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**EBOLA RESPONSE MULTI-PARTNER TRUST FUND
PROPOSAL**

Proposal Title: Enhancing the post-Ebola national preparedness capacity to efficiently respond to future health outbreaks	Recipient UN Organization(s): UNDP, UNEPA, UNICEF, WHO and WFP.
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<p>Proposal Location (country): Please select one from the following</p> <p><input checked="" type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Common Services</p>	<p>Proposal Location (provinces): Guinea (Regions of Conakry, Nzerekore, Faranah, Kankan,</p>
<p>Project Description:</p> <p>This twelve month project is proposed by a group of five agencies (UNDP, UNFPA, UNICEF, WFP and WHO) which were more actively involved in the fight against Ebola virus disease in Guinea. While the project addresses lessons learned from past experiences during the Ebola crisis, reference is also made to current ongoing efforts to build the necessary emergency preparedness capacity required in order to efficiently respond to future health threats and other humanitarian emergencies. This project comes in response to a series of critical gaps currently perceived as real threats to the health security of the country. More specifically, the proposal refers to the eight Lesson Learned Exercise (LLE) recommendations by MPTF. A particular attention will be given to the country's high epidemic-prone disease areas with low coverage.</p> <p>The following priority activities will be conducted in any efforts to: (i) improve the country's community-based surveillance and early detection/warning systems; (ii) strengthen the local community health preparedness and case management for patients; (iii) avail a minimal service package to health facilities (iii) integrate logistics</p>	<p>Requested amount: 2,500,000 USD</p> <p>Start Date: 01 September 2017 End Date: 31 August 2013</p>

aspects in the response preparation, (iv) increase community engagement in target zones; (v) conduct joint stress tests and simulation activities for the national contingency plan and other pandemic response tools at national and community/cross-border level, (vi) strengthen the operational capacity of locally-based rapid response teams to respond in case of a health outbreak.

In the end, it is expected that the project will significantly have contributed to (vii) sustaining the inter-agency strategic and technical coordination of the health emergency/humanitarian response through the existing interagency coordination structure (*Comité Permanent Inter-agence - CoPIA*) while also promoting the operationalization and domestication of the national disaster management and multi-risk contingency plans as well as a full ownership of the general aspects of the emergency response coordination by the Government in future.

The Project aims to promote synergy and durable cooperation amongst all humanitarian actors for a greater preparedness and to ensure that the country's emergency response plans and other coordination mechanisms are reliable and their capacity to deliver in the event of a health outbreak has been fully tested for efficiency.

- 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)	Chair of the Advisory Committee Ebola MPTF :
<i>Name of Agency:</i>	<i>Signature</i>
<i>Date & Seal</i>	<i>Date:</i>

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BACKGROUND

a. Rationale for this project:

More than a year after the end of Ebola crisis in Guinea, various assessments still show serious gaps especially at the preparation and coordination level of the response to health emergencies and other disasters. Despite ongoing efforts to provide the country with an updated contingency plan and fully government-owned disaster management plan, the country still needs to improve its emergency preparedness capacity both at national and local levels, and also boost its coordination mechanisms with a resourceful response capacity in order to efficiently confront future emergencies including health epidemics. In addition, the domestication and full control of the available response plans and mechanisms by the Government is a must should the country commit to taking full control of its own destiny.

Despite the successful containment of the latest flare of Ebola virus that occurred in March 2016, some concerns still emerge with regard to the country's capacity for early detection and early warning systems as well as the speediness of the response activation given delays observed in diagnosing the virus and in accessing the site for the response. Some other gaps that this project aims to fill are mainly linked to the very limited emergency preparedness and a weak response coordination capacity within Government health/emergencies institutions. Therefore, there is a strong need to reinforce the culture of cooperation amongst all humanitarian actors for the sake of a joint response programming, resource mobilisation and timebound response. Thus, it would be beneficial if the response capacity was also strengthened at the local level through reinforcement of the newly established National Public Health Security Agency's (ANSS) locally-based emergency operations units in highest epidemic-prone disease areas.

Starting in January 2015, an inter-agency mission was deployed to conduct a series of assessments of the national capacity to respond to health outbreaks and other emergencies across the country which led to the creation of an inter-agency taskforce to draw conclusions and recommendations. This was in response to the government call to the UN system in late 2015 asking to help in the assessment of national capacity to respond to emergencies including health and natural disasters. The consultations resulted in a consensus to formulate a national disaster risk reduction programme for Guinea, which is aligned with the Sendai disaster risk reduction framework. The national DRR programme, once finalized will need to be fully domesticated and nationally owned. The priority is now to finalize ad hoc projects identified by key stakeholders as essential in the operationalization of this programme. The domestication step includes a validation exercise through document circulation among key actors and finally its large dissemination and ownership by all humanitarian actors including at the local level.

The overall project objective is to improve the country's emergency response preparedness capacity level by filling the following gaps in the preparation and response to emergency situations. The project aims to reinforce the community based surveillance and early warning system as well as the community health system and case management. The health system in the high epidemic prone areas like Nzerekore will benefit from the MISP package for emergency preparedness. The community engagement will be strengthened as well, and the national emergency preparedness through improved logistics service delivery will be enhanced through this project. Finally ensuring efficiency of the national response capacity through simulations of existing tools and a continued coordination support to key national humanitarian/health institutions will be provided. With reference to eight lesson learned exercise recommendations (LLEs), the project will contribute to the health workforce capacity building through training activities, increase the hospital preparedness and community-based surveillance whereas private health facilities will be more engaged in community based surveillance activities. Other areas to be covered are community engagement and communication, logistics, laboratory capacity development, maintaining essential services during outbreaks and financing/conducting field simulations.

The following activities will be undertaken in order for the project to achieve the expected results:

1. Reinforcement of the community-based surveillance and early warning systems

In reference to **LLE Recommendation 3**, WHO has identified a series of existing gaps in that area consisting of epidemics which are still recurrent (e.g. the recent measles epidemic that has affected more than 25 health districts). There is also a situation of privately-owned health structures which are not currently involved enough in the existing early warning mechanisms in high-risk zones. Among other factors are: the problem of low geographic coverage of community-based surveillance (only 18 out of 38 prefectures covered), the data management system at the decentralized level in Guinea with particular emphasis on high-risk cross-border areas which is not properly maintained. Thus, there is a need to proceed to a mapping of all health risks in Guinea (epidemic by epidemic). There is finally a weak decentralization of epidemiological surveillance in Guinea. In order to fill these gaps, the following interventions are proposed:

- Increase the targeted communities' capacities in detecting, reporting and responding to Epidemic prone diseases and public health events (**LLE Recommendation 1**);
- Involve private health facilities in the implementation of the National Surveillance and Response plan (**LLE Recommendation 3**);
- Improve understanding of areas with increased risk of spread of epidemic prone diseases and other health threats (**LLE Recommendation 6**);
- Strengthen public health information sharing and capacities to respond to public health emergencies across borders (**LLE Recommendation 6**).

These activities will strengthen the community-based surveillance system and early warning mechanisms. Technical expertise will be provided to the Guinean public health sector to reduce the morbidity, mortality due to diseases with epidemic potential, e.g. measles, yellow fever, cholera, and meningitis, and by strengthening capacities at the district level. To avoid the bad experience of the past where most of the community-based surveillance activities were rendered by community health agents against payments of a fee and would stop once payments stopped, and in order to promote full ownership of this participatory approach in the community health surveillance, community-based health agents will be prepared to be a part of the change without expecting payments. The activities above will involve procurement of basic equipment items for community health workers like rainy coats, boots, backpacks, pens, notebooks, technical handbooks to facilitate their work.

2. Strengthening of the community health system and case management

Given the fragile context of the Guinean health system, there is a need to promote the progressive realization of Universal Health Coverage. The global population gap in coverage is enormous in Guinea especially in the most affected regions during the Ebola outbreak. To contribute to the reduction of this gap, there is a need to focus at the outset on providing cost-effective public health and clinical interventions that tackle the greatest health threats to the poorest and most vulnerable populations. In the post-Ebola context, many efforts have been made by the government and partners in order to change infrastructure standards, depending on the level of the health facility. However, the utilization rate remains low due to weak logistic capacities of health structures in sensitive areas with poor health coverage. There is a problem of access to clean water leading to poor hygiene. The laboratory diagnostic capacities including specimen collection and laboratory testing for confirmation need to be strengthened at the local level to reduce the cost and time of transport of samples specimens e.g. from prefectures located about 1000 km from the capital, need to strengthen the capacity of health facilities and the case management system to better cope with future epidemics and improve the health coverage.

In order to fill these gaps, it is important to (i) improve the utilization of public healthcare services in the prefectures that were most affected by the epidemic of Ebola and that still show high risk of vulnerability or exposure to other types of epidemic diseases (LLE Recommendations 1,7) , (ii) strengthen the capacities of regional hospitals in the diagnosis of diseases with epidemic-prone diseases (LLE Recommendations 2, 3) ; (iii) strengthen the capacities of Epidemic Disease Treatment Center (EDTC) in the management of epidemic-prone disease (LLE Recommendations 1, 4, 7).

Twinning approach will be used in the implementation of these interventions. The approach supports capacity-building and the re-establishment of safe essential health services (EHS), in addition to supporting longer term efforts on service delivery strengthening. This approach has a particular utility in the context of the recovery period following an outbreak or other shock to the delivery of essential health services. Twinning partnerships can act as a catalyst for change at the frontline in the wider effort towards achieving quality universal health coverage. Twinning partnerships between health organizations, hospitals, primary care facilities or health authorities can support the re-establishment of safe, effective health service delivery in the aftermath of a shock to health services, such as the Ebola outbreak. Institutional health partnerships have the potential not only to work as individual partnerships, but also to work collaboratively with other partnerships to support similar national frameworks. This can support national efforts through joint problem-solving and shared experience, developing a body of evidence which can be used with national, regional and district authorities to encourage further use and development of the partnership model.

3. Strengthen the health system through implementation of the Minimum Initial Service Package (MISP) for emergency preparedness and response for safe deliveries and other related services

The national medium and long term post-Ebola resilience strategy focusses on strengthening and improving the national health system with emphasis on the quality of health services, the supply of essential medicines, vaccines and biomedical equipment of health facilities

Based on this strategy, UNFPA plans to pursue the facilitation of access to sexual and reproductive health services in the most affected region of Nzerekore with emphasis on the post-Ebola crisis context and further epidemic preparedness in that zone. Building on lessons learned from the previous interventions and the current program, the Minimum Initial Service Package (MISP) will be implemented in the targeted local communities. The MISP is a set of life saving activities aiming to ensure the provision of quality reproductive health services in humanitarian situation. It includes: (i) the prevention of maternal and newborn death and illness, (ii) the prevention and management of sexual violence consequences, (iii) the reduction of HIV transmission, and (iv) the integration of the crisis management dimension in the local coordination framework. The MISP implementation will be focused on (i), Training of managerial and field staff, (ii) Simulation of SOPs for MISP; (iii) Supplier of Emergency RH kits, Protection uniform, Emergency medical equipment for training simulation

The proposed activities aim to improve preparedness and management of targeted local communities by ensuring availability of Emergency Maternal and Neonatal Health Services in the context of post-Ebola Virus Disease through : (i) Strengthening the health system through implementation of the Minimum Initial Service Package (MISP) for emergency situation preparedness and response for safe deliveries and other related services in the prefectures of the Nzerekore region (LLE Recommendations 1, 7); (ii) Strengthening and equipping local communities to respond to emergency health situations (LLE Recommendation 2).

4. Strengthening of the community engagement

At the national level, UNICEF will provide technical support to the National Public Health Security Agency "ANSS" and the Expanded Programme of Immunization (EPI) through their

respective communication pillar or unit for emergency preparedness and response activities including infectious disease outbreaks.

UNICEF will also address the gap in the community engagement field by strengthening access to health services delivery in the Ebola affected regions of Kankan and Faranah through a strong community-driven engagement (**LLE Recommendations 6,7**). In these two administrative regions, a total of 9 health districts will be directly covered by the project. This choice is justified by the increased level of vulnerability in these two regions, which have the worst health indicators (high child mortality, low coverage of key high impact interventions including immunization, epicenter of the polio epidemic, acute malnutrition.).

At the health district level, 80 women/youth groups will be strengthened and 100 community platforms will be supported to sensitize communities for children immunization as well as health service utilization. Communication activities to be undertaken include community forums, outreach activities such as home visits, radio campaigns, advocacy activities with community religious leaders and administrative authorities., production and distribution of communication support tools such as flyers, banners, leaflets. Moreover, it is visible that the risk of cross-border contamination if an infectious disease outbreak occurred is still high in Guinea. Despite the ongoing efforts in that area, the health system remains weak and the immunization coverage (full immunization) still below 50% and this increases the risk of outbreaks of vaccine-preventable diseases. In 2015-2016, the Ministry of Health with support from partners including UNICEF had urgently responded to major and widespread outbreaks of measles, meningitis and polio across the country, with special attention to low performing regions of Kankan and Faranah (through 9 districts). The present project will focus on enhancing the community-based interventions to strengthen the routine EPI .

5. Enhancing the national emergency preparedness through improved logistics service delivery.

This will be done through facilitation of quick access to logistical services during situations of health emergencies and other disasters. To this end, WFP will contribute to the workforce's capacity building through training of 76 epidemic disease treatment centers "CTEPI" and Emergency Operations Centers' workers in aspects related to logistics preparedness for emergency responses (**LLE Recommendation 1**), and will, as a post-simulation capacity-building support to the community-oriented emergency preparedness, avail 4 Mobile Storage Units (MSU) consisting of tents and a reserve stock of basic PPE kits for emergency health response workers (**LLE Recommendation 5**). Training activities in logistics programming and service delivery during emergency situations will be organized and will target 68 health workers from the 34 CTEPIs plus 8 staff from the Emergency Operations centers in the prefectures selected to host the simulation activities. Session One (Kindia) will bring together health workers from CTEPIs of Boke, Mamou regions plus Conakry municipality. Session Two will take place in Gueckedou and will cover other administrative regions of Nzerekore, Kankan and Faranah. WFP will also assist with logistics aspects for the simulation exercises along with other humanitarian actors members of CoPIA. More specifically, WFP will conduct a series of logistics drills aimed to review and practice elements of preparedness and response as a part of the simulation exercises.

In addition to training activities, Personal Protective Equipment (PPE) items to prevent infection in health facilities will be purchased and distributed to Epidemiologic Disease Treatment Centers (CTEPIs) to help in case of emergency responses. The PPE package will include gloves, gowns, shoe covers, head covers, masks, respirators, eye protection, face shields and goggles. Additionally, 4 mobile tents will be purchased to facilitate the simulation exercises after which they will be donated to the emergency operations centers in the four localities of Kindia, Forecariah, Gueckedou and Macenta which will host the simulations activities.

6. Ensuring the efficiency of the national emergency response capacity through simulations of existing tools and a continued strategic coordination support.

In order to ascertain that the country has adequate preparedness mechanisms to use during emergency responses, the UN system has assisted the Government in developing new tools or updating existing ones. Those include the DRR programme and the national multi-risk contingency plan. Also, the inter-agency standing committee known in Guinea as CoPIA (*Comité Permanent interagences*) which had been deactivated during Ebola outbreak and replaced by the Ebola Response Team was reinstated in September 2016. Its primary role is to provide strategic orientations and technical guidance pertaining to the coordination of humanitarian aspects in Guinea. It is currently co-chaired by the Minister of Territorial Administration and Decentralization (MATD) for the Government side, and by the UN Resident Coordinator for the UN system. Other members include international NGOs, the Red Cross movements and key technical and financial partners. Other government humanitarian institutions members of CoPIA include the National Humanitarian Service (SENAH), the Civil Protection Directorate, the Environmental Protection Agency and the National Public Health Security Agency (ANSS). The latter is in charge of health security and currently oversees the management of all national epidemic disease treatment centers (*CTEPI*) as well as of the locally-based emergency operations centers.

➤ *Simulation exercises*

To address the **LLE Recommendation 8**, the UN RCO in conjunction with other members of CoPIA (UN agencies included) will facilitate the field testing activities of the existing humanitarian response tools including the national multi-risk contingency plan. The UNCT has played a significant role in developing and updating these tools for the Government. The Ministry of Territorial Administration and Decentralization will lead along with the national public health security agency the exercise on behalf of the government. The lead role by the Government is meant to promote full ownership over these tools. Field testing of their efficacy would be the final step towards a full ownership by the humanitarian community especially the Government. A series of simulation exercises both at the national and community level are planned. The simulation exercises will also include at least one exercise to test the effectiveness of the regionally-based rapid response teams ("*Equipes régionales d'alerte et de réponse aux épidémies "ERARE"*") in the highest epidemic-prone areas of Forecariah, Kindia, Macenta and Gueckedou. These teams initiated more than a year ago by *Expertise France* are currently under the technical supervision of the ANSS. Since they have not responded yet in real situations, ANSS has requested its UN partners to intervene in the testing of ERARE's readiness level and ways to improve the teams' performance. The four prefectures to host the simulation activities were suggested by the ANSS for their high level of vulnerability to diseases and other disasters, and also because of their level of exposure during the Ebola outbreak. Their cross-border status was another determining factor in considering them for this type of simulations. Gueckedou shares borders with Sierra Leone and Liberia, Macenta with Liberia, while Forecariah and Kindia share borders with Sierra Leone. In fact, there is a high mobility of populations across those zones.

It is expected that after these simulation exercises, ANSS's locally-based emergency operations centers in the above four prefectures will be reinforced to improve their operational capacity. Besides the training on the management of emergency situations, health related information management including early warning system, the ANSS has requested that these four center be equipped with tablets (two pieces per center and eight in total) plus internet connection to facilitate the information collection, treatment and dissemination with other health emergency actors. The national context shows gaps in communication and early warning as a big challenge to emergency preparation and response whereas locally-based workers are isolated with no means to alert in case of an emergency or health outbreak. In most cases, they rely on phone calls. However, they have no credit to make important phone calls. To prevent this to continue, a small amount must be secured and handed to ANSS and the latter will be responsible to activate the

phone numbers, upon request and need assessment, for their regionally or locally-based emergency operations' workers in the four selected areas when extremely needed for emergency response purpose only. This support will undoubtedly increase their capacity level to receive, treat and share information with the rest of the humanitarian structures on health threats in their respective zones (LLEs 1, 2,4 & 6). The communication support will also be needed to coordinate the simulation activities. The ANSS is anticipating assistance from the US Center for Disease Control to operationalize the local emergency operations centers but this hasn't yet materialized. In the meantime, ANSS requested this project to intervene in these four mentioned zones. The above simulation exercise activities will involve CoPIA members (UN and non-UN) including the ANSS and other key national humanitarian institutions under the overall coordination by the UN RCO. More specifically, WHO will contribute with aspects related to emergency response framework (simulation plan development, risk assessment, detection etc.) At last, the ANSS will benefit from support to produce SOPs for its 34 national epidemic disease treatment centers "CTEPIs" (LLE Recommendations 1&2).

➤ *Sustaining the humanitarian coordination capacity*

To ensure that the Government has full control and the required ownership over the humanitarian coordination functions in future, it is very important to reinforce the capacity of key national emergency response coordination entities in order to improve their preparedness level. Hence, it is planned to provide operational support to key national member institutions of CoPIA. A package consisting of computers and multifunctional printers and their accessories plus a new internet connection and office supplies to three key national humanitarian departments namely the National Service for Humanitarian Action (SENAH), the National Centre for risk management and environmental emergencies and the National Directorate of Civil Protection. This logistic support will enhance the communication and information flow between national health security/ humanitarian coordination experts and the rest of the humanitarian community in the country (LLE Recommendation 6). This is critical for future emergency response preparation and coordination as all key humanitarian emergency meetings are currently facilitated and hosted by the UN system through RCO because national counterparts do not even have the required capacity to coordinate those important humanitarian coordination meetings. They lack copy paper, good working computers and printers to properly handle the secretariat functions of CoPIA they are supposed to fulfil. For many of them, they seek the UN RCO help to print, copy and distribute invitations to important coordination meetings. There is a need for a national ownership of this preparedness aspect to allow key government institutions gain the necessary support that will allow them to take over this coordination function in the future without or at least with little help from the UN system. The IT resources will also be used in the coordination of simulation exercises and in its follow up. The four recipient national institutions are key actors in the simulation activities for the government side. The country needs a strong preparedness and coordination capacity to confidently conduct emergency related operations in response to potential health epidemics and other types of emergencies. The CoPIA coordination meetings will also be sustained to facilitate information sharing and among others, assess the overall technical implementation progress of this project.

It is expected that at the end, this activity will have contributed to the following:

- Strengthening the institutional capacity-building of key national members of CoPIA through the provision of IT equipment and training on humanitarian coordination aspects. This will enable the Inter-agency standing committee (CoPIA) to become fully functional in order to cope with a wide range of programming and coordination of responses to diseases posing epidemiological threats in Guinea. The current situation is that only CoPIA members (UN and international NGOs) have the required capacity while national partners lack the operational capacity needed to fulfil their part in the coordination functions. Otherwise there is no preparedness if key national emergency institutions do not have the required capacity to even convene a response coordination meeting.

- Improvement of the operational capacities for key ANSS owned CTEPIs and some emergency operations centers “EOCs” through training and IT support package to EOCs in four high risk zones to effectively manage the early warning, health risk reduction and management at the national and community levels in Guinea.
- Additionally, ANSS will be assisted in the elaboration and dissemination of a standard operating procedures handbook for the 34 regional Epidemic Disease Treatment Centers known as CTEPIs.

Key counterparts

Drawing lessons from Ebola outbreak, the Government of Guinea has recently undertaken profound reforms as a part of the national post-Ebola recovery strategy. One critical step was the recent establishment of the National Public Health Security Agency (ANSS) by Presidential Decree.

The agency is assigned nine main roles namely (i) the creation of an emergency response plan, (ii) capacity-building of staff in the surveillance and case management, (iii) creation of safe isolation (quarantine) spaces, (iv) development of national health risk monitoring strategy, (v) contribution to the creation of a national system for surveillance and response to the epidemics, (vi) emergencies and disasters, (vii) participation to the mapping exercise of all health risks, (viii) operationalization of the early detection and warning system, (ix) contribution to the efforts to stop any human, animal and environmental security threats.

ANSS is expected to have a swift and flexible approach to the surveillance of and response to any health threatening emergency situation. Thus, the next step for the ANSS will be to demonstrate its effectiveness on all technical aspects by demonstrating robust and transparent ways of operating at all levels.

ANSS has so far four main strategic partners: (1) The World Health Organization intervening in the epidemiological surveillance and case management, (2) The Center of Disease Control in research and care management, (3) UNICEF in community engagement and (4) UNDP that intervenes on all governance related aspects. It is critical that all the partners complete each other in order to ensure a coherent support to the ANSS in their respective areas of interventions.

As a new entity, it is understood that it is facing shortage of resources and expertise needed to successfully implement the strategic orientations from its line Ministry of Health in areas of health safety and epidemiological surveillance.

Through funding from Japan, UNDP is already providing technical and institutional support to ANSS aiming to reinforce its operational capacities including support to some simulation activities to be conducted in other areas not covered by this proposal. UNDP has in the past provided such strategic and operational support to other government entities such as the former National Ebola Response Cell during the Ebola crisis.

In addition to the National Public Health Security Agency (ANSS), this project will be executed in close collaboration with the following key counterparts: the Ministry of Health and Public Sanitation; Ministry of Local Administration and Decentralization/National Service for Emergencies and Humanitarian Action; the Central Pharmacy of Guinea (PCG); the Ministry of Internal Security/Department of Civil Protection and Ministry of Environment/National Center for Environmental Risk Management.

The Ministry of Local Administration and Decentralization (MATD) is in charge of overall emergencies coordination responsibilities at the central level. At the decentralized level, the project will liaise with locally-based government structures such as the regional public health

agency sections known as Emergency Operations Centers, regional health directors and other relevant community-based organizations. The implementing agencies have representations in proposed regions and areas of activities. The WHO will intervene in aspects related to the community-based surveillance and warning systems and case management. All involved UN agencies like UNFPA, WHO, WFP and UNICEF which have worked together under the leadership of the UN Resident Coordinator will be encouraged to act in synergy on achieving the expected results as one entity. The UN RC has outstandingly taken over the management of Ebola phase 3 including the strategic and operational coordination role after the departure of UNMEER and OCHA. The UNDP has established strong partnerships and good collaboration with those entities all the way before and during the Ebola crisis. UNDP has developed excellent working relationships and supported the Ebola coordination cell during the Ebola outbreak and continues to institutionally support the newly-created National Public Health Agency. Additionally, UNDP has the required capacity and expertise in the procurement and logistics supply including IT equipment and office supplies needed for this project. The same capacity exists in areas of liaising with other stakeholders and sister agencies to deliver required training workshops on the emergency response coordination related aspects.

Project support

The project proposal development involves a participatory approach whereas consultations with national, UN and non-UN actors with knowledge on Ebola related matters were thoroughly conducted. This helped in raising the support from both Government officials, other emergency stakeholders including community-based organizations which were consulted on the current gaps that the project wants to address. Also, proposing agencies have knowledgeable expertise in their respective areas of interventions. This is a big asset as to whether all project activities will be conducted as planned.

Also, the project will be of great support to the Government and community-based beneficiaries as it enhances the national capacity to respond to future health related crises, and thus preserve the entire country from health risks. By assuring the existence of a reliable capacity to respond to future health outbreaks, the project will be of a big boost to all Guineans. The availability of cold chains, stock of vaccines and of basic reproductive health services in prone disease areas of high risks to epidemics will speed up a timely response at the community level. Additionally, a government-run logistics base will also increase the government ownership in the response coordination process by maintaining the standby capacity (human, material, knowledge – systems and processes; etc...) to kick start the response on a short notice in a case of a shock.

b. Coherence with existing projects:

There is currently a visible limited preparedness and response coordination capacity within national institutions. This is mainly due to the institutional or organizational weakness and lack of adequate instruments and synergy among emergency response actors. The preparedness and response coordination platform does not have a policy foundation that guides all actions to guarantee a coherent delivery. This results in a challenge of fragmentation among various ministerial departments of health, environment, security and local government. Ebola virus disease has created public awareness and the Government is undertaking deep reforms with the support of CoPIA. The present proposal will supplement and sustain previous efforts from past MPTF awards to UN agencies in Guinea that helped in the containment of the outbreak. The more recent projects #44, 49, 52, 58 and 61 added to the emergency funding from the Central Emergency Relief Funding allowed the UNCT Guinea to show off what it can achieve as a team in the event of a health crisis. Currently, UNDP is supporting the ANSS in the reinforcement of its operational and governance system at the central level through a small grant from Japanese Cooperation. However, the amount is not sufficient to cover all other capacity-building needs at the central level.

Agencies like UNDP, WHO, UNICEF, UNFPA and WFP have always supported the government during the response to EVD and they are similarly involved in the development of a Sendai framework inspired programme for Guinea which will strengthen the disaster risk governance to manage disaster risk including health risk at the national, regional and community levels. This approach is very important for prevention, mitigation, preparedness, response, recovery, and rehabilitation purposes. It fosters collaboration and partnership among actors as each partner has a clear and supplementary role to play. More particularly, this would enhance the country's disaster preparedness for effective response. The aspect of logistics will be integrated in the overall framework of the preparedness and response mechanisms and the fact that the Central Pharmacy of Guinea (PCG) has been mandated by the Government to handle the supply chain (through the identification of vendors, the sourcing of good & services, collecting, storing and preserving quality, coordinating and sharing information and providing transport) will enhance the national capacity towards a full ownership of the response programming and implementation. The logistics base initiated by WFP responds to the government ambition to maintain the minimum preparedness capacity to guarantee the readiness in initial response/enquiry.

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

The UN Resident Coordinator in Guinea successfully oversaw the overall coordination of the Ebola response from the beginning of the outbreak. Upon the withdrawal of the United Nations Mission for Ebola Emergency Response (UNMEER) and of OCHA, the UN Resident Coordinator was given a mandate and additional capacities to oversee the management of Ebola Phase 3 and beyond. Additionally and as mentioned above, the UN RC currently co-chairs the CoPIA. This project is all about sustaining and gradually transferring to the national side that leadership role that the RC still exercises through strategic coordination meetings and events with all stakeholders including technical and financial partners involved in the emergency preparedness and response in Guinea.

The entire UNCT has also as a whole proved its capacity and demonstrated the needed leadership to liaise with other non-UN partners both during the response to Ebola virus and in the management of its aftermath. Over the past year and half, the UN Resident Coordinator Office was provided with additional capacities to assist in the coordination of Ebola crisis related matters and more particularly UNDP played a key role in the deployment and management of that unit. UNDP was at the forefront in initiating an assessment of the national capacities to respond to humanitarian emergencies including health related. The exercise led to the development of the first country's disaster risk management programme that UN RCO is coordinating with other agencies and national partners. UNDP assisted in the development of the national rapid response plan with the former National Ebola Response Cell (NERC) and currently follows up on its simulation with the National Public Health Agency which is in charge of all health security related affairs. Moreover, UNDP does provide institutional support to help the ANSS shape up its governance system to a satisfactory level in order to efficiently carry out its mandate.

WHO country office has been the technical lead in the support to Guinean Government in the response to the Ebola outbreak, especially in the fields of epidemiological surveillance and laboratory. WHO has still national experts supporting health districts in the strengthening of integrated disease surveillance and response and has developing a good partnership with IOM (partner in the implementation of cross border activities in this proposal) and the Guinean National Agency of Health Security within International Health Regulation. It has a sub-office in the forest region considered as the region most affected during the epidemic of Ebola. This sub-office and all the national experts deployed in the country will play technical key roles in the implementation of the activities planned in this proposal with the main objective to make the Ministry of Health fully resilient by the end of this year. We have at least one expert in each prefecture and a team of four experts at the national level to support activities alongside with

ANSS and other partners involved. We are also in touch with our colleagues of the regional level in Brazzaville and those of the Head Quarter in Geneva.

UNICEF has established effective relationships during the Ebola crisis and has proven its experience, capacity and leadership in supporting the government in its efforts to strengthen health delivery through community engagement.

The strong presence in the field through 3 sub-offices puts UNICEF in a good position to be closer to ground reality, communities, and government partners which facilitates quick delivery of equipment, vaccines, medicines and other medical materials.

UNFPA Guinea has a comparative advantage and proven experience in: (i) effective support to Governments for developing essential service package and implementing reproductive health (RH), maternal and neonatal health care and family planning (FP) services; (ii) building the capacity of Government health workers, NGOs and CBOs to provide RH and FP services, including EmOC; (iii) mobilizing and engaging youth, women and religious leaders to support community health interventions on RH and FP and; (iv) building capacities to position the social groups and networks in the broader social mobilization and community engagement discussion and seek opportunities for sub-national leadership. In addition, the project envisages to support the deployment of community health workers and additional health service providers to provide sensitization and services, at the community level.

UNFPA is currently implementing its regular program in the targeted MPTF targeted districts, in collaboration with the Ministry of Health and other implementing partners. The program supports the Government to ensure that communities have better access to quality sexual and reproductive health and GBV services, with a main focus on Family planning, basic and comprehensive emergency obstetric and neonatal care and adolescent health.

The proposed logistics related activities to be carried out by WFP will supplement the joint activities specifically in alignment with the post-simulation operational capacity-building for field-based health workers to better understand the best part of logistics in the emergency response, and to properly handle all emergency logistics aspects in future.

d. Proposal management:

To ensure successful implementation of the project, UN-RCO will handle the overall implementation of this Joint Preparedness project. A Senior Programme Manager with a medical/public health background will be recruited to fulfil the operational and technical aspects of this health preparedness proposal. This project will also align with the current RCO's Operational Support in managing Ebola Phase 3 and beyond in Guinea to ensure a continued capacity does exist to lead joint efforts for monitoring progress and ensuring all planned activities are conducted in accordance with the project line priorities set forth in both projects. This will be carried out under the close guidance of the UN RC who also is the co-chair of CoPIA along with the Minister of Territorial Administration and Decentralization. The CoPIA as the unique structure that oversees all aspects related to humanitarian coordination in the country will also advise and oversee the good implementation of the simulation exercises. The UN RC currently manages the Ebola phase 3 and beyond while also providing support to the country's national resilience and capacity building efforts. The Resident Coordinator Office (RCO) currently provides technical support to the national side in the formulation of a Sendai-inspired disaster risk management program and in the update of the national contingency plan.

A Senior Programme Manager with a medical/public health background will be appointed by UN-RCO and placed under the supervision of the UN RC and will particularly work closely with technical experts from the ANSS (lead from government side) and WHO. The person will be responsible for the overall project implementation, provide technical and operational support in all project management aspects including but not limited to liaising with all project stakeholders

and supervising field activities. The UN-RCO will liaise with all involved agencies to ensure timely and quality-bound delivery in line with the project objectives. Each agency will operate according to their respective internal operational rules and regulations and in observance of their commitments through this proposal. Additionally, the RC Office will continue to organize strategic coordination meetings through CoPIA and have the overall oversight of this joint project implementation in alignment with the ongoing project #49 that provides operational support to the UN RC in managing Ebola phase 3 and beyond in Guinea. Existing resources under the latter project are expected to assist in the implementation of this Joint Proposal as applicable.

Operationally, each participating agency will be held responsible for the good management of the allocated resources received as a part of the project award. The proposed interventions will be conducted under the leadership of the government partners' entities (Ministry of Health and Public Sanitation; Ministry of Local Administration and Decentralization/National Service for Emergencies and Humanitarian Action; National Public Health Agency, Ministry of Internal Security/Department of Civil Protection; Ministry of Environment/National Center for Environmental Risk Management). Local Steering Committees (LSC) will be established to assess the components progress and ensure quality assurance is maintained throughout the project. Those local steering committees will be chaired by the Prefectural Heads of Health Department (Direction Prefectorale de Santé: DPS).

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)
Elevated number of needs and coverage compared to available funding	Medium	High	Act in synergy with cost-effective implementation based on prioritization Responsible: UN RCO/UN Agencies/Other stakeholders
SOPs and response plans are not updated and availed on time to allow a quick simulation exercise	Low	Medium	Engaged parties to anticipate on their SOPs preparation or update Responsible: UNDP/RCO, WHO, ANSS
Lack of synergy and good understanding or cooperation of local communities during the simulation exercises	Low	Medium	Ensure good quality of tools to be tested and hold strong mobilisation of all stakeholders including communities ahead of the simulation Responsible: UN agencies, Implementing partners and state actors
Lack of funding for follow up activities related to the national contingency and the disaster risk reduction plans domestication and operationalization	High	High	Promote full ownership by respective lead actors concerned by the finalization and operationalization of the disaster risk management Encourage the Government to set aside the budget for the Plans Responsible: UN Agencies/RCO/Government of Guinea
Funding decision delay	Medium	Low	Source advance of matching funding Responsible: Involved UN agencies
EVD/Cholera outbreak resurgence	Medium	Medium	UN and other partners to trigger response Responsible: Government, UNCT,

			other humanitarian actors
Political instability/social unrest	Medium	Medium	Continuous engagement with government's leadership Responsible: Government, UNCT and other actors.
Increased resistance from beneficiary communities	Low	Low	Continuous engagement with stakeholders including community workers, women associations and youth groups Responsible: Local authorities

e. Monitoring & Evaluation:

The participating agencies will ensure that the capacity within their respective agencies does exist to monitor the good implementation of the proposed activities in accordance with the project result matrix and other existing guidelines. The project management will also ensure not only of a good project implementation but also of regular evaluation and reporting on the project progress with MPTF and other stakeholders. The UN RC will foster the required synergy among involved agencies to guarantee a joint delivery and result achievement by the UNCT. The project monitoring and evaluation exercise will be as inclusive as possible to involve other stakeholders in order to ensure effectiveness and efficiency of the project coordination. Local steering committees (LSC) comprising medical district officers, members of NGOs/CBOs and representative of the beneficiaries will be established to monitor progresses and review risks linked to the project implementation cycle.

As during the preparation phase, each participating agency will assign a focal point to work with other peers on the project monitoring and evaluation. Regular interactions with the MPTF Office will also allow compliance with the donor's expectations and by reaching out on a regular basis, the RCO's monitoring and evaluation specialist or the project focal point will assist in the project monitoring and evaluation process. Periodic reporting with MPTF Office includes quarterly and annual/final reports consolidated with the information and progress results from all implementing agencies (UNDP, UNFPA, UNICEF, WHO and WFP).

The LSC will meet on a quarterly basis to monitor the progress and review risks linked to the project implementation and make workable recommendations accordingly. Quarterly joint field monitoring visits will be conducted to assess the project progress, identify eventual bottlenecks and make appropriate recommendations to overcome them. Baseline and Targets indicators have been developed for an effective results tracking. A final evaluation will be conducted to assess achievements and lessons learned from the project.

PROPOSAL RESULT MATRIX

Proposal Title: Enhancing the post-Ebola national capacity to efficiently respond to future health outbreaks					
Strategic Objective to which the Proposal is contributing ¹					
Strategic Objective 5 MCA 13: Multi-faceted preparedness.					
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline ² In the exact area of operation	Target	Means of verification	Responsible Org.
Priority 1: Strengthen the community-based surveillance system and early warning mechanisms					
Outcome 1: Increased capacity of communities in detecting, reporting and responding to Epidemic prone diseases and public health events					
Indicator 1.1: % of EPDs and Health events reported by CHVs out of the total of reported cases	Gaoual, Koundara, Fria	0	50%	Register of alerts Surveillance activity reports	WHO/ANSS
Outcome 2: Private structures involved in the implementation of the National Surveillance and Response plan					
Indicator 2.1: % of weekly epidemiological report completed by private health facilities	Forécariah, Coyah, Guéckédou, Macenta, N'zérékoré, Téliimélé, Gaoual, Koundara, Fria (The selection criteria are based on the fact that some, on the one hand, are border health districts to another country in the West African sub-region (Forecariah, Guéckédou, Macenta, N'zérékoré, Gaoual, Koundara) and on the other hand with a	2%	50%	Surveillance activity reports Health districts epidemiological reports	WHO/ANSS

¹ Proposal can only contribute to one Strategic Objective

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

		high concentration of private structures (Coyah And Fria). In addition, the Telimélé health district is considered to be a high-risk epidemic (eg yellow fever).					
Indicator 2.2: Proportion of private health facilities having promptly reported on weekly epidemiological data	Forecariah, Coyah, Guéckedou, Macenta, N'zérékoré, Télimélé, Gaoual, Koundara, Fria.	2%	50%	Surveillance activity reports Health districts epidemiological reports	WHO/ANSS		
Outcome 3: Improved understanding of areas with increased risk of spread of epidemic prone diseases and other health threats							
Indicator 3.1: Proportion of health districts having benefited with risk assessment	Forecariah, Guéckedou, Macenta, Boké, Siguiri and Koundara	0	100%	Technical report of risk assessment	WHO/OIM		
Outcome 4: Strengthened public health information sharing and capacities to respond to public health emergencies across borders							
Indicator 4.1: Number of joint investigations based on information shared	Boké, Gaoual, Koundara, Siguiri, Kankan, Mandiana and Faranah.	0	7	Investigation reports	WHO/IOM		
Indicator 4.2: ANSS integrate regional epidemiological data in their planning	Country and neighboring countries	0	Weekly	Weekly epidemiological bulletin	WHO/ANSS		
Priority 2: Strengthen the capacity of health facilities and the case management system to better cope with future epidemics.							
Outcome 1: Utilization of public healthcare services is improved in the prefectures that were most affected by the epidemic of Ebola							
Indicator 1.1: Utilization rate of public health services	Forecariah, N'zérékoré, Guéckedou et Macenta.	46%	75%	National Health Information System Demographic and Health Survey	WHO/MoH		

<i>Outcome 2: The capacities of regional hospitals are strengthened in the diagnosis of diseases with epidemic potential</i>						
Indicator 2.1: Number of diseases with epidemic potential diagnosed	N'zérékoré, Kindia, Kankan, Faranah, Labé, Mamou, Boké (Through this project, we propose to strengthen the diagnostic capacities of measles at the level of the seven regional hospitals of the country. This will reduce the diagnostic time and therefore improve the promptness in the response)	0	1 (Measles)	Laboratory results Weekly epidemiological bulletin Activity Report	WHO/ANSS	
Indicator 2.2: % of transfer of samples to the lab	N'zérékoré, Kindia, Kankan, Faranah, Labé, Mamou, Boké	100%	50%	Laboratory results Weekly epidemiological bulletin Activity Report	WHO/ANSS	
<i>Outcome 3: Epidemic-prone disease management capacities are strengthened in the Epidemic Disease Treatment Center (EDTC)</i>						
Indicator 3.1: Case Fatality Rate of epidemic-prone diseases in the Epidemic Disease Treatment Center (EDTC)	Forecariah, Nzérékoré, Guéckedou and Macenta.	0 (The baseline is assumed 0 because the EDTC is not yet very operational).	Decrease of 50% from to current case fatality rates	Weekly epidemiological bulletin Activity Report Investigation Report Means of verification	WHO/ANSS	Responsible Org.
Output Indicators	Geographical Area	Target3	Budget			

³ Assuming a ZERO Baseline

Priority 1: Strengthen the community-based surveillance system and early warning mechanisms

Output 1.1: Increased capacity of Community health volunteers (CHVs) and community leaders (CLs) on event based surveillance

Indicator 1.1.1: Number of trained CHVs and CLs	Gaoual, Koundara, Fria.	764	12,000 USD	Training reports Training attendance sheets	WHO/IOM
Indicator 1.1.2: Number of CHVs equipped with necessary materials to perform their duty	Gaoual, Koundara, Fria.	764	146,306 USD	Distribution reports Donation forms	WHO/IOM

Output 1.2: CEBS data management strengthened in targeted areas

Indicator 1.2.1: Number of Health facilities with functional data base management	Gaoual, Koundara, Fria. (The three health districts in the Boké region have not yet received support for the strengthening of community-based surveillance. The others have already received support from other partners).	21	4,602 USD	Supervisions reports Weekly and Monthly Health facilities reports	WHO/IOM
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Output 2.1: Private health facilities integrated into the surveillance and early warning system and their surveillance capacity strengthened

Indicator 2.1.1: Number of Private health facilities identified to be integrated in the system.	Forecariah, Coyah, Guéckedou, Macenta, N'zérékoré, Télimélé, Gaoual, Koundara, Fria.	250	0 USD (This activity will be carried out by the health district management team. It is considered feasible by the health district team without any other support from partners.).	Identification reports Prioritization reports	WHO
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Indicator 2.1.2: Number of private Health facilities staff trained on IIDS (Integrated Diseases Surveillance and Response)	Forecariah, Coyah, Guéckedou, Macenta, N'zérékoré, Telimélé, Gaoual, Koundara, Fria.	500	50,000 USD	Training reports Training attendance sheets	WHO/ANSS
Indicator 2.1.3: Number of private Health facilities reporting on weekly epidemiological data	Forecariah, Coyah, Guéckedou, Macenta, N'zérékoré, Telimélé, Gaoual, Koundara, Fria.	250	0 USD (This activity will be carried out by the health district management team. It is considered feasible by the health district team without any other support from partners.)	Weekly notification reports	WHO/ANSS
Output 3.1: Public health and diseases spread risks mapping are conducted in target areas					
Indicator 3.1.1: Number of prefectures mapped	38 health districts	38	60,000 USD	Technical report of risk assessment	WHO/IOM (Key partner of the WHO in the implementation of cross border activities in this proposal as mentioned in the implementation partners).
Indicator 3.1.2: Proportion of priority sites assessed (# assessed / # identified during participatory mapping)	Forecariah, Guéckedou, Macenta, Boké, Signiri and Koundara	50%	0 USD (This activity will be carried out by the WHO and it partner IOM. It is considered feasible without any other support.)	Technical report of risk assessment	WHO/IOM
Output 4.1: Cross-border protocols for public health information sharing are implemented					
Indicator 4.1.1: Number of protocols and MoU developed for public health information sharing and cross border collaboration	Gaoual, Koundara, Kankan, and Faranah (The selection criteria are based on the fact that	4	0 USD (This activity will be carried out by the WHO and it partner	DPS official documents Supervision	WHO/IOM

	these health districts have border to another country in the West African sub-region. Other border health districts already have protocols in place).		IOM. It is considered feasible without any other support.)	reports Cross border meetings reports	
Indicator 4.1.2: Number of workshops conducted	Gaoual, Koundara, Kankan, and Faranah	4	9,972 USD	Workshops reports	WHO/IOM
Indicator 4.1.3: Number of cross-border meetings organized	Gaoual, Koundara, Kankan, and Faranah	4	9,972 USD	Cross border meetings reports	WHO/IOM
Output 4.2: Increased capacity of health and non-health officials in border areas on cross-border public health event response					
Indicator 4.2.1: # SoPs developed	Boke, Gaoual, Koundara, Siguri Kankan, Mandiana Mamou and Faranah (The selection criteria are based on the fact that these health districts have border to another country in the West African sub-region).	16	0 USD (This activity will be carried out by the WHO and it partner IOM. It is considered feasible without any other support.)	Workshops reports	WHO/IOM
Indicator 4.2.2: # of health and non-health officials trained	Boke, Gaoual, Koundara, Siguri Kankan, Mandiana Mamou and Faranah	304	23,392 USD	Training reports Training attendance sheets	WHO/IOM
Output 5.1: Reinforced health security at borders with neighboring countries					
Indicator 5.1.1: # of SOPs revised after assessments at PoE	Boke, Gaoual, Koundara, Siguri Kankan, Mandiana Mamou and Faranah	4	(This activity will be carried out by the WHO and it partner IOM. It is considered feasible without any other support.)	After action meetings reports	WHO/IOM

Indicator 5.1.2.: # of assessments and restitution meetings conducted at PoE	Boke, Gaoual, Koundara, Siguiri Kankan, Mandiana Mamou and Faranah	4	4,000 USD	Assessments reports After action meetings reports	WHO/IOM
Priority 2: Strengthen the capacity of health facilities and the case management system to better cope with future epidemics.					
Output 1.1: Conducting a study on the utilization of public healthcare services					
Indicator 1.1.1: Number of studies carried out (Rapid mixed study, qualitative and quantitative identifying the health facilities less attended and the socio-anthropological considerations)	Forecariah, N'zérékoré, Guéckedou and Macenta.	1	10,000 USD	Technical report	WHO/ANSS
Output 1.2: Renovation, equipment and support of health posts, health center and hospitals least attended					
Indicator 1.2.1: Number of health facilities renovated and equipped.	Forecariah, N'zérékoré, Guéckedou and Macenta.	4	80,000 USD	Delivery report sheet Supervision report	WHO/ANSS
Output 2.1: Purchase of laboratory equipment and consumables for ELISA (Measles)					
Indicator 2.1.1: Number of equipment and consumables purchased	N'zérékoré, Kindia, Kankan, Faranah, Labé, Mamou, Boké	7	54,000 USD	Delivery report sheet	WHO/ANSS
Output 2.2: Training of staff on the use of ELISA (Measles)					
Indicator 2.2.1: Number of staff trained	N'zérékoré, Kindia, Kankan, Faranah, Labé, Mamou, Boké	14	5,000 USD	Technical report of the training Attendance sheet	WHO/ANSS
Output 3.2: Purchase and equipment of epidemic diseases treatment centers (EDTC) in kits for the management of epidemic-prone diseases					
Indicator 3.2.1: Number of kits purchased	Forecariah, N'zérékoré, Guéckedou and Macenta.	4	40,000 USD	Delivery report sheet	WHO/ANSS

Indicator 3.2.2: Number of kits distributed	Forecariah, N'zérékoré, Guéckedou and Macenta.	4	5,000 USD	Delivery report sheet	WHO/ANSS
Priority 3: Strengthen the health system through implementation of the Minimum Initial Service Package (MISP) for emergency preparedness and response for safe deliveries and other related services in the prefectures of the Nzerékore Region					
Output 1. Strengthen the capacity of community health workers and health personnel on Minimum Initial Service Package (MISP) for safe deliveries and other related services					
Indicator 1.1. Number of health service providers including community health workers trained on Minimum Initial Service Package (MISP) for emergency situation preparedness and response to implement safe deliveries and other related services	Sous-prefectures of Nzerékore, Macenta and Lola districts	243	113,090 USD	Recruitment report, NGO's training reports	UNFPA/NGO
Output 2. Local communities are prepared to respond to emergency health situation and equipped with MISP for the provision of safe deliveries and other related services during crisis situation.					
Indicator 2.1. Number of local communities prepared and equipped with MISP for the provision of safe deliveries and other related services.	Sous-prefectures of Nzerékore, Macenta and Lola districts	40	272,740 USD	Delivery note and reports	UNFPA/MoH
Output 3. Quarterly field monitoring and coordination meetings are conducted to ensure quality implementation of the project activities					
Indicator 3.1. Number of technical staff supporting the project implementation	Nzerékore, Macenta and Lola	1	2,700 USD	Recruitment report	UNFPA/MoH
Indicator 3.2. Number of technical supervision sessions conducted	Nzerékore, Macenta and Lola	9	29,000 USD	Monitoring reports	UNFPA/MoH
Priority 4. Strengthening health service delivery through community engagement in the 9 health districts of the Ebola affected regions of Kankan and Karanah					
Outcome 1: Reinforced community engagement to improving routine immunization and increased service utilization through community platform, youth and women groups					
Indicator 1.1: % of Districts or equivalent administrative units with at least 80% coverage of DTP-containing vaccine for children < 1 year	Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	ND	80%	Quarterly reports	UNICEF/MSSH/ MATD/Communes

Indicator 1.2: Number of youths/women groups strengthened	Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	16	80	Quarterly reports	UNICEF/MSHIP/MATD/Communes
Indicator 1.3: Number of community platforms supported quarterly	Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	100	100	Quarterly reports	UNICEF/MSHIP/MATD/Communes
Outcome 2: Strengthened community-based and response systems, especially real-time routine reporting and monitoring mechanisms to trigger timely actions					
Indicator 2.1: Number of registered public health facilities utilizing online or real time data collection for HMIS meeting IHR Guidelines	Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	565	1,130	Quarterly reports	UNICEF/MSHIP/MATD/Communes
Outcome 3: Decentralized governance and accountability systems facilitate service delivery at district, health facility, and community levels.					
Indicator 3.1: Number of community Health Workers trained to implement integrated community case management (% of actually trained against the planned)	Regions of Kankan and Faranah	15	70	Quarterly reports	UNICEF/MSHIP/MATD/Communes
Outcome 4: Routine vaccination services is strengthened by providing technical assistance at both national and district level.					
Indicator 4.1. Number of technical assistance activities to strengthen routine immunization at national and district level	Kankan and Faranah regions	0	3	Quarterly reports	UNICEF/MSHIP/MATD/Communes
Output 1: Community engagement enhanced to improve routine immunization and increasing health service utilization					
Indicator 1.1: Number of districts (or similar administrative units) facilitating regular community dialogue with caregivers of	Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri,	9	39,000 USD	Quarterly reports	UNICEF/MSHIP/MATD/Communes

children under 5 to improve knowledge, attitudes and practices and address related social/cultural norms on maternal newborn and child health and development.	Dabola, Dinguiraye, Faranah and Kissidougou							
Indicator 1.2: Number of youths/women groups strengthened in social mobilization through community dialogue for better health service utilization.	Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	80	46,500 USD	Quarterly reports	UNICEF/MSHP/MATD/Communes			
Indicator 1.3: Number of community platforms supported quarterly to increase the community involvement in the decision-making, need assessment and interactions with technical and financial partners.	Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	100	38,500 USD	Quarterly reports	UNICEF/MSHP/MATD/Communes			
Output 2. Community-based reporting, monitoring, and response systems strengthened through real-time routine reporting								
Indicator 2.1.: Number of CHW/youth trained on the use of community based register and reporting community events	Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	1,130	27,000 USD	Quarterly reports	UNICEF/MSHP/MATD/Communes			
Output 3. Local governance and accountability systems improved								
Indicator 3.1: Number of Districts with health cadres in local governance, management, data reviews, quality supervision and coaching capacities are reinforced	Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	70	60,000 USD	Quarterly reports	UNICEF/MSHP/MATD/Communes			
Output 4.: Routine vaccination services is strengthened by providing technical assistance at both national and regional level.								
Indicator 4.1. Number of technical assistance activities to strengthen routine immunization at national and district level	Kankan and Faranah regions	3	146,853 USD	Quarterly reports	UNICEF/MSHP/MATD/Communes			

Priority 5. Enhancing the national emergency preparedness through improved logistics service delivery.

Outcome 1: The local capacity to integrate logistics aspects in health emergency response is reinforced

<p>Indicator 1.1: Number of health staff from prefectural epidemic disease treatment centers "CTEPI" benefiting from training activities on operational supply chain and logistics service delivery in emergencies</p>	<p>(34 disease treatment centers, one per prefecture) in regions of Kindia, Mamou, Labe, Nzerekore, Boko, Faranah, Kankan, and Conakry</p>	<p>0</p>	<p>76 (2 staff per prefectural CTEPI)</p>	<p>Training modules Activity Report</p>	<p>WFP/ANSS</p>
<p>Indicator 1.2: Number of prefectural epidemic disease treatment centers provided with Personal Protective Equipment (PPE kits) to use for health emergency situations</p>	<p>(34 disease treatment centers, one per prefecture) in regions of Kindia, Mamou, Labe, Nzerekore, Boko, Faranah, Kankan, and Conakry</p>	<p>0</p>	<p>34</p>	<p>Inventory list Handover note</p>	<p>WFP/ANSS</p>
<p>Output Indicators</p>	<p>Geographical Area</p>	<p>Target⁴</p>	<p>Budget</p>	<p>Means of verification</p>	<p>Responsible Organization</p>
<p><i>Output 1.1. ANSS's Emergency Operations Centers "Centres d'Operations d'Urgence" in most vulnerable disease prone prefectures to host simulation exercises are provided with managerial skills in emergency logistics programming as well as logistical support for emergency response preparedness.</i></p>					
<p>Indicator 1.1.1: Number of prefectural emergency operations centers benefiting from mobile storage units handed to prefectural centers health facilities (tents) to facilitate the simulation activities and later response</p>	<p>4 EOCs of Kindia, Forcariah, Gueckedou and Macenta</p>	<p>4</p>	<p>60,000 USD</p>	<p>Purchase documentation Handover report</p>	<p>WFP/ANSS</p>
<p>Indicator 1.1.2: Number and nature of PPE kits purchased and availed to prefectural epidemic disease treatment centers "CTEPI"</p>	<p>34 CTEPI in regions of Kindia, Mamou, Labe, Nzerekore, Boko, Faranah, Kankan, and Conakry</p>	<p>TBD</p>	<p>87,000 USD</p>	<p>Purchase Orders, Physical inventory Handover notes</p>	<p>WFP/ANSS/PCG</p>

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⁴ Assuming a ZERO Baseline

Indicator 1.1.3: Number of CTEPI and EOC's workers trained on emergency logistics programming and logistical service delivery during emergency response	34 CTEPI in regions of Kindia, Mamou, Labe, Nzerakore, Boko, Faranah, Kankan, and Conakry	76	12,500 USD	Training modules Trainee attendance list	WFP/ANSS
Priority 6. Improvement of the national emergency response coordination capacity in post-Ebola Guinea					
Outcome 1. The national health emergency preparedness and coordination capacity is enhanced					
Indicator 1.1: Number of national stakeholders trained on emergency preparedness and response coordination aspects at the local level	Nationwide and at local level in the prefectures of Forecariah, Gueckedou, Macenta and Kindia	20	200	List of attendance	UN-RCO/CoPIA
Indicator 1.2: Number of training workshops and thematic topics developed and dispensed to health emergency responders including at the local level	Nationwide and at local level prefectures of Forecariah, Gueckedou, Macenta and Kindia	0	4	Training modules	UN-RCO/WHO/ANSS
Indicator 1.3: Number of national institutions benefiting from the IT support and logistic supply to facilitate flow of information and coordination capacity of key emergency response functions	Conakry	0	4 SENAH, DGPC, CNGCE, ANSS (EOCs)	Purchase Orders, Inventory, MoU of handover	UN-RCO
Outcome 2. The national multi-risk contingency plan and other emergency response mechanisms are successfully tested and fully resourced					
Indicator 2.1: Number of simulation exercises conducted on the contingency multi-risk plan	Conakry and Prefectures of Forecariah, Gueckedou, Macenta and Kindia	0	5	Plan document Lists of actors involved Pictures of the activity	UN-RCO/ANSS/ WHO and other CoPIA members
Indicator 2.2: Number of simulation exercises to test the efficiency of the locally-based emergency response and alert units- (ERARE: Equipes Regionales d'Alerte et de Réponse aux Epidémies)	Prefectures of Forecariah, Gueckedou, Macenta and Kindia	0	4	Simulation reports List of participants	UN-RCO/WHO/ ANSS and CoPIA members
Indicator 2.3: Number and nature of updates and adjustments made to the multi risk contingency plan, the disaster management	Nationwide	0	1	List of stakeholders Amended	UN-RCO/ANSS/ MATD/WHO and other members of

plan as a step towards their final validation, domestication and operationalization						document	CoPIA
Indicator 2.4: Number of DRR support projects implemented as a part of its operationalization and domestication	Nationwide		1		4	List of projects and funding donors	UN-RCO/MATD and other members of CoPIA
Indicator 2.5: Number of strategic and technical meetings held in the preparation and follow up of the simulation exercises	Conakry, Forecariah, Gueckedou, Macenta and Kindia		0		10	Meeting minutes	UN-RCO/WHO/ANSS/MATD and other members of CoPIA
Outcome 3. The local operational capacity of response to epidemics is strengthened through post-simulation activity support							
Indicator 3.1: Number of locally-based ANSS' rapid response teams and Emergency operations Centers whose capacity is reinforced	Forecariah		0		4	List of teams Inventory of support provided	UN-RCO/WHO/ANSS
Indicator 3.2: Number of locally-based public health agency staff and other health structures benefiting from the capacity-building support	Nationwide/cross-border		0		40	List of plans List of participants in the simulations	UN-RCO/WHO/ANSS
Indicator 3.3: Number of standard operating procedures for EDTCs produced and distributed	Nationwide		0		1 SOP 34 EDTCs 680 copies	Handbooks List of distribution	UN-RCO/WHO/ANSS
Output Indicators	Geographical Area	Targets⁵	Budget	Means of verification	Responsible Organization		
Output 1.1. Consolidate the institutional capacities enabling Government and Inter-agency standing committee (CoPIA) to become functional, efficient and effective to cope with the response coordination for a wide range of diseases posing an epidemiological threat in Guinea							
Indicator 1.1.1: Number of staff from the national institutions involved into emergency response coordination (MATD, DGPC, ANSS, Ministry of Health, RED CROSS) having benefited from training on health emergency coordination aspects and other types of capacity building support	Conakry and prefectures of Forecariah, Kindia, Gueckedou and Macenta		150 people		98,525 USD	List of attendance	UN-RCO/WHO/MATD and other CoPIA members

<p>Indicator 1.1.2: Number and nature of IT and office supply support provided to national health security/humanitarian agencies to trigger effective response at local level</p>	<p>Conakry and prefectures of Forecariah, Kindia, Gueckedou and Macenta. The four areas are at borders with the other two countries that were hit by EVD. Thus, the high cross-border mobility and the high vulnerability state guided the choice.</p>	<p>Communication tools and equipment</p>	<p>72,275 USD</p>	<p>Purchase Orders, Physical inventory</p>	<p>UN-RCO</p>
<p>Indicator 1.1.3: Number of meetings, conference and coordination events convened by CoPIA to address response strategies to national health related matters</p>	<p>Conakry and prefectures of Forecariah, Kindia, Gueckedou and Macenta</p>	<p>1 per month</p>	<p>45,725 USD</p>	<p>Meeting minutes</p>	<p>UN-RCO/WHO/MATD and other CoPIA members</p>
<p>Output 1.2. Strengthen the local response capacities to manage efficiently local and global health risks in Guinea through simulation exercises on current contingency and other pandemic response plans.</p>					
<p>Indicator 1.2.1.: Number of joint stress and simulation exercises conducted.</p>	<p>4 exercises in the prefectures of Forecariah, Kindia, Gueckedou and Macenta</p>	<p>3</p>	<p>114,825 USD</p>	<p>Report on lessons learned from the simulation exercises and the joint stress simulations</p>	<p>UN-RCO/ANSS/WHO/ and other CoPIA members</p>
<p>Indicator 1.2.2.: Number of stakeholders participating in the simulation exercises and joint stress test</p>	<p>1 Joint stress simulation in Conakry</p>	<p>At least 12 Key Governmental authorities and humanitarian actors involved in emergency response</p>			<p>UN-RCO/ANSS/MATD/WHO and other CoPIA members</p>
<p>Indicator 1.2.3. Current DRR framework is validated and resourced through development of support projects</p>	<p>Nationwide</p>	<p>At least 2 technical coordination meetings per month to finalize project and submit to donors</p>	<p>54,330 USD</p>	<p>DRR support projects list Donor database Project implementation</p>	<p>UN-RCO/MATD and CoPIA members</p>

<p>Indicator 1.2.4. Local capacity to respond to health emergencies is strengthened and locally-based response teams receive operational support</p>	<p>Indicator 1.2.5. Local Emergency Operations Centers' operational capacity is reinforced through training activities and logistic support</p>	<p>Prefectures of Forecariah, Gueckedou, Kindia and Macenta Prefectures of Forecariah, Gueckedou, Kindia and Macenta</p>	<p>4 prefectures</p>	<p>94,540 USD</p>	<p>report</p>	<p>UN-RCO/WHO/ ANSS/ CoPIA</p>
			<p>4 prefectures</p>			<p>UN-RCO/WHO/ ANSS</p>

Annex 1. Project Goal Summary

GOAL - #65 Guinea Preparedness proposal						
Improve Country Emergency Response Preparedness CAPACITY level filling gaps in:						
<p>Reinforcement</p> <p>Community based surveillance and early warning system</p> <p>WHO</p>	<p>Strengthen</p> <p>Community health system and case management</p> <p>WHO</p>	<p>Strengthen</p> <p>Health system through MISp for emergency preparedness</p> <p>UNEPA</p>	<p>Strengthen</p> <p>Community engagement</p> <p>UNICEF</p>	<p>Enhancing</p> <p>National emergency preparedness through improved logistics service delivery</p> <p>WFP</p>	<p>Ensuring</p> <p>Efficiency of national emergency response capacity through simulations of existing tools and a continued strategic coordination support</p> <p>ENRC/UNDP</p>	
<p>ILIE Recommendations (11)(3)(6)</p> <p>Outcomes</p> <ul style="list-style-type: none"> ↑ targeted community capacities response epi diseases and public health events ↑ inclusion of private health facilities in the National Response Surveillance Plan ↑ communication in Epi high risk areas ↑ information to respond to public health emergencies across the borders 	<p>ILIE Recommendations (11)(2)(3)(4)(7)</p> <p>Outcomes</p> <ul style="list-style-type: none"> ↑ utilization of public health facilities ↑ capacity of regional hospitals in the diagnosis of epidemic prone diseases ↑ EPI-prone diseases management capacities of Epidemic Disease Treatment Center 	<p>ILIE Recommendations (11)(1)(2)</p> <p>Outcomes</p> <ul style="list-style-type: none"> ↑ health system through the implementation of MISp service in Nzérékoré area ↑ response to emergency health situation by strengthening and equipping local communities 	<p>ILIE Recommendations (6)(17)</p> <p>Outcomes</p> <ul style="list-style-type: none"> ↑ capacity of ANSS ↑ EPI Programme of immunization ↑ Community engagement in two vulnerable regions affected by Ebola to facilitate access to health services 	<p>ILIE Recommendations (11)(5)</p> <p>Outcomes</p> <ul style="list-style-type: none"> ↑ capacity of CTEPIs and Emergency Operations Centers on logistics preparedness for emergency response 	<p>ILIE Recommendations (1)(8)</p> <p>Outcomes</p> <ul style="list-style-type: none"> ↑ capacity of ANSS, CTEPIs and other local centres on and emergency response through simulation exercises ↑ humanitarian coordination capacity of key national emergency response coordination entities CoPA (Inter-Agency standing committee) 	

Annex 2:

Project management cost breakdown per agency/objective

Agency	Priority/Objective	Itemization	Cost	Comment	
WHO	Strengthen the community-based surveillance system and early warning mechanisms	Training and workshop	104,336		
		Equipment (Community health volunteer kits: bottles, raincoats, notebooks, pens, bags and megaphones)	146,306		
		Public health study/survey	60,000		
		Supervision and assessment	8,602		
	Strengthen the capacity of health facilities and the case management system to better cope with future epidemics	Renovation (painting, toilet replacement and roof repairs) and equipment (child birth tables, dustbins, cupboard) of health facilities	80,000		
		Equipment (Purchase of laboratory and consumables like microscope, meningitis and cholera reagents, tubes, needles, blades, swab, glucometer)	59,000		
		Public health study/survey	10,000		
		Medical kits supplies (first aid kits: alcohol, cotton, bandages, antiseptic, plaster, gloves)	45,000		
		Project management	77,137		
		Indirect Cost max 7 % (claiming 5.7)	33,652		
		Total WHO	624,033		
	UNFPA	Strengthen the health system through implementation of the Minimum Initial Service Package (MISP) for emergency situation preparedness and response for safe deliveries and other related services in the prefectures of the Nzerekore region	Activity 1.1. Train of 200 (5 by 40 communities) local community health workers for MISP.	60,000	
			Activity 1.2. Train of 40 (1 by 40 communities) facility health workers and 3 project managers for MISP.	21,500	
Activity 1.3. Simulate of SOPs for MISP completed			31,590		
Activity 2.1. Supply of Emergency RH kits, for training and simulation (6B&11B)			79,900		
Activity 2.2. Purchase of Protection uniform, for training, simulation and intervention (2 uniforms by staff)			144,000		
Activity 2.3. Emergency medical equipment for training, simulation and intervention (6A&11A).			48,840		
Activity 3.1. Technical staff supporting the project implementation			2,700		
Activity 3.2. Conduct technical supervision and reporting			29,000		
Indirect cost (7%) (claiming 7)			29,227		
Total UNFPA			446,757		
UNICEF			Strengthening health services delivery through community engagement in the Ebola affected regions of Kankan and Faranah	Grants and transfers to implementing partners	357,853
	Staffing	53,000			
	Visibility	6,000			
	Indirect Cost max 7 % (claiming 7)	29,180			
	Total cost UNICEF	446,033			
WFP	Enhancing the national emergency preparedness through improved	Acquisition of mobile storage units (tents)	60,000		
		Purchase and delivery of IPC kits to CTEPI	87,000		
		Training cost for CTEPI and EOC staff	12,500		
		Project staffing	18,500		
		Indirect Direct Cost 7% (claiming 5.7)	10,146		

Agency	Priority/Objective	Itemization	Cost	Comment
	logistics service delivery.	Total WFP	186,900	
UNDP	Improvement of the emergency response coordination capacity in post-Ebola Guinea	Grants to implementing partners	112,870	
		Training workshop activities on emergency response coordination	31,675	
		Institutional capacity building support to CoPIA members	86,543	
		Simulation exercises and joint stress test and travel	78,150	
		IT equipment and office supply	41,000	
		Communication fee, visibility, events, meetings and other operating costs,	67,655	
		-Project management and coordination support cost	59,393	
		-Senior Project Manager (with a medical or public health background), (<i>recommended by MPTF</i>)	265,734	
		Indirect Cost max 7 % (claiming 7%)	52,011	
		Total UNDP	795,031	
TOTAL PROJECT COST			2,500,000 US\$	

Annex 3: Project Budget per UN categories

PROJECT BUDGET PER UN CATEGORIES						
CATEGORIES	Amount Recipient Agency	Amount Recipient Agency	Amount Recipient Agency	Amount Recipient Agency	Amount Recipient Agency	TOTAL
	UNDP	UNFPA	UNICEF	WHO	WFP	
1. Staff and other personnel (JP Senior Programme Manager with a medical/public health background (UNDP/RCO) plus project support staffing within recipient agencies)	325,127	31,700	53,000	77,137	18,500	505,464
2. Supplies, Commodities, Materials (include details) Office Supply for national CoPIA members by UNDP/RCO and MISIP (Initial Service package) by UNFPA, Medical kits by WHO and PPE Kits for EDTCs by WFP	10,050	272,740	-	45,000	139,000	446,790 <i>466,790</i>
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details) IT equipment for national CoPIA members by UNDP, CHV kits for 146,306 USD and lab purchase for 59,000 USD by WHO.	41,000	-	-	205,306	-	246,306
4. Contractual services (include details) Capacity Building Training for 86,543 USD + Simulation Exercise for 78,150 USD by UNDP/RCO, training for Health Workers by UNFPA and WHO for the mentioned amounts.	164,348	113,090	-	105,336	12,500	395,274
5. Travel (include details) Field Missions Logistics and transportation mainly for simulation activities and project monitoring	31,675	-	-	88,602	8,000	128,277
6. Transfers and Grants to Counterparts (include details): UNICEF: 146,853 USD to be disbursed to the Ministry of Health to strengthen the routine immunization at national and district level. The remaining 211,000 USD will be allocated to the Ministry of Administration and Decentralization to promote social mobilization and community engagement through community dialogue in selected districts. UNDP: will disburse the amount to ANSS for the production of SOPs of the EDTCs.	112,870	-	357,853	-	-	470,723

7. General Operating and other Direct Costs Communication and visibility Meetings and Events Public health study and survey	57,950	-	6,000	69,000	-	132,950
Sub-Total Project Costs	743,020	417,530	416,853	590,381	178,000	2,345,784
7. Indirect Support Costs 6.57 % (overall project)	52,011 (7%)	29,227 (7%)	29,180 (7%)	33,652 (5.7%)	10,146 (5.7%)	154,216 (6.57%)
TOTAL	795,031	446,757	446,033	624,033	188,146	2,500,000

Annex 4: List of Acronyms

ANSS: Agence Nationale de Securite Sanitaire
CBO: Community Based Organizations
COPIA: Comite Permanent Inter-agence
CSO: Civil Society Organizations
CTEPI: Centre de Traitement des Epidémies a Potentiel Infectieuses
DGEF : Direction Générale de l'Environnement
DGPC : Direction Générale de la Protection Civile
DPS : Direction Prefectorale de la Sante
DRR : Disaster Risk Reduction
EHS : Essential Health Services
EOC : Emergency Operations Center
EPI: Expanded Programme of Immunization
EVD : Ebola Virus Disease
ERARE: Equipes Regionales d'Alerte et Reponse aux Epidemies
GBV: Gender-based violence
HIV : Human Immunodeficiency Virus
IOM: International Organization for Migrations
IT: Information Technology
LLE : Lesson Learned Exercise
LSC : Local Steering Committee
MATD: Ministere de l'Administration du Territoire et de la Decentralisation
MISP : Minimum Initial Service
MSU : Mobile Storage Unit
NERC : National Ebola Response Cell
NGO: Non-Governmental Organization
OCHA: United Nations' Office for Coordination of Humanitarian Affairs
PCG : Pharmacie Centrale de Guinee
PPE : Personal Protective Equipment
RH: Reproductive Health
SENAH: Service National des Affaires Humanitaires
SOP: Standard Operating Procedures
UNCT: United Nations Country Team
UNDP : United Nations Development Agency
UNFPA: United Nations Fund for Population Affaires
UNICEF: United Nations Children's Fund
UNMEER: United Nations Mission for Ebola Emergency Response
UNRCO: United Nations Resident Coordinator's Office
US: United States
WFP: World Food Programme
WHO: World Health Organization