



EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL
(To be completed by the Recipient Organization)

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| Proposal Title: <i>Establishing Rapid Response and Stabilization Teams (RRSTs) in the National Ebola Response Centre Secretariat (NERC).</i> | Recipient UN Organization(s): <i>UNMEER, UNOPS</i> |
| Proposal Contact: Address: Parvathy Ramaswami, UNMEER Sierra Leone Telephone: +232 99 500 444 E-mail: ramaswami@un.org | Implementing Partner(s) – name & type (Government, CSO, etc.): <ul style="list-style-type: none"> ▪ National Ebola Response Centre Secretariat (NERC); UNOPS |
| Proposal Location (country): Please select one from the following <ul style="list-style-type: none"> <input type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input checked="" type="checkbox"/> Sierra Leone <input type="checkbox"/> Common Services | Proposal Location (provinces): <ul style="list-style-type: none"> ▪ Freetown; National Coverage |
| Project Description: <ul style="list-style-type: none"> ▪ <i>As part of the operational arm of the NERC, this project aims to strengthen NERC capacity to establish and deploy at very short notice Rapid Response and Stabilization Teams to “hot” Districts or emerging spike areas to provide surge support to the District Ebola Response Centres (DERC).</i> | Requested amount: USD 7,145,037.98 Other sources of funding of this proposal: <ul style="list-style-type: none"> ▪ UNMEER budget ▪ United Kingdom Joint Inter-Agency Task Force ▪ Government Input: <i>Workforce and infrastructure</i> Start Date: 19 November 2014 End Date: 18 February 2015 Total duration (in months): 3 months |
| <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> <ul style="list-style-type: none"> <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 | |

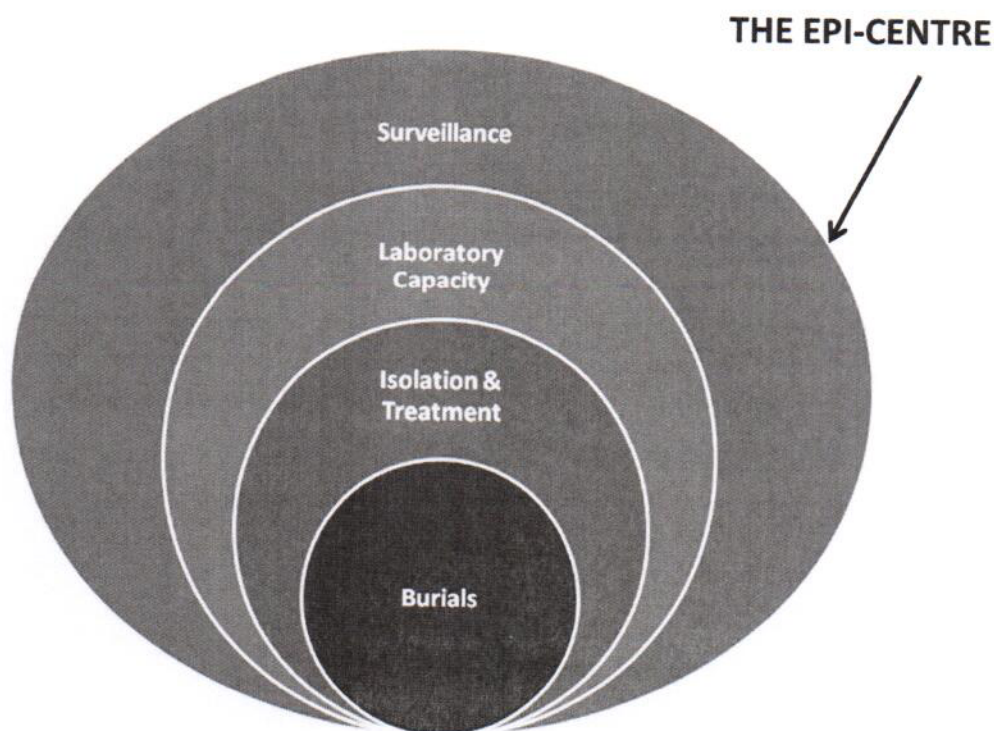
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|---|---------------------------------|
| Recipient UN Organization(s) <i>UNMEER. UNOPS</i> | <i>Special Envoy for Ebola:</i> |
| | |

a) RATIONALE FOR THIS PROJECT:

Eight months into the Ebola outbreak in Sierra Leone, new “hot spots” are constantly emerging and so are new Districts such as Koinadugu District reporting an upsurge of cases. What has been an ongoing challenge is the relatively slow response as systems for a much more robust response are being put in place at the District level and central level. By the time such responses have been established and made fully operational the numbers of cases have consistently increased considerably. While the NERC pays close attention to the current “hot” Districts, it should not lose sight of some of the Districts such as Kenema and Kailahun that are beginning to show epidemic control of the outbreak; and to ensure that any recurring spikes in these areas are rapidly controlled before they result in a resurgence of the epidemic in those Districts.

The current approach at responding to these new outbreaks (refer to Figure 1) involve multiple assessment visits by multiple partners, followed by an effort to mobilize resources, both human and material, to respond to the outbreak. By the time the response is mounted, the situation has usually deteriorated considerably.

Figure 1: Current Strategic Approach to Ebola Containment and Stabilization



| | |
|---|--|
| Recipient UN Organization(s) UNMEER, UNOPS | Special Envoy for Ebola: |
| <i>Name of Representative: Amadu Kamara</i> <i>Signature</i> <i>Name of Agency: UNMEER</i> <i>Date & Seal: 12 December 2014</i> | ----- Signature Date: |
| <i>Name of Representative: Pierre Jullien</i> <i>Signature</i> <i>Name of Agency: UNOPS</i> <i>Date & Seal: 12 December 2014</i> | Director UNOPS CIOH Signature Date: |



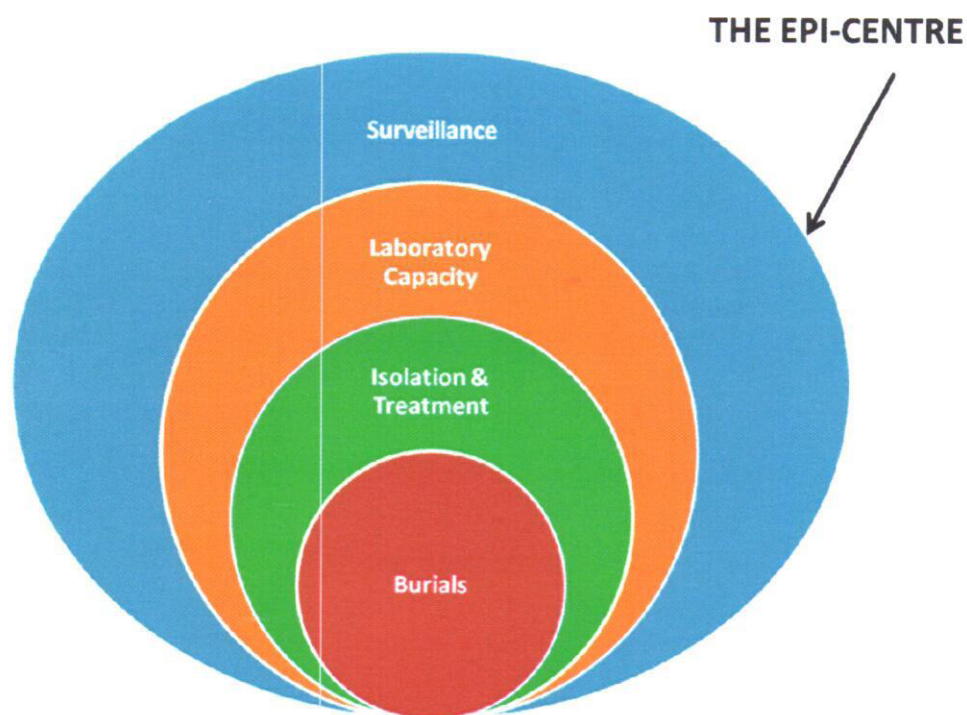
NARRATIVE

a) RATIONALE FOR THIS PROJECT:

Eight months into the Ebola outbreak in Sierra Leone, new “hot spots” are constantly emerging and so are new Districts such as Koinadugu District reporting an upsurge of cases. What has been an ongoing challenge is the relatively slow response as systems for a much more robust response are being put in place at the District level and central level. By the time such responses have been established and made fully operational the numbers of cases have consistently increased considerably. While the NERC pays close attention to the current “hot” Districts, it should not lose sight of some of the Districts such as Kenema and Kailahun that are beginning to show epidemic control of the outbreak; and to ensure that any recurring spikes in these areas are rapidly controlled before they result in a resurgence of the epidemic in those Districts.

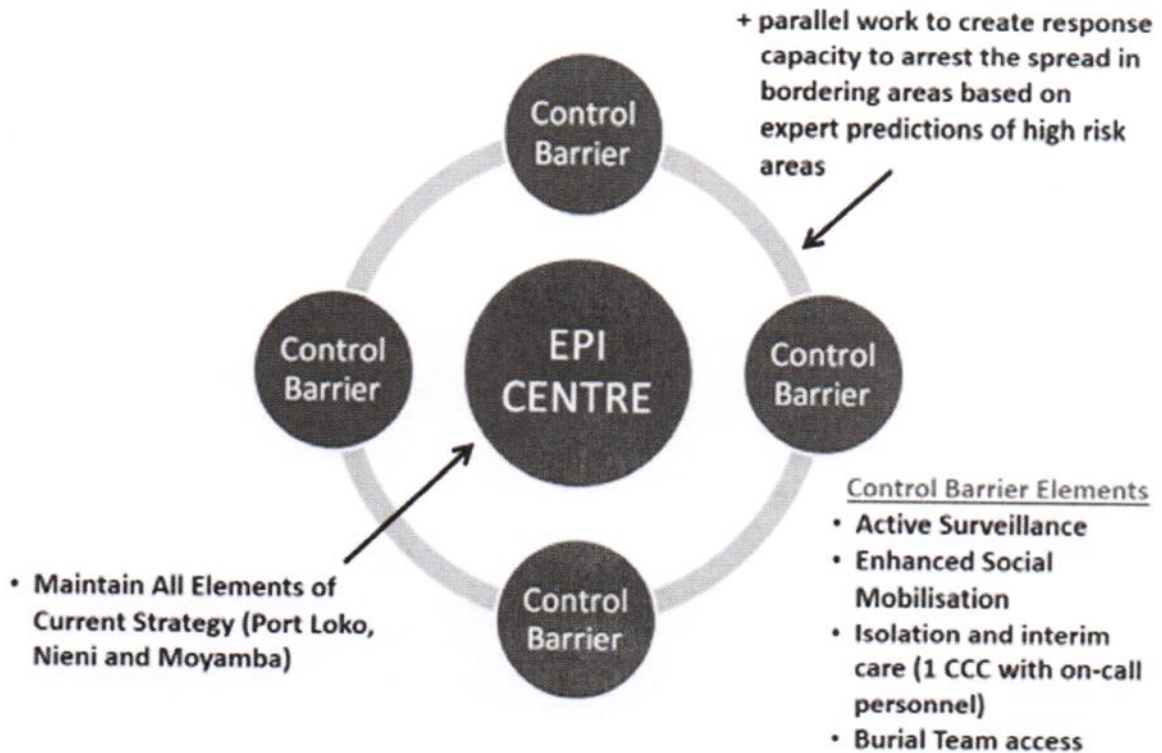
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Figure 1: Current Strategic Approach to Ebola Containment and Stabilization



The situation in Port Loko and Moyamba are recent examples of a “trickle-in” response that lead to larger situations. The upsurge of cases in Koinadugu District provides an opportunity for a timely RAPID, SUSTAINED, and STABILIZING response even as we work on establishing longer term systems to support a sustained response (Figure 2 below).

Figure 2: Augmented Strategic Approach to Ebola Containment and Stabilization

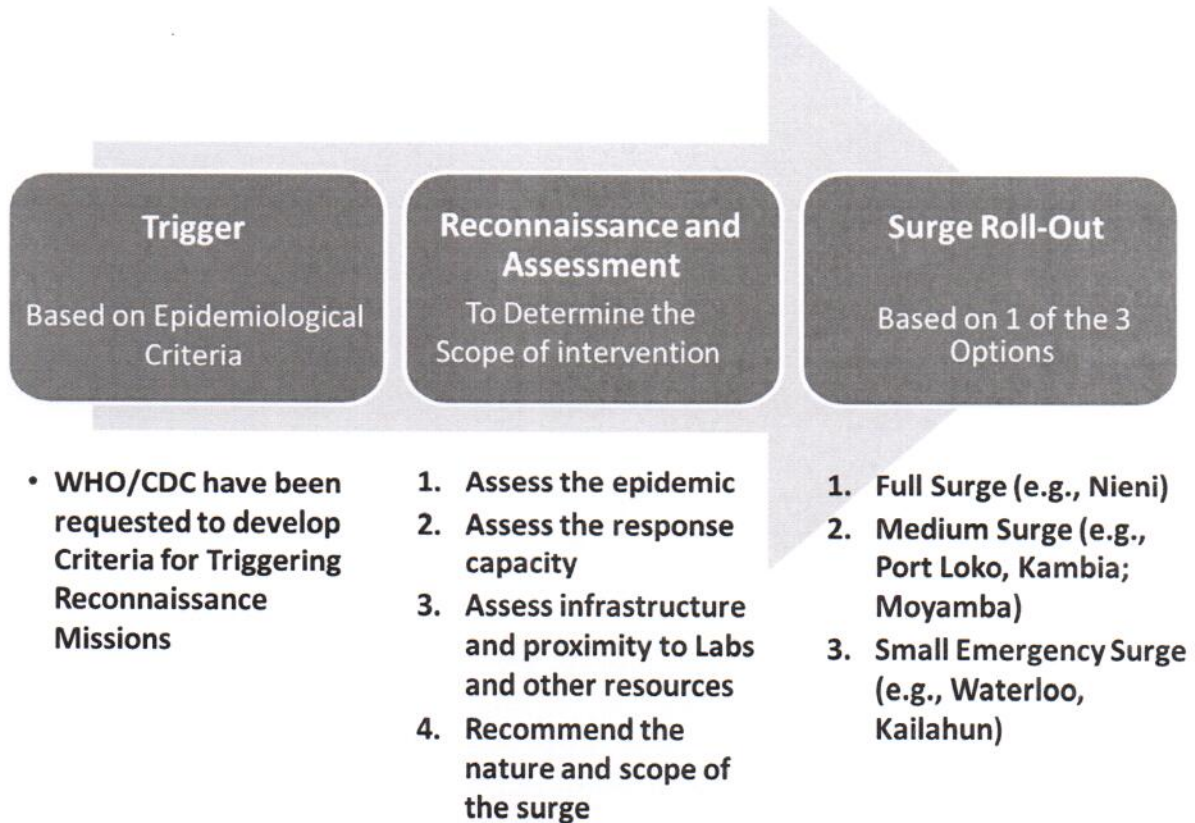


The diagram indicates clearly that the proposed strategic approach has the potential of arresting transmission and containing the outbreak “at-location” at a very early stage. Such an aggressive programmatic intervention has the advantage of preventing a much bigger crisis. The establishment of the new national incident command and management structure through the NERC with District level sub-structures provides an excellent opportunity for a rapid and nimble stabilization response even as broader systems are being created. This also provides the DERC coordinator and their teams extra surge capacity as they develop medium to longer term plans.

Core functions of the RRST:

- Work with the DERC to conduct a rapid assessment and establish emergency priorities for a rapid 30 day response;
- Work with DERC to establish a short term strategy and target for interrupting ALL transmission within a limited time period;
- Work with the DERC to over a short period to aggressively implement actions aimed at immediately interrupting transmission.

Figure 2: Process of Surge Response



It is assumed that the conversion of recce missions into small, medium or full surge interventions will need to be projected in order to anticipate the level of efforts and resources required. The scenario for operational planning is that 3 out of 15 reconnaissance missions would require full surge; 2 out of 15 would require medium surge and the remaining either need to be responded by small surge or referrals to DERCs.

In terms of operationalization of the surge options, coordination with additional partners on the ground will be crucial to ensure complementarity of resources and capacities.

Standard RRST composition:

The proposal is to establish a multi-disciplinary team that could be drawn from key existing partners and pillars and constituted for each response as needed. The core capabilities required in the team could be:

- Team leader – An experienced individual in emergency response;
- Case management and infection control expert;
- Surveillance and contact tracing expert;
- Social mobilization and Communications expert;
- Logistics expert to help assess the operational logistics needs of getting isolation, treatment and burial response capacity to speed;
- A Survivor representative to help build confidence in the new outbreak.

Depending on the circumstances and geography team composition might be revised and additional members may be brought in to enhance team services and effectiveness.

Duration of deployment:

- One to two weeks.

Mode of Operation of RRST:

- Assess the situation and rapidly draw on NERC resources on a temporary emergency basis - (ambulances, staff, supplies, etc.) to provide 'slow-down' effect on the epidemic as plans are made for medium to full surge interventions.

b) PROJECT OBJECTIVES

1. Strengthened NERC Secretariat successfully halts outbreak/spread of EVD
 - *Surveillance triggers set up based on epidemiological criteria for RRST deployment;*
 - *Reconnaissance and assessment conducted;*
 - *Surge requirements determined in terms of for scope and scale of interventions;*
 - *Surge capacity deployed to augment DERCs.*

c) COHERENCE WITH EXISTING PROJECTS:

The proposal is in line with ongoing efforts by UNMEER, the Joint Inter Agency Task Force of the United Kingdom to strengthen and support the NERC Secretariat and the Situation Room. The proposal will allow the necessary strengthening of the NERC Secretariat to proactively anticipate and contain the outbreak/surge of EVD and to implement a two-pronged approach to operational planning that responds to and anticipates the epidemic.

c) CAPACITY OF UNMEER AND IMPLEMENTING PARTNERS:

UNMEER and the implementing partners have the necessary technical and human resource capacity to assist NERC in the setting up of the said RRSTs. Subject Matter Specialists to form the core RRSTs are identified and available through the Ministry of Health, Ministry of Defence, CDC, WHO, WFP, and UNOPS along with support from the UK Military.

Strengthened information management from WHO-CDC is expected to support the deployment of the RRSTs and to ensure that based on the trends, projections and predictions of EVD transmission route, RRSTs are strategically utilized to snuff out EVD totally.

It is expected that such concerted effort will result in strengthened DERCs that are better organized to respond to any sudden increase of cases on a sustained basis; marked reduction of anticipated secondary cases from the current outbreak to enable quick mopping up when the systems are properly established; and curbing any chances of tertiary cases.

d) PROPOSAL MANAGEMENT:

The project will be directly executed by NERC. A project board consisting of NERC, UNMEER, Case Management Pillar Lead and JIATF representatives will be established and will provide policy guidance, oversight of the project.

RISK MANAGEMENT:

| 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) |
|---|---|--|--|
| Lack of timeliness and efficiency of RRST rotation and deployment could result in delays in setting up control barriers around the epicentre to arrest EVD surge. | Low | High | WHO-CDC provide high quality expert predictions/projections of high risk areas to manage the rotation of the RRSTs. Responsible: WHO-CDC, JIATF, NERC, UNMEER |
| Delays in deploying the small, medium and full surge options. | Medium | High | The RRST team will be required to verify and assess the epidemic on the ground; the response capacity required; existing infrastructure and proximity to Labs and other resources to refer cases; and recommend the surge options. For every RRST deployment, full surge readiness will be confirmed for roll-out as the worst-case scenario. Responsible:, WHO-CDC, RSLAF, NERC, Pillar Leads, JIATF, UNMEER |

d) MONITORING & EVALUATION:

Monitoring and evaluation (M&E) will be carried out as part of NERC and UNMEER operational plan monitoring. Key performance indicator data will be collected and progress tracked against these indicators. Performance will be reported on a monthly basis.

Proposal Title: *Establishing Rapid Response and Stabilization Teams (RRSTs) in the National Ebola Response Centre Secretariat (NERC).*

| <input checked="" type="checkbox"/> SO 5 Prevent Further Spread MCA13: Multi-faceted preparedness | | | | | | |
|--|--|--|---------------------|-------------------------------|------------------|--|
| Strategic Objective to which the Proposal is contributing ¹ | Geographical Area (where proposal will directly operate) | Baseline ² In the exact area of operation | Target | Means of verification | Responsible Org. | |
| <i>EVD surge and spread stopped in locations assessed by RRSTs.</i> | <i>National</i> | District level EVD Baseline | 100% | Dashboard | NERC, UNMEER | |
| <i>% of secondary cases</i> | <i>National</i> | District level EVD baseline | <10% | Dashboard | NERC, UNMEER | |
| <i>% of tertiary cases</i> | <i>National</i> | District level EVD baseline | 0% | Dashboard | NERC, UNMEER | |
| <i>% RRST missions converted to full surge interventions.</i> | <i>National</i> | 0 | <25% | Dashboard | NERC, UNMEER | |
| MCA13: | | | | | | |
| Output Indicators ³ | Geographical Area | Target ⁴ | Budget (US\$) | Means of verification | Responsible Org. | |
| <i># of Surveillance Triggers leading to RRST deployment.</i> | <i>National</i> | 2 deployment per RRST/6 per month | 1,651,453.59 | Master bed list Dashboard | NERC, UNMEER | |
| <i># of Small, Medium and Full Surge interventions implemented as a result of RRST deployment.</i> | <i>National</i> | 5 No surges 5 Small 3 Medium 2 Full | 5,493,584.39 | Dashboard, maps, NERC reports | NERC, UNMEER | |
| <i>Total</i> | | | 7,145,037.98 | | | |
| Coordination Fees (20%)⁵ | | | | | | |
| <i>Staffing</i> | | | <i>1,651,453.59</i> | | | |

¹ Proposal can only contribute to one Strategic Objective

² If data are not available please explain how they will be collected.

³ Project can choose to contribute to all MCA or only the one relevant to its purpose

⁴ Assuming a ZERO Baseline

⁵ Should not exceed 20% including the indirect cost

| | | | |
|----------------------------------|--|--|---------------------|
| <i>Data collection</i> | | | -- |
| <i>Equipment & Supply</i> | | | 5,026,152.00 |
| <i>Indirect Cost max 7 %</i> | | | 467,432.39 |
| Total Project Cost in USD | | | 7,145,037.98 |

* (1 US\$= Le 4,650)

ANNEX 1

| RAPID RESPONSE TEAM OPERATIONAL BUDGET (3-MONTHS) | | | | |
|---|--|---------------------|---------------------|---------------------|
| | Expenditure Category | UNMEER | UNOPS | TOTAL |
| 1 | Staff and other personnel | 900,000.00 | | 900,000.00 |
| 2 | Supplies, Commodities, Materials ⁺ | | | - |
| 3 | Equipment, Vehicles, and Furniture | | 3,194,500.00 | 3,194,500.00 |
| 4 | Contract services | 317,130.70 | 1,012,500.00 | 1,329,630.70 |
| 5 | Travel and Field Allowances | | | - |
| 6 | Transfers and Grants to Counterparts ⁺⁺ | 1,253,474.89 | | 1,253,474.89 |
| 7 | General Operating and other Direct Costs | | | - |
| | Sub-Total Project Costs | 2,470,605.59 | 4,207,000.00 | 6,677,605.59 |
| | Indirect Support Costs* | 172,942.39 | 294,490.00 | 467,432.39 |
| | TOTAL | 2,643,547.98 | 4,501,490.00 | 7,145,037.98 |

+ Will be drawn down from WHO-UNICEF existing supplies.

++ NERC is a participating agency and will receive the funds for staff, travel and general operating costs.

* 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.