



# **EBOLA RECOVERY MULTI-PARTNER TRUST FUND PROPOSAL**

<b>Proposal Title:</b> Ebola Response and Recovery Capacity Support for the UN Resident Coordinator	<b>Recipient UN Organization(s):</b> United Nations Development Program (UNDP)
<b>Proposal Contact:</b> Ms. Chencho Dorjee, Coordination Specialist Office of the UNRC/DRSG Cell +231 770003857 Email: <a href="mailto:chencho.dorjee@one.un.org">chencho.dorjee@one.un.org</a>	<b>Implementing Partner(s) – (Government, CSO, etc):</b> N/A
<b>Proposal Location (country):</b> Please select one from the following <input type="checkbox"/> Guinea <input checked="" type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Common Services	<b>Proposal Location (provinces):</b> Monrovia (Montserrado County), Liberia
<b>Project Description:</b> The Inter-agency Collaboration for Ebola (ICE) recently concluded that for a post-Ebola epidemic chapter the role of mitigating against future threats and meeting newly emerging challenges, including catering for survivors, within the UN's architecture would systematically fall to the Resident Coordinator. This project aims to provide the Resident Coordinator the additional capacity to meet the aforementioned new tasks. The RC's Ebola Coordination Specialist will facilitate and coordinate all EVD relevant interventions and collaborate with the different government, development and civil society actors on the response efforts being implemented and planned.	<b>Requested amount:</b> USD 132,840  <b>Other sources of funding of this proposal:</b> N/A
	<b>Start Date:</b> 1 February 2016 <b>End Date:</b> 31 July 2016 <b>Total duration (in months):</b> Six (6)
<b>RECOVERY STRATEGIC OBJECTIVES (RSOs)</b> to which the proposal is contributing. For reporting purposes, each proposal could contribute to one RSO. For proposals responding to multiple RSO please select the primary RSO to which the proposal is contributing to.  <input checked="" type="checkbox"/> Strategic Objective MCA13 - Multi-faceted preparedness	

<b>Recipient UN Organization(s)<sup>1</sup></b>	<b>Management Committee Chair:</b>
<i>Name of Representative/RC:</i> Mr. Antonio Vigilante	<i>Dr. David Nabarro</i>
<i>Signature</i>	<i>Signature</i>
<i>Name of Agency</i> United Nations Development Programme	<i>Date:</i> 18 December 2015
<i>Date &amp; Seal</i> 27 November, 2015	

#### Rationale for this project

After almost two months that Liberia was declared free of Ebola Virus Disease (EVD) transmission on 3 September 2015, on 20 November 2015, Liberian health authorities confirmed three new EVD positive cases in Montserrado County. Upon confirmation of the first case on 19 November 2015, the country's Incident Management activated rapid response encompassing several pillars -- including case investigation, contact tracing, case management, infection prevention and control, and dead body management -- led by the Incident Management System and supported by CDC and key UN and civil society partners on the ground. The last remaining two patients being treated were successfully cured and discharged on Dec 4. The countdown to 42 days has started again for Liberia.

Important lessons have been learned from experiences of Ebola Virus Disease (EVD) outbreaks or flare-ups in the country following the first declaration of the EVD outbreak on May 9, 2015. The Phase 3 program focus is on *maintaining a resilient zero (transmission of EVD cases)* and these efforts continue to be led by the Government of Liberia through the Incident Management System (IMS) at the national level and County Health Teams (CHTs) led by the County Health Officers (CHOs) at the county level. Partners including UN and non-UN agencies continue to provide key technical, logistical and financial support to the Liberia's EVD response efforts.

A planning process to ensure that international partners maintain back-up capacity to complement Government of Liberia efforts aimed at preventing, detecting and rapidly responding to consequences of residual risks of EVD reintroduction/reemergence was undertaken in mid-September 2015. This process, which is part of the Phase 3 EVD Outbreak Response Strategy adopted in all three countries worst-affected by the outbreak, namely Guinea, Liberia and Sierra Leone, provided an important opportunity for harmonization of available resources and organization competencies with national priorities.

New challenges related to Ebola survivors must be addressed in a sensitive manner, alongside ongoing medical research and development. The Inter-agency Collaboration on Ebola (ICE) recently concluded that for a post-Ebola outbreak chapter, the role of mitigating against future threats and meeting newly emerging challenges within the UN's architecture would systematically lie with the Resident Coordinator. The UN Country Team (UNCT) in Liberia is a key contributor to the nine pillars of the outbreak response at all levels. The Resident Coordinator's Office is responsible for overseeing activities

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

aimed at ensuring a smooth transition from Phase 2 to Phase 3 of the EVD response. There is also ongoing effort to ensure a seamless flow from Phase 3 to recovery efforts as articulated in Liberia's Investment Plan for a Resilient Health System and other recovery plans.

In this regard, it is extremely critical that there are well laid down processes for (a) close coordination of the work of the involved United Nations Agencies, NGOs, donors, and other county-level responders; (b) clear linkages between the various operational parties that facilitate flow of information, both within the county and up to the national level; (c) mechanisms to ensure timely detection of bottlenecks or problems as well as identification and implementation of solutions.

With the declaration of the end of the Ebola outbreak, there is a need to maintain capacity to respond to the high probability of another outbreak, to manage residual risk, and support the Ebola recovery activities.

The OCHA support to the RCO will end in December 2015 in Liberia. In addition, the current Phase 3 support funded by WHO is planned to end in January 2016. Thus, in February 2016, there is an urgent need to support the EVD Phase 3, which is planned to end in December 2016.

This six-month support aims to provide additional capacity to the Resident Coordinator during 2016 in order to support national authorities to respond to and recover from Ebola issues in Liberia. The Ebola crisis, and the subsequent UNMEER/OCHA/ICE transition back to a regular UNCT highlighted the need for additional staff and capacity to be available in-country inside the UN system to ensure that Ebola could not take the country backwards again, including the requirement to cater for Ebola survivors, during the fragile recovery period. A dedicated Ebola focal point for the Resident Coordinator would therefore be recruited to the Resident Coordinator's Office.

#### **Coherence with existing projects**

The Global Ebola MPTF is currently funding five related projects, these are as follows:

- Survivors project: UNICEF and WHO
- Rapid Response Team: WHO
- Survivors (Livelihoods): UNDP
- Support IFRC volunteers (Ebola Response Workers): UNDP
- Social Mobilization and Provision of WASH Services For Achieving and Sustaining a Resilient Zero: UNICEF
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#### **Capacity of RCO**

The RCO is led by the Resident Coordinator (RC), who also carries the responsibility of the Resident Representative (RR) of UNDP and the Deputy Special Representative of the Secretary General (DSRSG) in Liberia. The RC oversees and coordinates the United

Nations Country Team. At its core, RCO staff are financed by the Development Operations Coordination Office (DOCO) that primarily works on system-wide coherence and global UN reforms.

In West Africa the Ebola epidemic has required innovative solutions to unprecedented problems for which the RCO has been constantly adapting, responding, supporting and facilitating, as and when necessary, within the wider global response to the epidemic. New expertise and flexible approaches have been developed throughout this difficult period, which will continue through the recovery phase.

As mentioned, OCHA support will end in December 2015 in Liberia, in addition to the end of the WHO support in January 2015 will impact the RC office. Moreover the RC office in 2016 will see a decreased number in its staff strength, so it be challenging to deliver on the additional tasks in an effective and timely manner.

### **Proposal Management**

*The RC's Ebola Coordination Specialist:* will ensure a seamless implementation of the UN agencies' contribution to Phase 3 of the EVD response, with specific attention to the highest risk counties i.e. Bong, Lofa and Montserrado, Margibi and Nimba. S/he will report directly to the UN Resident Coordinator. S/he will have close technical interactions with Heads of Agencies and key staff of the UN Agencies and civil societies supporting Phase 3 activities. S/he will work hand in hand with the Incident Management System/Ministry of Health and Ministry of Gender, Children and Social Welfare to ensure the UN is a central element in all national preparedness and response plans that relate to Ebola.

The key outputs being as follows:

- Support two-way information flow between the CHT and the IMS; provide regular updates to the UN Resident Coordinator and Country Team and ensuring follow up of agreed actions.
- Advocate urgent needs of affected target communities (e.g. EVD survivors) to the county authorities, I/NGO partners, relevant national authorities and UNCT at national level.
- Capacity assessment of national institutions in the field of Ebola management
- Capacity building of UNCT and national institutions for better Ebola response / recovery
- Advocacy for key reforms (improvements) in the area of Ebola management
- Building strategic partnerships among all stakeholders

### **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)
Breakdown in the flow of information at the epicentre of the ebola issue	Medium	High	Interagency Rapid Response Team quickly deployed and on-site real time information retrieved.
Scale of ebola issue overwhelms the in-country capacity	Medium	High	International community standing by to send additional capacities. New WHO guidelines on global response.

### Proposal Result Matrix

Strategic Objective to which the Proposal is contributing <sup>2</sup>	Strategic Objective MCA13: Multi-faceted preparedness				
Output Indicators	Geographical Area	Target <sup>3</sup>	Budget	Means of verification	Responsible Org.
# of Incident Management System, UNCT and other relevant meetings with key representatives from national intuitions, UN agencies, CDC and civil society organizations involved in Phase 3 (BCG, GERC, MNDSR, IDSR, EPR, HAC, etc.) attended	National	40		Minutes of meetings; written recommendations	UNDP/UN RCO
# of program and policy consultations provided to national institutions	National	5		Minutes of meetings, written recommendations	UNDP/UN RCO
# GERC participation	Regional /teleconference	20		Minutes of meetings,	UNDP/UN RCO

### Proposal Budget

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

<sup>3</sup> Assuming a ZERO Baseline

PROJECT BUDGET				
CATEGORIES	Amount Recipient Agency	Amount Recipient Agency (if more than 1)	Amount Recipient Agency (if more than 1)	TOTAL
1. Staff and other personnel (include details)				
2. Supplies, Commodities, Materials (include details)				
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details)	6,600			6,600
4. Contractual services (include details)	Driver 600*6 months			3,600
	Fee consultant @ 10,800/month =64,800			64,800
	DSA (consultant) 7,300/month =43,800			43,800
5. Travel (include details)	DSA and travel costs			4,200
6. Transfers and Grants to Counterparts (include details)				
7. General Operating and other Direct Costs	1,150			1,150
<b>Sub-total Project Costs</b>				<b>124,150</b>
8. Indirect Support Costs*				8,690
<b>TOTAL</b>				<b>132,840</b>

\* The rate shall not exceed 7% of the total of categories 1-7, as specified in the Ebola Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to the Agency's regulations, rules and procedures.