated with national government activities
Activity 1.4	ECMs work with national government and UN agencies to identify and address any weaknesses in Rapid Response Team organisation and management	ECMs, RIECL	Health and other Cluster Partners, MOH	Rapid Response teams effectively deal with new outbreaks
Activity 1.5	ECMs work with key stakeholders to identify and address issues that could accelerate community resistance e.g. access to food, ability to continue with livelihoods etc.	ECMs, RIECL	Health and other Cluster Partners, MOH, NGOS, political parties, faith groups, local community leaders	No incidents of community resistance are reduced
Activity 1.6	ECMs work with national government and UN agencies to identify and address any weaknesses in contact tracing and contact management	ECMs, RIECL	Health and other Cluster Partners, MOH	100% new cases are from contact lists

Output 2	Cross-border, regional and international coordination maintained			
Activity 2.1	Chair monthly meetings of Ebola Response Coordination Board	RIECL	UN agencies, UNSGE, WHO Special Representative	Meetings held and action points implemented
Activity 2.2	Participate in the weekly Global Ebola Response Coalition meetings	ECMs, RIECL	UN agencies, UNSGE, WHO Special Representative	GERC partners briefed on national situation
Activity 2.4	Engage cross border collaboration among the Ebola affected countries to work together on Ebola prevention	ECMs, RIECL	MOH, UNSGE	Ebola affected countries work together on Ebola prevention
Activity 2.5	Support and communicate critical outbreak response messages to the public and international community	ECMs, RIECL	National governments, UNSGE, WHO Special Representative	Timely delivery of critical messages and maintenance of community trust
Activity 2.6	Participate in coordination meetings in Geneva	ECMs, RIECL	WHO, UN agencies, UNSGE	Meetings held

PROPOSAL RESULT MATRIX

PROPOSAL TITLE:						
EBOLA RESPONSE INTERAGENCY STEWARDSHIP						
<i>Zero Ebola Cases in Guinea, Sierra Leone and across Region (including Liberia)</i>						
Strategic Objective to which the Proposal is contributing	Geographical Area (where proposal will directly operate)	Baseline¹ In the exact area of operation	Target	Means of verification	Responsible Org.	
Zero Ebola Cases	Guinea, Sierra Leone and Region	3,3,0	0	WHO situation reports	ECMs, RIECL	
MCA [13]						
Output Indicators	Geographical Area	Target²	Budget	Means of verification	Responsible Org.	
Stakeholders contribute to the National Ebola Response: Stakeholders contribute to the formulation of the Ebola Response Country Operational Plans	Guinea Sierra Leone	70% stakeholders attend and participate	55,607	Reported by Government and UNSGE office	ECMs, RIECL	
Cross-border, regional and international coordination maintained: Ebola Response Coordination Board functioning successfully	Guinea and Sierra Leone	70% stakeholders attend meetings	55,608	Notes of Ebola Response Coordination Board meetings	ECMs, RIECL	
<i>Total cost of project</i>			<i>111,215</i>			
<i>Indirect Cost max 7 %</i>			<i>7,785</i>			
Total Project Cost in USD			119,000			

¹ If data are not available please explain how they will be collected.

² Assuming a ZERO Baseline

**Summary of MPTF Portion of Budget for Ebola Response Interagency Stewardship
August to December 2015:**

Budget by UN Category	USD
Personnel Cost	111,215
Total Direct Charges	111,215
Indirect Charges: Programme Support Costs (7%)	7,785
Total	119,000

MPTF is asked to provide the balance of funds not already secured from other donors. To date there have been commitments of USD\$ 548,001 from DFID, USD\$ 445,650 from ECHO and USD\$ 477,712 from USAID – OFDA, representing 92% of the funds required. MPTF is requested to provide the balance of USD\$ 119,000 or 8% of the total.

CATEGORIES	Guinea	Regional	Sierra Leone	TOTAL
				USD\$
1. Staff and other personnel	91,875	19,340	0	111,215
2. Supplies, Commodities, Materials	0	0	0	0
3. Equipment, Vehicles, and Furniture	0	0	0	0
4. Contractual services	0	0	0	0
5. Travel	0	0	0	0
6. Transfers and Grants to Counterparts	0	0	0	0
7. General Operating and other Direct Costs	0	0	0	0
Sub-Total Project Costs	91,875	19,340	0	111,215
8. Indirect Support Costs*	6,431	1,354	0	7,785
TOTAL	98,306	20,694	0	119,000

Given MPTF is specifically asked to contribute to personnel costs, below is a breakdown of how these costs are derived. The actual sums were agreed between the parties as part of the transition of UNMEER.

Item	Amount
Salary	40%
Post adjustment	20%
Benefits:	40% as outlined below
Pension	15.8% (WHO's contribution)
Accident and Health insurance	8.2% (3.3%* each for staff member & spouse, 1.65% per child)
Terminal payments	2.5% (reassignment grant, accrued annual leave payment etc)
Staff development and learning	2.00%
Non-payroll accrual	10% (Education grant, home leave etc) Applies only to professional staff
Location-specific allowances	1.5% (rental allowances, danger pay, rest and recuperation).
<p>Note: The split between salary and post adjustment is based on a global average for the month of July 2012, although this fluctuates from month to month and varies according to location. This submission shows post adjustment under fringe benefits.</p>	

Budget Summary for Ebola Response Interagency Stewardship Project (August -December 2015)

Category	Description	Unit Cost	Days/ Months	No	DFID	ECHO	OFDA	MPTF
1. Staff and Personnel								
Staff	RICEL	37,430	5	1	187,150	-	-	
	ECM – Guinea	35,250	5	1		176,250	-	
	ECM - Sierra Leone	35,250	5	1	176,250		-	
	Special Assistant - Guinea	18,375	5	1	-		-	91,875
	Special Assistant - Sierra Leone	13,667	5	1			68,335	
	Special Assistant - regional	24,667	5	1		103,996	-	19,340
	Senior Advisor – Guinea	27,250	5	1		136,250	-	
	Senior Advisor - Sierra Leone	24,667	5	1	123,335		-	
	Personal Assistant -regional	11,875	5	1			59,375	
	Protocol Assistant	5,083	5	1	25,415		-	-
Sub total		233,514			512,150	416,496	127,710	111,215
2. Supplies, Commodities & Materials								
	Office Supplies	2,000	1	3			6,000	
	Printer/Scanner/Photocopier	800	1	3			2,400	
	Telecommunications	1,700	1	3			5,100	
Sub total		4,500			0	0	13,500	0
3. Equipment, Vehicles & Furniture								
	Vehicle Fuel	1,000.00	5	5			25,000	
	Vehicle maintenance	800	5	5			20,000	
Sub total					0	0	45,000	0
4. Contractual Services								
	Drivers Guinea	750	5	2			7,500	
	Drivers Sierra Leone	750	5	2			7,500	
	Drivers Liberia	800	5	1			4,000	
	Security Guinea	1,500	5	1			7,500	
	Meetings of ECM Sierra Leone stakeholders	1,000	1	10			10,000	
	Meetings of ECM Guinea stakeholders	1,000	1	10			10,000	
	Meetings of RIECL Liberia stakeholders	1,071	1	7			7,500	
Sub total		3,800			0	0	54,000	0

Category	Description	Unit Cost	Days/ Months	No	DFID	ECHO	OFDA	MPTF
5. Travel								
	RICEL visit to Geneva	8,550		5			42,750	
	ECMs visit to WHO Geneva	10,000		2			20,000	
	RIECL to Dakar for Coord Board Meeting	1,800.00		5			9,000	
	ECM Guinea to Dakar for Coord Board Meeting	900		5			4,500	
	ECM Sierra Leone to Dakar for Coord Board Meeting	900		5			4,500	
	RIECL to neighbouring countries	3,750.00		2			7,500	
	ECM Sierra Leone to neighbouring countries	1,375		4			5,500	
	ECM Guinea to neighbouring countries	1,375		4			5,500	
	RIECL monitoring missions	11,400		5			57,000	
	Guinea district monitoring missions	3,125		8			25,000	
	Sierra Leone district monitoring missions	3,125		8			25,000	
Sub total		46,300			0	0	206,250	0
Sub-Total Project Cost					512,150	416,496	446,460	111,215
Project Support Cost 7%					35,851	29,155	31,252	7,785
Total Project Cost					548,001	445,651	477,712	119,000
% of total					34%	28%	30%	8%