



## EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL

<b>Proposal Title:</b> Campaign of sensitization and Early detection of Ebola suspected cases	<b>Recipient UN Organization(s):</b> WHO
<b>Proposal Contact: Dr. Jean-Marie Dangou</b> WHO Resident Representative Address: WHO Guinea Telephone: +224 623235555 E-mail: dangou@un.org	<b>Implementing Partner(s) – name &amp; type (Government, CSO, etc):</b> Coordination Nationale de Lutte contre la Maladie à Virus Ebola, République de Guinée (Government)
<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>  Forecariah, Coyah, Dubreka, Conakry, Kindia, Boffa
<b>Project Description:</b> <i>One sentence describing the project's scope and focus.</i>  Following Presidential declaration for reinforced health emergency during 45 days in the 6 most affected prefectures of Guinea, a campaign of sensitization and Early detection of Ebola suspected cases is launched in order to control the epidemic by the end of the 45 days.	<b>Requested amount:</b> USD 490,996  Other sources of funding of this proposal: Other sources (indicate): UNICEF, CDC, French cooperation Government Input: in kind support <hr/> <b>Start Date:</b> 10/04/15 <b>End Date:</b> 15/05/15 <b>Total duration (in months):</b> 1,5 month

**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**

<b>Recipient UN Organization(s)<sup>1</sup> WHO</b>	<b>Management Committee Chair:</b>
<i>Name of Representative: Dr Jean Marie DANGOU</i> <i>Signature .</i> <i>Name of Agency: World Health Organization</i> <i>Date &amp; Seal: 08 April 2015</i>	<b>Dr. David Nabarro</b>  <b>Signature</b> <b>Date:</b>

As per decision of Advisory Committee meeting dated April 09, 2015  
USD 400,000 were allocated for this project out of USD 490,996 requested.

## NARRATIVE

- a) **Rationale for this project:** *This section summarizes briefly why this project is the best way to achieve/contribute to the relevant Strategic Objective (SO) and the associated mission critical actions (MCA).*

On 28 March 2015, President Alpha Condé of Guinea declared a reinforced health emergency for a period of 45 days in the districts of Forecariah, Coyah, Dubreka, Boffa and Kindia. Conakry is also subject to reinforcement of measures. The declaration enables authorities to encourage and induce door to door case findings in those EVD hotspots. The President also announced the closing and quarantining of private hospitals and clinics where the cases have been detected, limitations on participation in burials (only the close relatives should participate) and EVD testing of all corpses during the 45-day period. The launch of a door to door case finding has been decided both to support the detection of all suspected cases as well as ensure that the population is aware of the measures taken. The specific objectives are to:

- Communicate on prevention and behavioral measures when faced with suspected cases (communication will be accompanied with distribution of prevention kits)
- Share and communicate on the recent presidential declaration on reinforced health emergency
- Identify and take action regarding suspected cases
- Reinforce communities' involvement in activities of surveillance of potential cases

Strategic Objective (SO) 1 of the MPTF is directly targeted in this project through the implementation of mission critical actions (MCA) number 1 "Identifying and tracing of people with Ebola". As the epidemic is now fully concentrated to the area of Basse Guinée, a proactive campaign using a door-to-door strategy becomes possible and efficient. This strategy will help detect suspected cases, identify unknown chains of transmission and could represent a significant step towards the zero Ebola case.

Teams of 3 people, composed of 2 community social mobilisers and 1 healthcare agent, will be conducting door-to-door sensitization and identification of suspect cases in affected neighborhoods. Each team will be in charge of sensitizing 30 families per day, or 3 families per hour. Each time a team detects a suspected case, it will inform the Ebola alert/investigation teams so that appropriate measures can be immediately taken: confirm whether the case is suspect and in case of death perform a saliva swab in situ and get it tested. Suspect cases will then be kept in a transitory secured location in their own house until the laboratory result is available. All cases will receive appropriate health care while the diagnostic is under way. Ebola negative cases will return to their homes or send to health care centers, and positive EVD cases will be transferred to ETU.

A communication campaign will accompany the health measures in order to ensure good information and adherence to the response and sensitize the population on the new presidential policy in effect as well as general information on the epidemic and its containment.

<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.



In total, the targeted population in the 6 prefectures amounts around 560,000 persons for which 4,709 teams will be deployed to implement the door-door sensitization and case finding.

**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*

The declaration of the President and the measures followed consultations on efforts to accelerate response between the President and UNMEER SRSG, Mr. Ismail Ould Cheikh Ahmed, at the end of March 2015. UNMEER officially supported the declaration:

["http://ebolaresponse.un.org/sites/default/files/2015-03-30\\_unmeer\\_to\\_align\\_support\\_behind\\_courageous\\_ebola\\_containment\\_steps\\_by\\_guinea.pdf"](http://ebolaresponse.un.org/sites/default/files/2015-03-30_unmeer_to_align_support_behind_courageous_ebola_containment_steps_by_guinea.pdf)

In addition, UNMEER supported the campaign "Ebola ca suffit" (Enough of Ebola) through a specific MPTF funding. In view of persistent resistance in "Basse Guinea" (Districts of coastal Guinea), UNMEER facilitated a government led eight-day campaign to reinforce social mobilization efforts, enhance community participation and reduce stigmatization of EVD survivors. The final event of this campaign called: "la Basse Guinee dit Ebola ca suffit" (Coastal Guinea says: enough of Ebola), supported by UNMEER was an important meeting in Kindia with all the regional leaders funded through a QIP. Major efforts are currently put on the social mobilization of Basse Guinee as it is considered a key pole for the success of the fight against Ebola.

**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.*

WHO, the recipient organization, has more than 370 staff on ground in the various prefectures of the country, including 123 internationals and 247 nationals with many background and expertise (epidemiologists, laboratorians, communicators, socio anthropologists, IPC specialists, clinicians, logisticians...). Guidelines and tools on EVD are available for dispatch in the selected areas. WHO works in collaboration with other agencies: UNICEF in social mobilization and community engagement, IFRC for safe burials and social mobilization using many volunteers, CDC for surveillance and data management, MSF for case management, etc...).

The project will be co-implemented with the National Ebola Coordination Cell (NERC) which has been established by the President of the Republic to coordinate the Ebola response. The NERC is in charge of national coordination with UN system, NGOs and donors, and has replicated its structure at the local level by establishing 27 Prefectural Ebola Coordination Cell.

**d) Proposal management:** *This section identifies the oversight structure or mechanism responsible for the effective implementation of the project and for the achievement of expected results. If need be, an organogram can be included to help understand the structures.*

Regarding the operational implementation, the supervision of the teams will be done at 3 levels:

- Sub-prefecture under the local healthcare center
- Prefecture under the prefectural Ebola coordination
- Region under the regional health department

The global operational supervision of the project will be ensured at the central level, the Ministry of health of Guinea and the National Ebola Coordination cell.

Regarding the proposal management, WHO has a national technical coordinator for Ebola based at central level and field coordinators in each prefecture. They coordinate not only WHO teams, but in close collaboration with the national prefectural coordinators and UNMEER field crisis managers and information management officers. Integrated supervision teams are on ground for quality assessment and better coordination of response activities, and orient the teams so that expected results are achieved. A deputy WHO representative is now appointed for the overall coordination of the response to EVD and partnership.

- e) **Risk management:** *This section sets out the main risks that may jeopardize project implementation, their likelihood, severity, and risk management, including responsibility for risk management/ mitigation.*

**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)
Resistance : community react negatively to case extraction following a door-to-door approach	medium	high	Door-to-door teams include community members and sensitizers that are appropriately trained before the project.
Diagnostic : The capacity to test rapidly all the suspected cases can be insufficient if many more cases than expected are found	medium	High	A meeting between all partners has been organized before the implementation of the campaign in order to ensure commitment and coherence in the provision of laboratory testing capacity.
Handling of suspected cases: fever cases requiring case management will overload the capacity of the national health system to respond adequately and timely	Medium	high	The involvement of medical Doctors within the alert/investigation teams and MSF and Red Cross should mitigate this risk as this surge capacity should help handle the upsurge of fever cases to be addressed medically.
Partnership risk	high	medium	The campaign will begin with a pilot test in the region of Forécariah before the large scale campaign in the remaining 5 affected prefectures. It will allow drawing lessons and taking corrective measures if necessary.

- 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.*

Data collection will be done by the National Coordination teams that will be mobilized specifically for this campaign at the prefectural level. In addition, WHO already has Supervisors who will be able to assess the quality of work done by the field teams. Problems identified can be either solved locally or referred to the central level for solutions. WHO Data managers will work closely with National Coordination teams for collected data entry and analysis. The report will be shared with all partners. The country has decided to do a pilot test in Forécariah. The results of Forécariah will be carefully analyzed and if successful will be implemented in the other prefectures.

## PROPOSAL RESULT MATRIX

<b>Proposal Title: Campaign of sensitization and Early detection of Ebola suspected cases</b> <b>Strategic Objective to which the Proposal is contributing<sup>2</sup></b>					
<b>Stop the outbreak</b>					
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline <sup>3</sup> In the exact area of operation	Target	Means of verification	Responsible Org.
Number of Ebola cases	Forecariah, Dubreka, Kindia, Boffa, Coyah, Conakry,	Number of cases the week before the campaign : 21 (week 30 March-5 April)	Zero Ebola by the end of the reinforced health emergency (15 May)	Sitrep Guinea	National coordination cell / WHO
<b>MCA 1 : Identifying and tracing of people with Ebola <sup>4</sup></b>					
Output Indicators	Geographical Area	Target <sup>5</sup>	Budget	Means of verification	Responsible Org.
Number of households visited	Forecariah, Dubreka, Kindia, Boffa	565,026 households	Global Campaign budget : 1,452,046 USD	National Coordination Cell Monitoring Matrix (Fiche de synthese)	National coordination cell / WHO
Number of persons sensitized		3,390,155 persons sensitized			
Number of suspected cases		3717 suspected cases identified	MPTF contribution: 458,875 USD		
<b>Coordination Fees<sup>6</sup></b>	<b>0</b>	<b>0</b>	<b>0%</b>		
<i>Staffing</i>					
<i>Data collection</i>					
<i>Equipment &amp; Supply</i>					
<i>Indirect Cost max 7 %</i>					
<b>Total Project Cost in USD</b>			<b>1,452,046</b>		

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

<sup>3</sup> If data are not available please explain how they will be collected.

<sup>4</sup> Project can choose to contribute to all MCA or only the one relevant to its purpose.

<sup>5</sup> Assuming a ZERO Baseline

<sup>6</sup> Should not exceed 20% including the indirect cost



**Project budget by UN categories**

<b>PBF PROJECT BUDGET</b>			
<b>CATEGORIES</b>	<b>Amount Recipient Agency</b>	<b>Amount Recipient Agency (if more than 1)</b>	<b>TOTAL</b>
1. Staff and other personnel (include details)			
2. Supplies, Commodities, Materials (include details)			
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details)			
4. Contractual services (include details)			
5. Travel (include details)			
6. Transfers and Grants to Counterparts (include details)	458,875		458,875
7. General Operating and other Direct Costs (include details)			
<b>Sub-Total Project Costs</b>			
8. Indirect Support Costs*	32,121		32,121
<b>TOTAL</b>	<b>490,996</b>		<b>490,996</b>

\* 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.