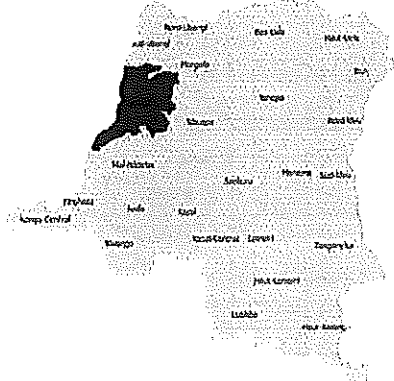




EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL
World Health Organization

<p>Proposal Title: WHO's strategic response to the Ebola virus disease outbreak in the Democratic Republic of Congo (DRC)</p>	<p>Recipient UN Organization(s): World Health Organization</p>										
<p>Proposal Contact: Name and Title Ms Marcia Poole, Director, External Relations Address: WHO, 20 Avenue Appia, Geneva Telephone: +41 227 9112543 E-mail: poolem@who.int</p>	<p>Implementing Partner(s) – name & type (Government, CSO, etc): WHO and the Ministry of Health, DRC</p>										
<p>Proposal Location (country): Please select one from the following</p> <p><input type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone <input checked="" type="checkbox"/> Democratic Republic of Congo <input type="checkbox"/> Common Services</p>	<p>Proposal Location (provinces): Equateur Province</p>										
<p>Project Description: <i>One sentence describing the project's scope and focus.</i></p> <p>The activities for this proposal will focus on identifying and tracing people with Ebola and the support component will involve transport and fuel and including multifaceted preparedness to prevent further spread.</p> 	<p>Requested amount: USD 428,000</p> <p>Other sources of funding of this proposal: WHO's initial response to the outbreak has been enabled by a rapid release of USD 4 million from the WHO Contingency Fund for Emergencies in May 2018.</p> <p>This funding sought from MPTF will build on the achievements of the early Ebola outbreak response.</p> <p>No. of Beneficiaries</p> <table border="1"> <tr> <td>Women</td> <td></td> </tr> <tr> <td>Girls</td> <td></td> </tr> <tr> <td>Men</td> <td></td> </tr> <tr> <td>Boys</td> <td></td> </tr> <tr> <td>TOTAL</td> <td>2, 543, 936</td> </tr> </table> <p>Start Date: 01 June 2018 End Date: 30 September 2018 Total duration (in months): 4</p>	Women		Girls		Men		Boys		TOTAL	2, 543, 936
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STRATEGIC OBJECTIVES AND MISSION CRITICAL ACTIONS to which the proposal contributes. The SO and MCAs to which each project contributes should be identified. For proposals responding to multiple Mission Critical Actions (MCAs) within one or more Strategic Objectives (SOs), [usually one only] please select the primary MCA to which the proposal contributes.

- SO 1 Stop Outbreak MCA1: **Identifying and tracing of people with Ebola**
- SO 1 Stop Outbreak MCA2: **Safe and dignified burials**
- SO 2 Treat Infected People MCA3: **Care for persons with Ebola and infection control**
- SO 2 Treat Infected People MCA4: **Medical care for responders**
- SO 3 Ensure Essential Services MCA5: **Provision of food security and nutrition**
- SO 3 Ensure Essential Services MCA6: **Access to basic services**
- SO 3 Ensure Essential Services MCA7: **Cash incentives for workers**
- SO 3 Ensure Essential Services MCA8: **Recovery and economy**
- SO 4 Preserve Stability MCA9: **Reliable supplies of materials and equipment**
- SO 4 Preserve Stability MCA10: **Transport and Fuel**
- SO 4 Preserve Stability MCA11: **Social mobilization and community engagement**
- SO 4 Preserve Stability MCA12: **Messaging**
- SO 5 Prevent Further Spread MCA13: **Multi-faceted preparedness**

Recipient UN Organization(s)¹ <i>World Health Organization</i>		<i>Chair of the Advisory Committee Ebola MPTF:</i>
<i>Name of Representative</i>	Dr Peter Salama Deputy Director-General Emergency Preparedness and Response	<i>Signature</i> <i>Date:</i>
<i>Signature</i>		
<i>Name of Agency</i>	World Health Organization	
<i>Date & Seal</i>		

a) Rationale for this project:

Background

On the 3rd of May 2018, the Ministry of Health of the Democratic Republic of Congo reported 21 cases with viral hemorrhagic fever signs and 17 community deaths in the Ikoko-Impenge, located in in the Health Zone of Bikoro, in the province of Equateur. On the 5th of May 2018, a team composed of the Ministry of Health, World Health Organization (WHO) and Médecins Sans Frontières (MSF) went to investigate the reported cases. The team found five active cases of which two were hospitalised at Bikoro General Hospital and 3 in Ikoko Impenge Health Center. Five samples were taken from these suspected active cases and sent for analysis at the National Institute of Biological Research (INRB) in Kinshasa. On the **8th May 2018**, two of the five samples analysed² were confirmed positive for Ebola virus (EVD). On the same day the Ministry of Health declared an outbreak of Ebola virus disease in Bikoro Health Zone, in the Province of Equateur.

¹ If there is more than one RUNO in this project, additional signature boxes should be included so that there is one for every RUNO.

² Reverse Transcription Polymerase Chain Reaction

As of the 27th of May 2018, a total of **54 cases** including 25 deaths have been reported of which 35 confirmed, 6 suspected and 13 probable. The average case fatality rate is around 44%³. The epidemic has reached the health zone of Wangata, in the city of Mbandaka, where more than one million inhabitants reside. This situation is particularly worrying as Mbandaka is more connected to the rest of the country, compared to Bikoro. Based on WHO's rapid risk assessment, at this stage of the epidemic, the risk to public health is rated high at national level, high for the region, and low at the global level.

Overview

The overall goal of the response is to contribute to the reduction of mortality and morbidity related to the EVD outbreak in the Equateur province, and to prevent the spread of the outbreak to other provinces of the country, as well as to neighboring countries. The targeted area of the response effort is the Democratic Republic of Congo and operational preparedness in neighboring countries. The response is paying a particular attention to specific population groups (especially Pygmies) vulnerable people most at risk of death, including young boys and girls, pregnant women, older men and women, and groups with limited access to health care.

A national response plan was launched on 11 May 2018, by the Ministry of Health. An overall health sector plan to respond to the EVD outbreak is being finalized, integrating the response plan of WHO and others partners in the Democratic Republic of Congo. This country wide response plan has been estimated at US\$ 56 million USD of which US\$ 27 million is for WHO's operating budget.

This figure may change as the extent of the crisis and the evolution of the situation have not yet been determined. It must be emphasized that the three health zones that reported the first suspected cases are very large and there are major constraints in terms of physical access. In addition the existing disease surveillance mechanism at the local level is weak and there is a need to immediately train staff in health facilities. These challenges have had a negative impact on communication from the affected areas to the main health centres.

The outbreak is currently affecting three separate locations in Equator province, each with unique challenges for the response. Primary operations have been moved to Mbandaka closer to the affected sites effective 25 May for all agencies and WHO has deployed 138 staff to the Democratic Republic of Congo. Regional Preparedness for the 9⁴ neighbouring countries has become paramount

⁴ Priority 1: Congo Brazzaville and CAR; Priority 2: Angola, Burundi, Rwanda, South Sudan, Tanzania, Zambia;

especially for cases that could potentially cross borders and risk communication is a pillar that is being strengthened with partners.

The activities for this proposal will focus on identifying and tracing people with Ebola, transport and fuel for contact tracing activity and some aspects of multi-faceted preparedness to prevent further spread.

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

The activities for this proposal will focus on identifying and tracing people with Ebola, transport and fuel for surveillance including contact tracing activity and some aspects of multi-faceted preparedness to prevent further spread. These activities focus on funding gaps and priority areas of need in the current Ebola response efforts.

- c) **Coherence with existing projects:** *This section lists any of the projects which are supporting the same SO or MCA in the same country or area of operation*

The proposal is coherent with the Ebola Strategic Response Plan (the updated SRP attached, as annex) which was developed in consultation with the government and partners, the SRP budget was revised to US\$ 57 million, reflecting:

- Increased number of contact tracers and contact tracing supervision based on revised estimate of expected contacts
- Increased number of points of entry surveillance (airports and water/land points) based on mapping of transport routes
- Planned for rapid response team and triage/isolation unit in Kinshasa and neighboring provinces to be ready for a new alert
- Support (food, water, basic allowance) for contacts in quarantine
- Broader programme of basic WASH in schools and communities
- Additional aircraft, helicopters and boats to manage difficult logistic environment
- Government led programme to ensure continued provision of health services in affected areas through free access, incentive payments to health workers and provision of medicines/medical equipment
- Additional anthropological investigation teams to inform response and risk communication

- Additional psycho-social support
- Expanded national and provincial EOCs

As overall lead for the response, WHO is advocating funding for the SRP and UN OCHA will support financial tracking and monitoring of the SRP

- d) Capacity of RUNO(s) and implementing partners:** *This section should provide a brief description of the RUNO capacity in the Country, including the overall current emergency budget and the staff deployed. It should include its expertise in the targeted area of support. This section should also outline any additional implementing partners, including their role and experience and how the RUNO will provide quality assurance.*

WHO responsibilities and mandate for outbreak alert and response are covered under the IHR (2005), as lead of UN Health Cluster, and as part of the post-Ebola reform and establishment of the WHO Health Emergencies Programme (WHE). WHO is working closely with major partners in areas of case management, infection prevention and control, epidemiological surveillance, contact-tracing and monitoring, logistics and staff safety.

In the Democratic Republic of the Congo, the WHO Representative and Country Office supports the Ministry of Health, are working closely with emergency, health and development partners; and with all UN and NGO partners supporting the Ebola response and together developed the Strategic Response plan in order to respond to the ongoing outbreak.

WHO is and will continue to work closely with all partners, including UNICEF, WFP, MONUSCO, IOM, MSF, GOARN to ensure that efforts are coordinated and that there won't be any duplication or fragmentation of activities.

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

The Emergency Response framework⁵ (ERF) depending on the type of emergency sets out WHO responsibilities and accountabilities during an emergency⁶ and outlines an Incident Management Structure (IMS)⁷ that is set-up during an emergency with critical functions. The ERF also sets out procedures in emergencies and actions that WHO has to take at all three levels of the organization under the Incident Management structure. The

⁵ <http://www.who.int/hac/about/erf/en/>

⁶ <http://apps.who.int/iris/bitstream/handle/10665/258604/9789241512299eng.pdf;jsessionid=BAC6E4DB7A4C4449A049C4043237D112?sequence=1>

⁷ Please see attached current IMS structures

IMS is responsible for the implementation of the activities and achievement of the results and outline the necessary including standard operating procedures and target indicators for operational response. The report for this proposal will be provided in one final report in September, 2018.

Financial accountability and monitoring will be achieved through existing mechanisms in the WHO country office, the Regional office for Africa and WHO headquarters in Geneva.

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

Table 5 – Risk management matrix

Risks to the achievement of SO in targeted area	Likelihood of occurrence (high, medium, low)	Severity of risk impact (high, medium, low)	Mitigating Strategy (and Person/Unit responsible)
New clusters of EVD cases in Mbandaka	High	High	Enhanced surveillance, support to local health authorities and increased contact tracing - Increase contact tracing and risk communication staff
Resurgence outside the project coverage area	Medium	High	Improve and expedite operationalization of the Rapid Response Plans
Insufficient logistics support to remote teams	High	High	Early ordering and purchase of necessary equipment including vehicles to support transportation requirements Increase in helicopter use to deliver cargo and equipment - Regular reviewing of equipment required -Increase logistics staff.

- g) **Monitoring & Evaluation:** *This section sets the M&E arrangements and responsibilities for the proposal, including who will be responsible for the collection and analysis of data required in the result framework.*

WHO has an Monitoring & Evaluation staff assigned to monitor implementation based on the overall key performance indicators as outlined in the Strategic Response Plan. This position is within the Incident Management & planning function. This information will ultimately contribute to the overall reporting and grant management process.