

12-03-2015



UN Programme on Ebola Viral Disease Preparedness

Country: Ghana

Programme title: UN Programme on Ebola Virus Disease Preparedness in Ghana

Programme goal: To support the Government of Ghana to adequately prepare for early detection and containment of Ebola Virus Disease, and prevent its further spreading within the country or to other countries

Programme Duration: 19 months
Anticipated start/end dates: June 2014 to December 2015

Fund Management Options: Combination of Parallel Funding and Pass-Through Funding

Administrative Agent: UNDP

Total estimated budget*: 9,289,144 US\$

Out of which:

1. Funded budget: 2,032,200 US\$
2. Unfunded budget: 7,256,944 US\$

* Total estimated budget includes both programme costs and indirect support costs

Names and signatures of participating UN organizations

<p>Name:</p> <p>UN Resident Coordinator</p> <p>Date: 11/03/2015</p>	<p>Name:</p> <p>WHO Representative</p> <p>Date: 12/03/2015</p>
<p>Name:</p> <p>UNHCR Representative</p> <p>Date: 11/03/15</p>	<p>x</p> <p>Name:</p> <p>UNDP Representative</p> <p>Date: 11/03/2015</p>
<p>Name:</p> <p>IOM Representative</p> <p>Date: 11/03/2015</p>	<p>Name: Susan Ngoni</p> <p>UNICEF Representative</p> <p>Date: 11.3.2015</p>
<p>Name:</p> <p>UNFPA Representative</p> <p>Date: 11-03-2015</p>	<p>Name:</p> <p>UNIDO Representative</p> <p>Date: 11-3-2015</p>
<p>Name:</p> <p>WFP Representative</p> <p>Date: 11/03/2015</p>	<p>Name:</p> <p>UNESCO Representative</p> <p>Date: 11/03/2013</p>
<p>Name:</p> <p>UNAIDS Representative</p> <p>Date: 11</p>	<p>Name:</p> <p>ILO Representative</p> <p>Date: 11/03/2013</p>
<p>Name:</p> <p>FAO Representative</p> <p>Date: 11/03/15</p>	<p>U</p>

Names and signatures of Donor Partners

Donor partners	
<p>.....</p> <p>.....</p> <p>Name Head of Cooperation, Canada</p> <p>Date: March 12, 2015</p>	<p>.....</p> <p>.....</p> <p>Name</p> <p>Date:</p>
<p>.....</p> <p>Name</p> <p>Date:</p>	<p>.....</p> <p>Name</p> <p>Date:</p>

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I. BACKGROUND AND RATIONALE

The Ebola Virus Disease (EVD) outbreak was first reported to WHO in March 2014. As at 29 October 2014, about 14,000 cases and nearly 5,000 deaths have been recorded mainly from the three most affected countries, Guinea, Liberia and Sierra Leone. In all these three countries, evidence according to UNDP¹ points to the huge effect of the disease on women, largely because of women's wide-ranging roles as caregivers and economic agents in the agricultural and informal sectors. Factors that render women most susceptible to Ebola and other outbreaks are not solely biological, but rather have to do with women's roles as frontline caregivers and care workers, cross-border traders, nurses, and mothers within the disease-stricken communities, as well as active economic agents in the informal sector.

Ghana is considered as being at high risk of importation of EVD in view of a combination of varied number of factors which have the potential to trigger an outbreak which will have a devastating impact on health, economic, social, security and overall development of the country. Some of these factors include:

- Ghana is an international transportation hub
 - Intense traffic between Ghana and neighboring countries and close and far away continents. It is estimated that an average of 30 flights land at and depart from the Kotoka International Airport daily, transporting between 4,000 to 10,000 passengers on a daily basis,
 - Air, land and sea border crossings are frequent. An estimated 56 approved entry points are used daily, and the number of unauthorized crossing points is estimated to be higher than the approved ones;
 - Numerous bus terminals transport people from within and outside Ghana on a daily basis;
 - Swift cross travel around the world further complicates surveillance of passengers;
- Ghana has weak health systems
 - Majority of doctors concentrated in Greater Accra region,
 - The surveillance system is weak, with challenges identified in collection, analysis and reporting of data;
 - The culture of women as primary care givers which pre-disposes them to Ebola infection
 - There are several harmful cultural practices related to health care seeking practices;
 - This being the first ever EVD outbreak in West Africa, there is lack of experience and limited capacity among health care workers in particular and national institutions in general for mounting a rapid and effective response;
- Presence of communities with relatives from affected countries (refugee camps);
- Ghanaian fishermen reportedly returning from affected countries;
- Ghanaian troops stationed in Liberia and coming home ;
- The Ghanaian culture of hospitality

¹ UNDP Africa Policy Note; Vol. 2, No. 1, 30 January 2015

The prevention and control of EVD requires a gender sensitiveⁱ and multi-sectoral approach involving Government, UN agencies and other development partners, civil society, the private sector and most importantly men and women in the vulnerable/affected communities. The role of development partners and the UN in particular, is to contribute to strengthening existing national capacities to accelerate the preparedness measures and improve readiness, in order for the country to be in a position to quickly detect and act to contain any case of EVD. In reference to the UN System---Wide Policy on Gender Equality and the Empowerment of Women as well as the various gender Equality strategies and action plans of the Individual UN agencies involved in this project, gender will be mainstreamed in all interventions.

Rationale

The Government of Ghana has activated an Emergency Inter-Ministerial Committee, led by the Minister of Health. Among others, members of the Committee include the Ministers of Communication, Defense, Interior, Transport and Local Government, along with staff from the Presidency.

A National Preparedness and Response plan has been developed and some funding allocated by the Government for its implementation. One of the three planned treatment centers has been completed, 10,000 Personal Protective Equipment (PPE) kits have been procured and pre-positioned and staff is being trained for surveillance, case management, contact tracing, etc. In addition, surveillance activities have been heightened, with screening at major ports of entry. Social mobilization is ongoing. However, the preparedness and response plan is underfunded, major gaps in preparedness have been identified, coordination needs to be strengthened, there is need to rapidly scale-up training on surveillance, case management and infection prevention and control, and widen the reach of social mobilization efforts. The United Nations Agencies and bilateral donors and partners have been providing support towards the implementation of the plan.

While WHO has been the lead UN agency providing technical support to the Government on the EVD preparedness and coordinating the efforts of the major players, several other UN agencies have prepared plans and are supporting implementation of activities geared towards improving Ghana's readiness for EVD. The United Nations Country Team, (UNCT), Ghana is collectively providing support to the country to fill critical gaps in the national EVD preparedness plan and dedicated/re-programmed its available resources to that effect. The UN's approach also provides an opportunity for working together to Deliver as One, and a conduit for channelling resources and support to the Government. This plan has been developed to crystallize the efforts of the various agencies, in line with their respective comparative advantages in the preparedness process and eventual response.

The UN EVD programme, which has been endorsed by the Government of Ghana, is closely aligned with the National Preparedness and Response Plan. The thematic areas which have been chosen for the UN EVD programme correspond to the thematic areas in the National Preparedness and Response Plan. Furthermore, the selection of the activities proposed in the UN EVD programme was done in close coordination between the lead agencies of the UN in the different thematic areas and the governmental agencies and implementing partners. This ensures the complementarity of the UN EVD programme with the National Plan. Moreover, the strength of the UN EVD programme lies in the fact that its funding is very flexible. The plan can therefore be adjusted to evolving needs in the future.

Funding for Ebola preparedness activities will ensure that Ghana will be adequately prepared for and be able to respond to a possible outbreak of Ebola Virus Disease. Some preparedness activities are already being implemented such as the production and distribution of IPE's, training of frontline health workers and the establishment of holding rooms for isolation of suspected cases. However, more funding is required to ensure adequate preparedness. Activities emanating from interventions included in this proposal will comprise an intense risk communication, public information and education in a gender sensitive manner. This function – collection, collation, analysis, consolidation and dissemination of information – will serve the purpose of keeping the public adequately informed and updated on latest developments concerning the outbreak.

UN interventions will support the Inter-Ministerial Committee, its subcommittees, and the Incident Command Structure in its role of coordination of the preparedness and response interventions, planning, information management, supervision, monitoring and evaluation of activities.

II. STRATEGIES UNDER THE UN PROGRAMME

The strategies to be deployed under the UN programme include the provision of strategic, facilitation and technical support to Ministries, Departments, Agencies and stakeholders, advocacy at various leadership levels for commitment and resource allocation, and coordination of efforts of relevant players.

These strategies are articulated under five thematic areas which are in accordance with the National EVD response plan, namely:

- Surveillance, Situation Monitoring and Assessment
- Risk Communication and Social Mobilization
- Case Management, Infection Prevention and Control
- Planning, Monitoring, Evaluation and Coordination
- Logistics and Security

The UN has established an internal Ebola Committee with the aim of harnessing the strengths of the various agencies in their respective areas of expertise, creating synergies amongst the proposed activities by the UN agencies and preventing gaps or overlaps to arise in the UN response to Ebola. Two inter-agency clusters operate under the Committee. The first cluster, led by WHO, focuses on Surveillance, Case Management, Coordination and Logistics. This cluster is specifically geared towards supporting adequate preparedness, early diagnosis and rapid containment in a coordinated manner. This is done through the support to planning, information management, and coordination functions of the Inter-Ministerial Committee and close collaboration with Government agencies and departments for the training of public and private health, immigration and other personnel at health facilities and entry points, pre-positioning of medical supplies and equipment, and the development of tools and guidance for surveillance and case management. The second cluster, led by UNICEF, is built around Social Mobilisation and Risk Communication. This cluster is more specifically geared towards supporting prevention and preparedness measures in partnership with government and NGO actors. This includes contingency planning, awareness creation and sensitization through effective communication strategies, establishing standby committees, and ensuring that communities are adequately informed and mobilized for prevention and preparedness activities. .

All these strategies will be implemented in a gender sensitive manner taking the strength from the UNDP Gender Equality Strategy. Though the strategy does not explicitly mention the issue of Ebola, it can be located under one of UNDP's three strategic pillars in the 2014-2017 strategic plan; which is "inclusive and effective democratic governance". This pillar talks about, ensuring women's and men's equal participation in governance processes, and their equal benefits from services, are preconditions for the achievement of inclusive and effective democratic governance. The democratic governance area of UNDP work provides an opportunity to advance women's legal rights and empowerment, strengthen their access to justice, and ensure gender responsive and equitable service delivery, and promote their equal participation in decision making. This pillar is located in outcomes two and three of the UNDP strategic plan. Outcome 3 for example talks about countries having strengthened institutions to progressively deliver universal access to basic services. The Gender Equality strategy's recommended entry point for this outcome directs UNDP to support national and subnational actors to expand women's access to services, including health, social protection, security and HIV, and engage women and men equitably in the prioritization and provision of local services. Since Ebola is a gender sensitive issue, both men and women must be engaged in the process of accessing their various needs and addressing them.

III. UN PROGRAMME RESULTS

With adequate funding support, the following outcomes are to be achieved:

- Improved coordination of preparedness and response activities;
- Enhanced capacity for gender sensitive active surveillance, early investigation, detection, diagnosis, contact tracing;
- Effective gender sensitive case management with rigorous infection prevention and control
- Infection containment at the source;
- Limited spread of an eventual EVD outbreak in Ghana and to other countries;
- Low Case Fatality Rate due to EVD;

IV. UN PROGRAMME DESIGN AND IMPLEMENTATION PLAN

The UN EVD programme as found in Annex 1 provides a broad overview of the proposed activities by the different UN agencies and the synergies that have been created amongst them. More detailed project documents have been drawn up for each activity by the respective UN agencies. These project documents provide more details regarding the implementation arrangements and the expected outcomes. These documents have not been included in this programme proposal but can be requested for each activity at the respective UN agency.

V. INSTITUTIONAL ARRANGEMENTS AND MANAGEMENT PLAN

PROGRAMME GOVERNANCE

The National Inter-Ministerial Ebola Taskforce will serve as the national steering committee providing executive oversight of the implementation of the UN EVD Programme. The UN system, through the UN Resident Coordinator Office, will provide quarterly progress reports on UN EVD programme implementation. The representatives of the UN system at the Inter-Ministerial Ebola Taskforce shall include the UN Resident Coordinator and the Representatives of UNICEF and WHO which serve as lead agencies for the two inter-agency clusters supporting the UN EVD Programme.

The overall technical leadership and coordination of the UN EVD Programme within the UN system is performed by WHO while the financial administration and reporting on pass-through funding is carried out by UNDP as the Administrative Agent (AA). The standard fee for the AA function is 1% of the total pass-through funding. Overall management of the UN EVD Programme is supported by the UN RC Office, including the preparation of quarterly progress reports on the entire UN EVD Programme. Each participating UN Agency (PUNA) remains responsible for implementing, monitoring and reporting on its activities and for submitting regular narrative and financial progress reports in a timely manner to UNDP on the activities supported by pass-through funding, and to the UN RC Office on all activities to enable aggregate reporting on the UN EVD Programme.

Steering Committee:	
<ul style="list-style-type: none"> • The national Inter-ministerial Ebola Committee serves as Steering Committee of the UN EVD Programme. It represents the highest decision-making authority for the programme, providing strategic guidance, fiduciary and management oversight and coordination. • It is chaired by the Minister of Health and includes the UN Resident Coordinator and the Representatives of UNICEF and WHO who serve as lead agencies for the two inter-agency clusters coordinating the UN EVD Programme.; • The Inter-ministerial Committee reviews and approves the Joint Programme document, provides strategic direction and oversight, tracks implementation and addresses any arising challenges to ensure progress according to the agreed work plans. It also reviews and approves progress reports, budget revisions/reallocations, and evaluation reports, notes audit reports (published in accordance with each PUNOs' disclosure policy), • Discusses and reviews the UN Ebola Programme at least quarterly. • Steering Committee may review the environmental analysis and supporting documents prepared by Participating UN Organizations as well as whether the management of environmental effects was carried out in accordance with the environmental process(-es) and requirements of the Participating UN Organizations. 	
⇅	
Administrative Agent (AA) MPTF Office/UNDP	Convening Agency (CA) WHO
<ul style="list-style-type: none"> • Accountable for effective and impartial fiduciary management and financial reporting • Selected jointly based on merit in a comparative review by all participating UN organizations 	<ul style="list-style-type: none"> • Accountable for coordination of programmatic activities and narrative reporting • Selected jointly based on merit in a comparative review by all participating UN organizations

<ul style="list-style-type: none"> • May be a Participating UN Organization or any other qualified UN organization; only one AA needed for global programme • Responsible for <i>financial/administrative</i> management: Receives donor contributions, disburses funds to Participating UN Organizations based on Steering Committee instructions, consolidates periodic financial reports and final financial report. • Involved in day-to-day administration 	<ul style="list-style-type: none"> • Responsible for <i>operational and programmatic</i> coordination: Coordinates all the Joint Programme partners, coordinates and compiles narrative reports, coordinates monitoring of annual targets, and reports on Steering Committee meetings, facilitates audits and evaluation, and reports back to the Steering Committee; may be involved in resource mobilization. • Involved in day-to-day coordination, but does not hold any financial or programmatic accountability
⇅	
Participating UN Organizations (PUNOs)	(Sub-)National Governmental Partners
<ul style="list-style-type: none"> • UN organizations that participate in the Joint Programme, includes UN funds, specialized agencies, and non-resident agencies, at national, regional or global level • Operate in accordance with their own regulations, rules, directives and procedures • Assume full programmatic and financial accountability for funds disbursed by the AA • Ensure that they implement environmental considerations in accordance with the Special Provisions below and report to Steering Committee upon request and as appropriate. 	<ul style="list-style-type: none"> • Governmental agencies – MoH, NADMO and GHS at national or sub-national level coordinate with UN organizations and implementing partners • Own the national programme to which the UN provides support
⇅	
Implementing Partners	
<ul style="list-style-type: none"> • National, regional or international governmental or non-governmental organisations, civil society organizations and/or private sector partners (as permitted by the rules and regulations of participating UN organizations) that may be working with Participating UN Organisations and/or (Sub-)National governmental Partners to implement the Joint Programme 	

Coordination: The Convening Agency coordinates and convenes various stakeholders, which may include: convening and reporting on Steering Committee meetings, with the support of RCO,

coordinating the preparation of work plans, commissioning mid-term and final evaluation, and other planning of joint processes.

Donors may request through the Administrative Agent a copy of any environmental analysis(-es) and any supporting documents of the participating UN organizations. The Convening Agency will coordinate the submission of any environmental analysis(-es) and any supporting documents from the PUNOs to the Administrative Agent.

FUND MANAGEMENT

Combination of options: The UN EVD Programme employs a combination of fund management options as elaborated below:

1. **UN Agency Funding:** Part of the budget is financed by UN Agency funds which are already available.
2. **Pass-through Funding:** This option allows Donor Partners to provide funding to the UN Programme as a whole. These funds will be channelled through UNDP which will serve as the Administrative Agent (AA). The funds will be distributed amongst the UN Agencies based on the costed UN EVD Programme Results Matrix. The programmatic and financial accountability will rest with the participating UN Agencies and national partners that would be managing their respective components of the UN EVD Programme.
3. **Parallel fund management:** This option allows Donor Partners to provide funding to individual UN Agencies who participate in the UN EVD Programme. These resources will be managed directly by the respective agency. In case of parallel funding, the respective UN Agency will inform the other Agencies of the funds received for the EVD Programme in order to reinforce coordination.

The budget for the UN EVD Programme will thus be composed of the available core funding from the UN agencies, pass - through funding and parallel funding. Donor partners thus have the option to either fund the UN EVD Programme in its entirety, or fund an individual contributing UN Agency. The UN Agencies will provide quarterly narrative and financial reporting on both the pass - through and parallel funds. As the Administrative Agent, UNDP will prepare quarterly financial reports on the pass-through funding of the UN EVD Programme, on behalf of all participating UN agencies. The UN RC Office will provide quarterly narrative and financial reports on the entire UN EVD Programme.

SPECIAL PROVISIONS

1. Special Provisions regarding Financing of Terrorism

Consistent with UN Security Council Resolutions relating to terrorism, including UNSC Resolution 1373 (2001) and 1267 (1999) and related resolutions, the Parties are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. Each of the Participating UN Organizations will use all reasonable efforts to ensure that the funds transferred to it in accordance with the MoU are not used to provide support to individuals or entities associated with terrorism. If, during the Project implementation, a Participating UN Organization determines there

are credible allegations that funds transferred to it in accordance with this Project Document have been used to provide support to individuals or entities associated with terrorism, it will inform the Steering Committee and the Administrative Agent and, in consultation with the Donors as appropriate, agree on an appropriate response.

The Convening Agency will inform Administrative Agent as soon as possible of any changes to the implementing partners listed in this Arrangement after which the Administrative Agent will share this information as soon as possible with donors.

2. Environmental Assessment

Implementation of this Project Document may involve the carrying out of one or more components that is likely to cause negative environmental effects. The Participating UN Organizations will use all reasonable efforts to ensure that the project is not likely to cause significant adverse environmental effects. The Participating UN Organizations will ensure that the management of environmental effects, including any analysis, is carried out in accordance with the environmental procedures, requirements, policies and framework of their organisations. The cost of administering and applying the Environmental Assessment of the Project and the implementation of any necessary environmental mitigation measures shall be considered eligible expense within individual project budgets.

The agencies who are working together in the different thematic areas are listed below:

THEMATIC AREAS	AGENCIES	MAIN PARTNERS
Surveillance, Situation Monitoring and Assessment	WHO, IOM, UNIDO, FAO, UNFPA	MoH
Risk Communication and Social Mobilization	UNICEF, UNDP, WHO, FAO, UNHCR, UNESCO, ILO, IOM, UNFPA, UNAIDS	MoH/GHS NADMO
Case Management, Infection Prevention and Control	WHO, IOM, UNICEF, UNAIDS, UNFPA	MoH
Planning, Monitoring, Evaluation and Coordination	WHO, UNAIDS, UNICEF, UNFPA	GoG-
Logistics and Security	WFP, WHO	HRD

Legal Context

List of Agencies and their agreements (& date)

Agency	Cooperation Agreements & Date [attach copies]
UNDP	Standard Basic Assistance Agreement [SBAA, Nov 1978]
ILO	SBA May 1957
IOM	August, 2010
UNICEF	SBA , May 1994
WFP	SBA, Jan, 2006
WHO	SBA, 1958
UNHCR	SBA, Nov 1994
UNESCO	Host- Country Agreement, May 2000
FAO	SBA, Dec 1959
UNIDO	SBA, Dec 1999
UNFPA	SBA, June, 2007
UNAIDS	SBAA, Nov 1978

V. APPENDIX I: UN EVD PROGRAMME RESULTS MATRIX



UN Results Framework for EVD (Based on the thematic areas of the Government's Response operational plan)

Prevention and Preparedness activities						
Thematic Area 1: Surveillance, Situational Monitoring and Assessment: UN Agencies involved: IOM, WHO, UNIDO, FAO, UNFPA, UNICEF						
Outcomes	Indicators	Activities	Responsible Agency (RP)	Total Costs Activity (US\$)	Available Funding (US\$)	Funding Gap (US\$)
Strengthened capacity for surveillance	No stock out of reagents and supplies for testing EVD	Procure and distribute basic personal protective medical supplies, hygiene supplies and temperature screening equipment.	IOM	68,200		68,200
	# of temperature screening equipment installed	Procure laboratory reagents and supplies for diagnosis	WHO	500,000	312,700	187,300
		Print and distribute existing Health Declaration Cards and IEC materials to 15 entry/exit sites.	IOM	39,200		39,200
		Procure and install 14 infrared thermography equipment (ITE).	UNIDO	240,916		240,916
		Develop wildlife/animal surveillance systems	FAO	140,000		140,000
		Conduct 2 day working group meeting to adapt surveillance and data management tools	WHO	1,000	1,000 (WHO/N)	
		Orientation of Regional Directors of Health Services on Ebola Virus Disease	WHO	3,000	3,000 (WHO core)	
Enhanced capacity of health and other personnel for gender	Number of Male and Female personnel trained Number of situation reports	Build capacity of male and female health workers at regional and district levels for surveillance, case investigation and reporting, early detection, contact tracing, data and information analysis, management and dissemination	WHO UNFPA	263,000	107,000 (WHO/N) 10,000 (UNFPA)	126,000 (WHO) 20,000 (UNFPA)

sensitive active surveillance, early investigation, detection, diagnosis and contact tracing	expected generated	Train male and female immigration officers on and equip them for prevention and effective management of suspected cases	IOM	200,000		200,000
	Number of protective and preventive items provided	Adapt surveillance tools (guidelines, forms, algorithms and SOPs) to suit national context and include vulnerable groups, for use at facility and community level	UNFPA WHO (TA) UNICEF (TA)	3,000	3,000	
	Number of male and female immigration officers trained	Printing and dissemination of surveillance tools (guidelines, forms, algorithms and SOPs)	UNFPA WHO	141,000	5,000 (UNFPA) 30,000 (WHO/N)	106,000 (WHO)
	Number of entry/exit sites that conduct EBV surveillance	Support assessment of and monitor surveillance activities at PoE	WHO	20,000	3,000 (WHO core) 4,500 (WHO/N)	12,500
		Conduct on –site training for 150 government officials stationed at 15 entry/exit sites.	IOM	68,000	10,000	58,000
	Childhood disease management protocol available	Investigate rumours and alerts	WHO	167,500	30,000 (WHO/N)	137,500
		Deliver in-country courses on the operation of the ITE and screening procedures.	UNIDO	33,900		33,900
	Number of community-based male and female surveillance volunteers trained	Train partners in the collection of wildlife epidemiological data using appropriate biosecurity measures	FAO	70,000		70,000
		Conduct on-site training for 375 male and female community based surveillance volunteers at 15 entry/exit sites.	IOM	115,200		115,200
		Mobilise networks of CSOs including women's rights NOG's (GHANET, CHAG, Coalition of NGOs in Health, NAP+, NETRIGHT and others) and CBOs to address Ebola prevention, investigation, contact tracing, reporting, early detection, management and dissemination	UNAIDS	100,000	5,000	95,000

				Subtotal Total Costs for Activities for thematic area 1: 2,173,916	Subtotal Available Funding for thematic area 1: 524,200	Subtotal Funding Gap for thematic area 1: 1,649,716
Thematic Area 2: Social Mobilization and Risk Communication						
UN Agencies involved: UNDP, UNESCO, IOM, UNICEF, UNHCR, WHO, ILO, UNAIDS , FAO, UNFPA						
Outcomes	Indicators	Activities	Responsible Agency(IP)/R P	Total Costs Activity (US\$)	Available Funding (US\$)	Funding Gap (US\$)
Research and Evaluation						
Evidence informed strategies for social mobilization	Anthropological study on care giving funeral practices	Conduct an anthropological study on care giving, burial and funeral practices	UNICEF	15,000	15,000	
	EVD impacts on agriculture, food security (including bush meat alternatives) and livelihoods identified	Conduct bush meat value chain analyses Vulnerabilities assessed for communities relying on bush meat	FAO	30,000		30,000
	KAP study	Conduct formative research on KAP on Ebola among key audience groups	WHO UNICEF (TA)	20,000	20,000 (WHO)	
Social mobilization of key partners (tools, systems and approaches for communication and education on infectious diseases such as Ebola)						
Trained and equipped male and female community mobilisers for Ebola preparedness and response efforts	Number of male and female trained social mobilisers in the regions and at national level	Provide a 2 day training for national / regional social mobilization technical committees for Ebola prevention and preparedness	WHO UNICEF (TA)	20,000	20,000 (WHO)	
	Number of gender sensitive facilitation tools	Develop and print simple gender sensitive pictorial facilitation tools for community awareness sessions including for young people	WHO UNFPA UNICEF	265,000	15,000 (WHO) 10,000	90,000 (UNFPA)

	developed and disseminated	(YP) and pregnant women			(UNFPA) 55,000 (UNICEF)	95,000 (UNICEF)
	Number of communities reached	Training male and female community mobilizers to facilitate sessions at the community level	WHO UNFPA UNICEF	200,000	20,000 (UNFPA)	100,000 (UNFPA) 30,000 (UNICEF) 50,000 (WHO)
Informed and empowered communities through mass and Traditional media	Gender Sensitive Messages disseminated through the different channels	Develop gender sensitive materials and disseminate through mass and traditional media outlets	WHO UNFPA (pregnant women and YP) UNICEF	275,000	15,000 (WHO) 10,000 (UNFPA) 35,000 (UNICEF)	90,000 (UNFPA) 75,000 (UNICEF) 50,000 (WHO)
Functional ICT based platforms on Ebola	Gender sensitive ICT based platforms established	Setting up of the hotline (SMS, IVR, hotline operators) for the general public and key groups (educators, learners, young people, health workers, social mobilisers, community leaders, traditional and religious leaders)	UNICEF UNFPA (YP) UNESCO (TA) WHO (TA)	200,000	20,000 (UNFPA)	170,000 (UNICEF) 10,000 (UNFPA)
	Training of hot line operators	Training of hot line operators on Ebola related information (so that they could respond to questions)	UNICEF WHO (TA)	25,000	25,000	
Enhanced capacity of journalists, education	Gender Sensitive Tools for journalists on Ebola	TA provided in the development of gender sensitive tools for journalists on Ebola	UNESCO, UNICEF (TA) WHO (TA)	30,000		30,000 (UNESCO)

institutes and stakeholders in the agricultural sector	Training of # of media houses /journalist	Conduct day training for key journalist to build their capacity to report on issues related to Ebola.	UNESCO, WHO, UNICEF (TA)	88,000	18,000 (WHO)	70,000 (UNESCO)
	Ebola included in the SHEP Disaster and Risk Reduction module	Include Ebola in Education Disaster Risk Reduction manual	UNICEF	20,000	20,000	
	Tools and materials developed	Develop training tools for senior high schools for teachers and learners and organize ToTs for mobilizers	UNICEF, UNESCO (TA)	50,000		50,000 (UNICEF)
	Number of secondary schools mobilised	Half a day face to face mobilization of higher secondary schools (both teachers and learners) by civil society/other partners	UNICEF, UNESCO (TA)	150,000		150,000
	Number of TOTs conducted	Mobilize communities through Community Listener's Clubs, Farmer Field Schools, Livestock Field Schools, women's groups, Animal Health Clubs and other networks Conduct trainings of trainers on raising EVD awareness Training of local authorities, including animal surveillance staff, forestry authorities, farmer groups, traditional authorities, forest users, women and youth groups on best practices to mitigate risk of infection by Ebola viruses	FAO	80,000		80,000
Disabled people empowered to acquire information on Ebola	Number of team leaders with disability trained	Training of team leaders of Ghana National Association of Persons who are Deaf	UNDP	20,000	20,000	

Stigma and discrimination prevented	Number of CSO and CBOs trained on stigma prevention	Support CSO and CBOs and primary health care worker groups to train members and community influencers and provide them with logistics to address stigma associated with Ebola viral disease	UNAIDS, UNICEF	285,000	5,000 (UNAIDS)	115,000 (UNAIDS) 165,000 (UNICEF)
		Support adaptation and the content development of preventive educational materials to address Ebola related stigma among youth groups, communities and cultural leaders using HIV-related tools and guidelines.	UNAIDS	80,000		80,000
Communities in refugee camps and host communities sensitized on Ebola	Camp clinic staff sensitized by GHS	Sensitization (prevention and response) on EVD of the clinic's health staff by GHS in all locations hosting refugees -Ampain and Krisan camps (W/R), Buduburam and Egiekrom camps(C/R), Fetentaa camp (BA Region) and Volta Region; and intensified links and communication between camp clinics and referral clinics.	UNHCR	4,000	500	3,500
	Host communities sensitized by GHS	Sensitization by GHS of the surrounding communities hosting refugees	UNHCR	7,000	500	6,500
	Refugees in 5 camps sensitized through mass communication on Ebola	Camp residents sensitized through mass communication	UNHCR	14,500	1,500	13,000
	Camp residents sensitized through volunteers	Male and Female Volunteers trained and reach camp residents through door to door	UNHCR	5,500	500	5,000
Border communities sensitized on Ebola preventive measures	Proportion of border communities mobilized and with access to IEC materials	Mapping of "at risk communities" in border areas: Western, Volta, Upper East, Upper West, Brong Ahafo, Central Region	UNDP IOM	40,000	20,000 (UNDP)	20,000 (IOM)
		Sensitization and orientation sessions for community leaders (Heads of MMDAs, DCEs, market queens, Muslim and Christian leaders, clan	UNDP UNAIDS UNICEF	200,000	80,000 (UNDP) 3,000	17,000 (UNAIDS)

		heads etc.)			(UNAIDS)	100,000 (UNICEF)
		Mobilize border communities, migrants and mobile populations at 15 entry/exit sites.	IOM	65,000		65,000
	Proportion of entry exit sites equipped with IEC materials	Provide and distribute IEC materials to 15 entry/exit sites.	IOM	61,000	10,000	51,000
A well informed Workforce	Number and per cent of Social Partners reporting Workplace Ebola/Cholera dissemination meetings	GEA circulating information through newsletters to members (on-going)	ILO IFC	10,000	10,000	
		Mobilize Workplace Social Partners: GEA,GTUC and Informal Sector Workforce for sensitization	ILO IFC	135,000		135,000
High-level advocacy						
Partnership with Private sector established	BCC strategy for Private sector developed	Engage Private Sector to implement BCC Strategies through OSH and related programmes	ILO IFC	20,000		20,000 (ILO)
	#of private sector firms reached for mobilizing resources from additional sources	Advocacy with private sector for resource mobilization in support of National EVD Response	UNAIDS ILO (TA)	25,000	5,000 (UNAIDS)	20,000 (UNAIDS)
	Ebola Education Fund set up by the private sector	Technical support provided in setting up and overall guidance to Ebola Education Fund by Private Sector	UNICEF	20,000	20,000 (UNICEF)	

Advocacy with decision makers and opinion leaders	Sessions with Chiefs, Queen mothers, religious leaders, armed forces and parliamentarians on Ebola	Hold separate meetings with a) Council for Women Traditional Leaders – UNICEF/UNFPA b) Religious leaders – UNICEF /WHO/UNFPA c) Armed forces - UNICEF d) National House of Chiefs - UNESCO e) Parliamentary Sub-Committees for Health, Education and Local government – WHO/UNFPA f) Ghana Employers Association, Ghana Trade Union Congress, Informal Sector Trade Association-ILO	UNFPA UNICEF UNESCO (TA) WHO ILO	120,000	10,000 (UNFPA) 10,000 (WHO) 30,000 (UNICEF)	20,000 (UNFPA) 20,000 (UNICEF) 10,000 (ILO) 20,000 (WHO)
	Number of meetings held at national / regional level	Risk communication and social mobilisation sub-committee meeting at national and Regional level for the planning, dissemination and monitoring of social mobilisation activities	UNICEF WHO	60,000		50,000 (UNICEF) 10,000 (WHO)
	Executive Director's engagements with the President of the Republic of Ghana	High level advocacy to leverage national and regional leadership	UNAIDS	47,000	7,000	40,000
	Number of celebrities partnered with on Ebola	Partnering with celebrities and bloggers to disseminate information on EVD through ICT and applying the <i>Protect the Goal HIV</i> prevention approaches to reach the youth and districts.	UNESCO UNAIDS WHO UNICEF	85,000	5,000 (UNAIDS) 5,000 (UNICEF)	20,000 (UNESCO) 10,000 (WHO) 20,000 (UNAIDS) 25,000 (UNICEF)

	Number of advocacy sessions held with senior management of key ministries	Advocate with the Ministry of Food and Agriculture for emergency preparedness and response to reduce Ebola risks at the human-animal interface.	FAO	10,000		10,000
				Subtotal Total Costs for Activities for thematic area 2: 2,782,000	Subtotal Available Funding for thematic area 2: 541,000	Subtotal Funding Gap for thematic area 2: 2,241,000
Thematic Area 3: Case Management: UN Agencies involved: IOM, WHO, UNICEF, UNAIDS, UNFPA, UNICEF						
Outcomes	Indicators	Activities	Responsible Agency (IP)	Total Costs Activity (US\$)	Available Funding (US\$)	Funding Gap (US\$)
Strengthened management of suspected cases at Points of Entry	Number of holding sites set up	Set up holding sites at 15 entry/exit sites.	IOM	84,200		84,200
Increased gender sensitive capacity of health workers for effective case management, infection prevention and control and safe and	Number of male and female health workers trained Number of simulation exercises conducted	Build capacity for prompt and effective case management, infection prevention and control and outbreak response, safe burials and psychosocial support	WHO	576,028	223,000	353,028
		Procure body bags for safe burials	WHO	80,000		80,000
		Undertake regular simulation exercises at PoE, treatment centers, etc.	WHO	85,000		85,000
		Review, adapt and print tools (protocols, manuals and guidelines) on case management and IPC taking into consideration needs of vulnerable	WHO UNFPA (TA)	100,000	50,000	50,000

dignified burials		groups (women and children)				
	Guidance note and simplified protocols available on IYCF	Develop interim guidance on feeding and nutrition care of persons impacted by Ebola, including replacement feeding for breastfed infants of affected mothers and simplified protocols/guidance on the screening and management of SAM cases	UNICEF WHO (TA)	50,000		50,000
	Number of male and female health workers trained on new IYCF guidance	Train community volunteers and health care staff in EVD affected communities on IYCF counseling, IYCF in emergencies and preparation/distribution of RUIF/BMS and the management of severe acute malnutrition	UNICEF	50,000		50,000
	Supplies stocked on nutritional supplements	Procure and supply anthropometric material and nutritional supplements for screening and management of malnourished children and breast milk substitutes for EVD affected babies in affected communities (CBS, therapeutic milk, plumpy nut, RUIF, etc)	UNICEF	50,000		50,000
	Incentive package defined and incentive made available	Provide incentive packages for health care staff continuing to serve in health facilities and communities in EVD affected districts	UNICEF	100,000		100,000
Infection prevention and control supplies procured for case management	Number of PPEs procured	Procure Gynecological gloves for maternal health care	UNFPA	60,000	10,000	50,000

				Subtotal Total Costs for Activities for thematic area 3: US\$ 1,235,228	Subtotal Available Funding for thematic area 3: 283,000	Subtotal Funding Gap for thematic area 3: US\$ 952,228
Thematic Area 4: Coordination						
UN Agencies involved: WHO, UNAIDS, UNICEF, UNFPA						
Outcomes	Indicators	Activities	Responsible Agency (IP)	Total Costs Activity (US\$)	Available Funding (US\$)	Funding Gap (US\$)
Improved planning, coordination, supervision, monitoring and evaluation of preparedness activities	Proportion of key staff positions filled	Support for national risk communication and social mobilization sub committee	UNICEF	150,000	50,000	100,000
		Emergency coordinator deployed from another office for 1 month for contingency planning	UNICEF	5,000		5,000
		Technical support deployments	WHO	740,000	200,000 (WHO/AFDB/N)	540,000
		Technical support by WHO staff (staff time)	WHO	147,000	147,000 (WHO core)	
		Support to Inter-Ministerial Committee	WHO	10,000		10,000
		Support the National Technical Coordination Committee	WHO	10,000		10,000
		Support to review and update the national plan and thematic plans	WHO	25,000		25,000
		Technical assistance (data management), equipment (computers, printers, software), and operations of Emergency Operations Center	WHO	674,000	267,000	407,000
Improved coordination of preparedness activities	Staff position filled	Dedicated National Humanitarian Officer recruited for 1 year to ensure coherent implementation and reporting on UN EVD programme.	UNDP	90,000		90,000

		Support MoH to carry out mapping of the UN/NGO/CSO-s and other actors active in MH/RH	UNFPA	5,000		5,000
		Ensure agreement on the principles of Ebola preparedness and response in the MH/RH service settings, including standardized data collection and reporting arrangements	UNFPA	12,000		12,000
		Agree on joint advocacy messages (or strategy) to protect access to MH/RH in the context of potential Ebola outbreak	UNFPA	10,000		10,000
				Subtotal Total Costs for Activities for thematic area 4: US\$ 1,878,000	Subtotal Available Funding for thematic area 4: 664,000	Subtotal Funding Gap for thematic area 5: US\$ 1,214,000
Thematic Area 5: Logistics and Security:						
UN Agencies involved: WFP						
Outcomes	Indicators	Activities	Responsible Agency(IP)	Total Costs Activity (US\$)	Available Funding (US\$)	Funding Gap (US\$)
Adequate and reliable logistics system in place		Through the logistics and emergency telecommunication cluster, facilitate logistics coordination meetings together with WHO, humanitarian partners and government counterparts. Establish information management services including creation of information sharing platforms for collation and dissemination of data. When required, temporary storage services will include consolidation of supplies and tracking systems using the relief items tracking application. Where needed, provision of logistics engineering support for infrastructure and communications centers [Inter-agency emergency telecommunication systems and centers	WFP	500,000		500,000

		(COMCEN)] in which quick deployment kits will be prepositioned to support field hospitals with data/internet services.				
				Subtotal Total Costs for Activities for thematic area 5: US\$ 500,000	Subtotal Available Funding for thematic area 5: -	Subtotal Funding Gap for thematic area 5: 500,000
Early Response activities						
Outcomes	Indicators	Activities	Responsible Agency (IP)	Total Costs Activity (US\$)	Available Funding (US\$)	Funding Gap (US\$)
Impact of EVD assessed	Study on socio-economic impact of EVD informing policy decisions	Develop scenarios of potential socio-economic impact of Ebola in Ghana	UNDP	20,000	20,000	
		Cover immediate food needs of people affected by EVD receiving medical attention as well as of people under observation in quarantine.	WFP	500,000		500,000
Outbreak contained at the source		Support tracking and follow up of contacts of cases	WHO	200,000		200,000
				Total Costs for Response Activities: 720,000	Total Available Funding for Response Activities: 20,000	Total Funding Gap for Response Activities: 700,000
				Total budget: US\$ 9,289,144	Total Budget: 2,032,200	Total Budget: US\$ 7,256,944

ⁱ Gender Sensitive in this document means the project will take into consideration the difference needs, roles, concerns and impacts on men and women related to Ebola for the successful achievement of the desired outcomes.