



EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL

Proposal Title: Ensuring Safe and Dignified Burials in Guinea.	Recipient UN Organization(s): UNDP Guinea
Proposal Contacts: For UNDP Aissatou Cisse-Yao Yao 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 Marc Wajnstock Senior Programme Coordinator Address: UNDP Guinée Maison Commune Coléah Commune de Matam BP: 222 Conakry République de Guinée Telephone: +224 628 33 47 68 E-mail: marc.wajnstock@undp.org	Implementing Partner(s) – name & type (Government, CSO, etc.): <ul style="list-style-type: none"> - International Federation of Red Cross and Red Crescent Societies (IFRC) - Guinean Red Cross (GRC)
Proposal Location (country): 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	Proposal Location (provinces): . Most affected prefectures in Guinea <ul style="list-style-type: none"> • Conakry • Boffa • Dubréka • Forécariah • Coyah • Kindia • Boké • Fria
Project Description: UNDP will provide support to Guinean Red Cross through IFRC for the safe and dignified burials pillar activities in Guinea and to IFRC Coordination mechanisms at regional level.	Requested amount: \$ 4,458,330 USD Total requested amount: \$ 4,458,330 USD Other sources of funding of this proposal: None Government Input: Funding from governments through IFRC and UNDP appeals. <hr/> Start Date: July 1 st , 2015 End Date: December 31 st , 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 <i>UNDP</i>	Management Committee Chair:
<i>Name of UNDP Representative a.i. Eloi Kouadio IV</i> <i>Signature</i>	<i>Dr. David Nabarro</i> <i>Signature</i> <i>Date:</i>
<i>Name of Agency UNDP</i> <i>Date & Seal</i>	

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.

a) Rationale for this project:

In Guinea, UNDP, as a lead UN Agency, is invested into the management of various Ebola's response based programs & projects in fields such as: Payments to Ebola Workers, Strengthening Capacities for the Red Cross, Community Engagement, Strengthening of Capacity of the Health Ministry. Together with WHO, UNDP is currently working on capacity building of the Guinean Red Cross (GRC) aiming at reinforcing their logistics/communication and coordination capacities. The project focuses on improving community support for Ebola prevention messages and other Ebola control activities.

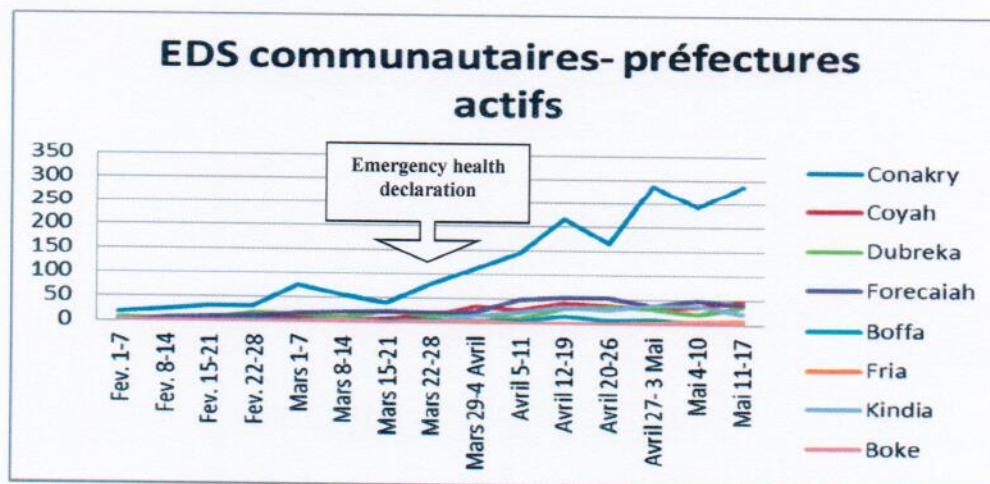
The International Federation of Red Cross (IFRC) and Red Crescent Societies were given the lead coordination role for Safe and Dignified Burials (SDB) during the UNMEER conference in Accra, 15-18 October 2014. Safe burials are critical to reducing the transmission of Ebola and ultimately stopping the disease. In addition to safety of burials, due consideration is needed for families' wishes and societal customs to ensure the success of the strategy.

IFRC, with its member's National Societies in each of the countries affected by the EVD (the Red Cross Society of Guinea, the Liberian Red Cross and the Sierra Leone Red Cross Society) with their networks of volunteers working at community level and taking on a major role in SDB in each country, is entrusted with this important task.

In Guinea, the outbreak, was initially concentrated in the southern Forest Region, specifically the prefecture of Macenta, Guéckédou, and Kissidougou, and later spread across the country to Conakry by April 2014. The epidemic was relatively calm until early August but quickly spread, increasing number of cases and number of affected prefectures, until the end of December 2014. The epidemic curve began trending downwards in January and February 2015, but another, smaller peak in cases was seen in March 2015. By the end of April 2015, the epidemic was almost entirely concentrated in Conakry and the region of Lower Guinea, which prefectures surround the Capital.

Despite the decrease of the incidence rate, the activities made by the Red Cross team increased exponentially in March 2015 after the Presidential Health emergency declaration **with states the obligation to carry out safe and dignified burials for all deaths even those without an epidemiological link to Ebola.**

With the persistence of cases in Forécariah, Boké and Dubréka, we assume that these measures will remain in place until the end of July 2015.



The number of Ebola active districts has been considerably reduced from 18 on November 2015, to 5 in May 2015. Ebola affected areas are mainly concentrated around 3 districts located in Lower Guinea. Nevertheless, it is unknown what might be the impact of the rainy season on the plans of getting down Ebola to zero cases. There is no consensus about the epidemiological patterns of transmission but there is a common understanding around the fact that the number of health preventive interventions and cases confirmed could increase during the rainy season because of the lack of strong vaccination campaigns in 2014 as well as no regular routine immunization due to the

Ebola crisis, health staff being focus on the EVD response, rainy season, political tensions in the country and the consequences of other possible outbreaks (e.g. measles, cholera). The security situation in Guinea continues to present challenges, with violent clashes between government and opposition supporters hampering the ability of responders to carry out necessary work. The outbreak is in a phase of very rapid decrease but we shall remain cautious as there are unknown chains of transmission and we do not know which could be the impact of rainy season and weak health system.

Even though the spread of the virus is decreasing up to April 2015 and it is mainly located in Lower Guinea, the major factors that continue being a potential risk to get down Ebola to zero cases are: poor understanding of the disease; inadequate communication; misconceptions and fear among the affected communities; lack of adherence to strict Governmental policies to do all the burials in hotspot areas; disrupted primary health services; lack of implementation for protocols by healthcare workers in dealing with EVD and low performance of contact tracing (Only 26 % of new confirmed cases from registered contacts²).

The number of SDB teams will be scaled down progressively based on the epidemiologic situation and Government strategic direction.

On June 1st 2015, 378 volunteers from non-actives prefectures in Forest, middle and upper Guinea will be demobilized after 2 months of stand-by. 279 are planned to be demobilized by August 1st 2015 and a stand by force will be maintained for 60 days.

Demobilized volunteers will receive a demobilization package (awards and gifts) while some will remain active in the Community based Epidemic Response Team (CERT) for event based surveillance and alert.

The planning assumptions for mobilization/Demobilization of SDB team is summarized in the table below:

		Current situation 26/05/2015		Projection from 01 /06/2015 to 31/07/2016		Projection to 30/09/2015 (60 day stand by forces)		
Prefectures		# of SDB team	# of volunteers	# of SDB team	# of volunteers	# of SDB team	# of volunteers	# of volunteer for Surveillance
Prefectures with Health Emergency	Conakry	22	220	22	220	8	80	140
	Boffa	4	40	4	40	3	30	10
	Dubréka	3	30	3	30	3	30	0
	Forécariah	9	90	9	90	3	30	60
	Coyah	6	60	6	60	3	30	30
	Kindia	6	60	6	60	3	30	30
	Boké	7	70	7	70	3	30	40
	sub -total	57	570	57	570	26	260	310
Others prefectures	sub -total	42	378	0	0	0	0	0
Total		99	948	57	570	26	260	310

Currently the Guinean Red Cross has 99 SDB teams with 91,3 % of known deaths receiving a safe and dignified burial³.

The cumulative number of Safe and Dignified Burials conducted by the Red Cross is 6,313 (as of 24 May 2015).

This project aim is to:

² WHO Ebola Response Datapack 22nd May 2015

³ OMS and MOH Guinea: Situation Epidémiologique Hebdomadaire Epidémie d'Ebola en Guinée Semaine 20, 2015

- **Support the safe and dignified burials pillar activities in Guinea:** the Red Cross Society of Guinea will be receive support from UNDP and the IFRC, for the work of their safe and dignified burial teams, including funding for personnel costs, equipment and the coordination role of the safe and dignified burials pillar. The Guinean Red Cross, with the support of IFRC, is responsible for the SDB and sanitation unit of national Ebola Cell. In this role, the IFRC acts as a facilitator, convening agencies working on safe and dignified burials to map the response, identify gaps, agree on common protocols and good practice, provide guidance, carry out advocacy, define what constitutes appropriate response, and develop a common strategy. This project also provides support for the Demobilization process and reinsertion of volunteers involved in SDB team. A community based surveillance activity will be implemented and will be part of the demobilization process.

- **Support the IFRC Coordination mechanisms at regional level:** The regional office will ensure coherence in field activities and regional alignment with the Mano River Union and ECOWAS as well as advocacy for harmonized surveillance and quarantine policy between affected countries through cross border meeting and field supervision. This activity will be supported by IFRC regional office. He will also provide technical support to National Societies to conduct cross-border activities, facilitate the development of a regional recovery framework and encouraging regional harmonized approaches.

Since November 2014, and as a part of the national response, UNDP, jointly with other agencies has been implementing the Community Watch Committees (CWC), which are the community based structures in charge of promoting Ebola prevention activities at their communities. These CWCs have contributed to educate and sensitize communities on SDB and diminish community rejection. Ongoing secret and traditional burials represent an area of intervention that UNDP is considering in its strategy to reinforcing the GRC.

b) Coherence with existing projects:

The Guinean Red Cross is the sole organization in charge of SDBs in Guinea. Safe and Dignified Burials impact and are impacted by the other four pillars which are: social mobilization and community engagement, psychosocial support, contact tracing, and treatment of cases. As such, the Guinean Red Cross and the IFRC collaborate closely with the other pillar lead agencies in Guinea, including UNDP, the Ministry of Health, MSF, Alima, UNICEF, UNFPA, and others.

This project complements a previous joint project (UNDP and WHO) sent to MPTF which overall objective, the capacity building of the GRC, can be segregated into 3 specific objectives:

- (i) Improving the coordination mechanisms between GRC teams and other intervention teams (specifically with teams from MoH, CDC and emergency phone line teams).
- (ii) Reinforcing GRC presence and operations in the field.
- (iii) Strengthening coordination and communication between GRC and Community Watch Committees and religious leaders.

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

UNDP Guinea, in addition to its existing staff, as set a surge team of 10 International and National Program and Operation specialists to support swift project implementation response.

UN agencies and International NGOs have been working together in the most affected regions since the onset of the EVD particularly in Guinea where UNDP is working closely with Médecins Sans Frontières, Alima, the French Red Cross, IFRC and the Guinean Red Cross.

IFRC has a country office supporting the Guinean Red Cross, which currently has 99 Safe and Dignified Burial teams. There are currently 30 IFRC international staff and more arriving in Guinea including health, water and sanitation and psychosocial support specialists, deployed to support IFRC and GRC emergency operations. The GRC currently has 250 staff and 948 active volunteers involved in Ebola response operations. The current total IFRC Emergency Appeal budget for the Ebola response in Guinea is \$ 29.9 million USD, out of which the budget for Safe and Dignified Burials is currently of \$ 15.1 million USD (up to December 2015).

d) Proposal management:

The project will be managed by UNDP's offices in Conakry and implemented jointly by UNDP, IFRC technical team and the GRC.

e) Risk management:

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: Pockets of reticence continue to pose a risk to volunteers and SDB teams.	Medium	High	Responsible: UNDP, IFRC and GRC will meet with community leaders to facilitate continued access for SDB teams. IFRC delegation is conducting Safe Access trainings.
Other epidemic risks: Rebound of EVD hotspots due to rainy season.	Medium	High	Responsible: Sanitary and epidemiological controls will be improved by reinforcing coordination between CBUs, CL, CWC and MoH employees. UNDP will coordinate follow up efforts in order to ensure prevention and early notification of cases.
Partnership risks: Weak capacity of implementing partners.	Low	High	Responsible: UNDP is also working towards building the capacity of the GRC. The project aims at mitigating the partnership risk and ensure proper implementation.
Financial risk: Lack of Funds.	Medium	High	Responsible: UNDP and IFRC will actively seek to mobilize funding in order to ensure adequate support.
Political risks: Social unrest and political environment.	Medium	Medium	Responsible: UNDP will continuously monitor the political situation especially during the electoral period.

f) Monitoring & Evaluation:

UNDP Programme coordinator, IFRC's Program Coordinator, SDB delegate and the Information Officer will be responsible for the management of the activities outlined in this proposal, and for monitoring and evaluation, and collection and analysis of required data.

At country level, ongoing monitoring will be undertaken primarily through the mobile data collection system MagPi, but also through regular review of coordination meeting outputs and discussions with partners. Monitoring and quality control of burial teams is carried out by specially trained members of the Red Cross National Societies and the IFRC, who offer technical support to teams. Psychosocial support is also offered. Data is collected on the location of deaths and burials in the MagPi system will soon be collated and shared with partners.

PROPOSAL RESULT MATRIX

Proposal Title: Ensuring Safe and Dignified Burials in Guinea					
Strategic Objective to which the Proposal is contributing ⁴		Strategic Objective 1: Stop the Outbreak. Mission Critical Action [1, 2]: Safe and Dignified Burials.			
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline ⁵ In the exact area of operation	Target	Means of verification	Responsible Org.
% of <i>unsafe burial within reported community death</i>	Conakry, Boffa, Dubréka, Forécariah, Coyah, Kindia, Boké, Fria	4 %	0 %	WHO Ebola datapack reports	UNDP, IFRC, GRC
Result Indicators	Geographical Area		Target ⁶	Means of verification	Responsible Org.
Output 1: Safe and dignified burials (SDB) are adequately trained, equipped and demobilized.					
Number of district with trained SDB teams	Conakry, Boffa, Dubréka, Forécariah, Coyah, Kindia, Boké, Fria		8	SDB Training Reports	IFRC, GRC
Number of districts with properly equipped SDB teams.	Conakry, Boffa, Dubréka, Forécariah, Coyah, Kindia, Boké, Fria		8	Equipment Inventory	IFRC, GRC
Number of trainings/workshops and refreshing sessions.	Conakry, Boffa, Dubréka, Forécariah, Coyah, Kindia, Boké, Fria		18	Training reports	IFRC, GRC
% of SDBs conducted within 24hrs of decease notification.	Conakry, Boffa, Dubréka, Forécariah, Coyah, Kindia, Boké, Fria		100%	MagPi data on deceased - time and date of burial alert compared to time and date of burial. Records of Alert notification.	IFRC, GRC
% of demobilized volunteers that received a demobilization package (certificate, cash grant, etc...)	Conakry, Boffa, Dubréka, Forécariah, Coyah, Kindia, Boké, Fria		100%	Certificate of acknowledgment. Grant Distribution list.	IFRC, GRC
Output 2: Regional coordination mechanism is enhanced through coordination and Cross border meetings.					
Number of regional/cross-border meetings organized	Accra, Guinea, Sierra Léone and Liberia		2	Workshop reports	IFRC

⁴ Proposal can only contribute to one Strategic Objective

⁵ If data are not available please explain how they will be collected.

⁶ Assuming a ZERO Baseline

Project budget by UN categories

Categories	Amount	Details (see detailed budget attached)
1. Staff and other personnel	1,196,436	Salaries for project staff.
2. Supplies/commodities/materials	529,528	Provisions for project activities, snacks, materials. Supplies for torches, tables.
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details)	1,089,255	Car rental and fuel. Other equipment.
4. Contractual services	72,305	Consultancies, other services and per-diems for project activities.
5. Workshop	360,442	Training and workshop
6. Travel	-	Air travel for activities implementation, M&E missions.
7. Transfers and Grants to Counterparts (include details)	.	Grants for EVD victims
8. General Operating Costs	918,698	IFRC General operating direct & management costs
Sub Total (\$ USD)	4,166,664	
Indirect Support Costs (7% for UNDP)	291,666	GMS
TOTAL (\$ USD)	4,458,330	

* 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.