



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

Proposal Title: Accelerating Progress Towards Interruption of Ebola Virus Transmission in Liberia	Recipient UN Organization(s): WHO
Proposal Contact: Dr Alex Gasasira WHO Representative Address: Sekou Toure Ave, Mamba Point, Monrovia Telephone: +231775281157 E-mail: gasasiraa@who.int Dr Remi Sogunro UNFPA Representative Address: Sekou Toure Ave, Mamba Point, Monrovia Telephone: +231 77000 4001 E-mail: sogunro@unfpa.org Dr Kamil Kamaluddeen UNDP Country Director Address: Sekou Toure Ave, Mamba Point, Monrovia Telephone: +231 770004000 E-mail: kamil.kamaluddeen@undp.org	Implementing Partner(s) – name & type (Government, CSO, etc): Ministry of Health and Social Welfare 15 County Health and Social Welfare Teams, Liberia
Proposal Location (country): 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	Proposal Location (provinces): 15 counties in Liberia Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Grand Kru, Lofa, Margibi, Maryland, Montserrado, Nimba, River Gee, Rivercess and Sinoe
Project Description: <i>One sentence describing the project's scope and focus.</i> To accelerate progress towards interruption of transmission of Ebola Virus in Liberia through enhancing capacity for (a) early detection of EVD cases and (b) timely and safe referral of EVD cases for isolation and treatment in the 15 counties in Liberia	Requested amount: USD 11,603,212 <ul style="list-style-type: none"> • UNDP: USD 3,398,610 • UNFPA: USD 4,549,552 • WHO: USD 3,655,050 Other sources of funding of this proposal: UNMEER budget: Other sources (indicate): USD 25,000,000 Government Input: USD 1,000,000 Start Date: 1st December 2014 End Date: 31st May 2015 Total duration (in months): 6 months

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) ¹	<i>Management Committee Chair:</i>
<i>Name of Representative Antonio Viligilante</i> <i>Signature</i> <i>Name of Agency UNDP</i> <i>Date & Seal</i>	Dr. David Nabarro <i>Signature</i> <i>Date:</i>
<i>Name of Representative Dr Remi Sogunro</i> <i>Signature</i> <i>Name of Agency UNFPA</i> <i>Date & Seal</i>	
<i>Name of Representative Dr Alex Gasasira</i> <i>Signature</i> <i>Name of Agency World Health Organization</i> <i>Date & Seal</i>	

NARRATIVE (Max 2 Pages)

a) Rationale for this project:

The ongoing Ebola outbreak in West Africa is unprecedented in terms of scale, geographical spread and urban involvement. The factors that contributed to the exponential rate of increase of Ebola Virus Disease (EVD) transmission in Liberia included (a) unsafe behavior at household and community level including unsafe burial practices, concealment of EVD cases and contacts; (b) insufficient capacity of the health system to detect suspected EVD cases early, conduct timely investigation and ensure safe referral of these cases for isolation and management and (c) sub-optimal infection, prevention and control practices in all health facilities.

During the period August-November 2014, the Government of Liberia, with support of the international community, scaled up outbreak response activities. Capacity to conduct safe

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.

burials, the number of available beds for isolation and care of EVD patients and social mobilization efforts to promote safe behavior were very rapidly scaled up.

There is now evidence that incidence of EVD has been reducing since early October 2014. The Government of Liberia has announced their determination to accelerate the decline in EVD incidence until no new EVD cases are reported in Liberia. To achieve this, it is critical that all new EVD cases are detected as early as possible, referred out of the households and communities to appropriate locations where patients can be given appropriate care and treatment in settings that adhere to infection prevention and control protocols that limit any further transmission.

As of 15th November 2014, six counties have functional Ebola Treatment Units (ETU) while nine counties have Community Care Centres (CCC) where EVD patients can be referred and cared according to national case management guidelines. It is expected that by end of November 2014, all 15 counties in Liberia will have access to ETU and/or CCC.

By early November 2014, Liberia had registered more than 20,000 contacts from over 6,000 reported EVD cases. Liberia currently has a total of 3,865 contact tracers/active surveillance personnel although the estimated national need for contact tracers/active surveillance personnel is approximately 14,000.

To date the quality of contact tracing and active surveillance in most counties has been sub-optimal due to (a) inadequate number of contact tracers (b) insufficient motivation of contact tracers because of lack of incentives (c) insufficient data collection tools, stationery, data management equipment as well as internet facilities in most counties and districts (d) lack of regular performance reviews, feedback and initiation of action to close identified gaps. As a result of gaps in contact tracing, there continue to be several undetected chains of EVD transmission in many counties in Liberia.

Closing the gaps in contact tracing and active surveillance so that every single chain of EVD transmission in the country is detected in a timely manner is now the *single most important priority* at this phase of the EVD outbreak response in Liberia. By ensuring timely detection of all remaining chains of transmission, the Liberian national authorities, with support of the international technical partners, can ensure concerted effort to achieve interruption with minimum number of secondary infections. This is now possible because of increased access to safe isolation and treatment of symptomatic cases, increased compliance with infection prevention and control protocols as well as increased capacity to conduct safe and dignified burials.

UNFPA, UNDP and WHO conducted a rapid gap analysis of needs to strengthen active case finding and contact tracing in Liberia. The preparation of this consolidated proposal has been guided by the gap analysis.

The *overall objective* of this proposal is to *enhance the capacity of all 15 counties in Liberia to detect every single chain of EVD transmission in a timely manner* through implementing very high quality active surveillance and contact tracing activities. The timely detection of each chain of transmission will allow for timely initiation of actions to interrupt these chains of transmission.

Each of the collaborating UN agencies will support the attainment of project objectives in different areas of the country, where the UN agency has already been active in supporting active surveillance and contact tracing.

The expected deliverable from **UNDP** under this joint proposal is the implementation of high quality contact tracing and active surveillance in **Montserrado county**. Montserrado accounts for close to 25% of Liberia's population and currently accounts for 50% of all confirmed EVD cases in Liberia. UNDP is already working closely with the national Incident Management System (IMS) and the Montserrado EVD outbreak response team to ensure high quality contact tracing and active surveillance.

The specific activities that would be supported by UNDP under this proposal include

- support the recruitment and training of 3,246 contact tracers, 649 supervisors, 22 district monitors and 2 county coordinators
- provide incentives to facilitate daily operations of contact tracers, supervisors, district monitors and county coordinators
- provide data processing equipment for county and district surveillance supervisors in Montserrado county
- ensuring high quality monitoring and supportive supervision of contact tracing and active surveillance

The expected deliverable from **UNFPA** under this joint proposal is the implementation of high quality contact tracing and active surveillance in **6 counties in Liberia, namely Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba**. UNFPA is a member of the national Incident Management System (IMS), the National Contact Tracing Committee and is already working very closely with Bomi and Grand Cape Mount EVD outbreak response teams to implement quality contact tracing in these 2 counties.

The specific activities that would be supported by UNFPA under this proposal include

- support the recruitment and training of 3,967 contact tracers, 793 supervisors, 34 district monitors and 12 county coordinators
- provide incentives to facilitate daily operations of contact tracers, supervisors, district monitors and county coordinators
- provide data processing equipment for the county and district surveillance supervisors in the 6 counties (Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba)
- ensuring high quality monitoring and supportive supervision of contact tracing and active surveillance

The expected deliverables of **WHO** under this joint proposal is the implementation of high quality contact tracing and active surveillance in **8 counties in Liberia, namely; Grand Bassa, Grand Gedeh, Grand Kru, Margibi, Maryland, Rivercess, River Gee and Sinoe**. Between August and November 2014, WHO has deployed close to 70 epidemiologists to 13 of the 15 counties in Liberia. The WHO deployed epidemiologists has supported counties to select, train and deploy contact tracers. WHO also provided funding for incentives for contact tracers in 6 counties.

The specific activities that would be supported by WHO under this proposal include

- support the training of 2,877 contact tracers, 575 supervisors, 50 district monitors and 16 county coordinators
- provide incentives to facilitate daily operations of contact tracers, supervisors, district monitors and county coordinators
- provide data processing equipment for the county and district surveillance supervisors in 8 counties (Grand Bassa, Grand Gedeh, Grand Kru, Margibi, Maryland, Rivercess, River Gee and Sinoe)

- ensuring high quality monitoring and supportive supervision of contact tracing and active surveillance

WHO would also be responsible for the overall compliance with laid down contact tracing and active surveillance SOPs in all the 15 counties in the country.

It is proposed that funding is channeled to the respective UN agencies as indicated on the cover page of the proposal

b) Coherence with existing projects:

This project will complement and ensure intensification of ongoing contact tracing activities being supported by multi-lateral Agencies (UNMIL, UNDP, UNFPA, UNICEF and World Bank), NGOs (Red Cross, Global Communities, Africare...) through enhancing compliance with intensified active surveillance and contact tracing Standard Operating Procedures. Special attention will be given to training, supervision, monitoring and evaluation as well as more effective and timely data flow (feed-forward and feed-back)

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

All partner UN agencies collaborating on this proposal are already very engaged in the Ebola outbreak response effort in Liberia. WHO currently has over 100 technical staff, including 30 epidemiologists and laboratory experts in Liberia. To date, 12 of the 15 counties in Liberia have at least one WHO deployed epidemiologist. UNFPA has supported Government of Liberia to upgrade from contract tracing to active surveillance in 2 counties and is supporting the introduction of informatics for real time data gathering. UNFPA has also supported technical assistance and coordination generally, while in addition to the technical assistance support for analysis, the development of an Economic Recovery and Stabilization plan, and the convening of stakeholders to discuss the impact of the EVD, UNDP is currently supporting over 1400 active case finders in Montserrado, and providing support to Counties, to build their capacities to contain the disease.

d) Proposal management:

This proposal will be managed by all participating UN Agencies with, WHO playing the overall coordination role. The proposal will be managed in very close collaboration with the Ministry of Health and Social Welfare, through the EVD Incident Management System (IMS), that brings key Government and Partner stakeholders together.

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

Table 5 – Risk management matrix

Risks to the achievement of SO in targeted area	Likelihood of occurrence (high, medium, low)	Severity of risk impact (high, medium, low)	Mitigating Strategy (and Person/Unit responsible)
Political instability	High	High	Continuous engagement with Government leadership
Community Resistance	Medium	High	Ensure community engagement in all activities
Insufficient and	Low	High	Early earmarking and

untimely release of funds			disbursement of resources by UNMEER and donors
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f) Monitoring & Evaluation: *This section sets the M&E arrangements and responsibilities for the proposal, including who will be responsible for the collection and analysis of data required in the result framework.*

This project will use input and process indicators as well as performance monitoring indicators that have been recently adopted by the national contact tracing committee.

These indicators include

- Proportion of counties that have trained contact tracers in all districts
- Proportion of contact tracers that have been trained using the recommended national contact tracing Standard Operating Procedures (SOPs)
- Proportion of county surveillance offices that have data processing equipment
- Proportion of county surveillance offices that have functioning internet connection
- Proportion of districts that submit surveillance reports on time, including zero reports
- Proportion of districts that have at least one supportive supervision visit conducted from national or county level per week
- Proportion of counties that conduct weekly meeting to review contact tracing and active surveillance performance during the preceding week and have written meeting report with clearly identified action points.
- Proportion of confirmed EVD cases that were on the contact list prior to becoming symptomatic

The data on the above indicators will be collected during routine supportive supervisory visits as well as review of quantitative and qualitative reports submitted from county and district level.

PROPOSAL RESULT MATRIX

Proposal Title: Accelerating Progress Towards Interruption of Ebola Virus Transmission in Liberia						
Strategic Objective to which the Proposal is contributing ² Identifying and tracing people with Ebola						
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline ³ In the exact area of operation	Target	Means of verification	Responsible Org.	
Strategic Objective 1 MCA1: Identifying and tracing of people with Ebola. Proportion of Counties with 100% districts implementing active surveillance and effective contact tracing	All 15 counties in Liberia	20%	100%	Independent Monitoring MOHSW Reports CHSWT Reports	WHO, UNFPA, UNDP	
MCA [1] ⁴						
Output Indicators	Geographical Area	Target ⁵	Budget	Means of verification	Responsible Org.	
Proportion of counties with at least 90% of districts submitting weekly active surveillance reports	All 15 counties in Liberia	100%	USD 3,250,000	County Surveillance Reports	WHO, UNFPA, UNDP	
At least 95% of all project staff are recruited, trained and deployed by 15 December 2014	All 15 counties in Liberia	100%	USD 2,850,500	MOHSW Reports CHSWT Reports	UNFPA, UNFPA, UNDP	
MCA []						
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.	
Proportion of counties with enhanced active surveillance operations	All 15 counties in Liberia	100%	USD 1,292,500	MOHSW Reports CHSWT Reports	UNFPA, UNFPA, WHO	
Coordination Fees⁶			XX%			
Staffing						
Data collection						
Equipment & Supply						
Indirect Cost max 7 %						
Total Project Cost in USD						

² Proposal can only contribute to one Strategic Objective

³ If data are not available please explain how they will be collected.

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

⁵ Assuming a ZERO Baseline

⁶ Should not exceed 20% including the indirect cost

Project budget by UN categories

PBF PROJECT BUDGET				
CATEGORIES	Amount Recipient Agency UNDP	Amount Recipient Agency UNFPA	Amount Receipt WHO	TOTAL
1. Staff and other personnel (training, incentives, communication)	3,102,321	3,830,218	2,842,935	9,775,474
2. Supplies, Commodities, Materials (include details)	10,700	83,200	119,800	213,700
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details)	42,500	255,000	340,000	637,500
4. Contractual services (include details)				
5. Travel (include details)	14,150	34,900	44,200	93,250
6. Transfers and Grants to Counterparts (include details)				
7. General Operating and other Direct Costs (include details)	6,600	48,600	69,000	124,200
Sub-Total Project Costs	3,176,271	4,251,918	3,415,935	10,844,124
8. Indirect Support Costs*	222,339	297,634	239,115	759,088
TOTAL	3,398,610	4,549,552	3,655,050	11,603,212

Budget Justification

1. Staff and personnel costs:

This budget line will cover the costs of incentives for the different cadres of personnel that will be implementing this project at county and district level. Standard incentive rates have been set by the Ministry of Health National Incident Management System for all EVD outbreak responders at all levels. These standard rates have been used to estimate this budget line.

- The project will engage 10,090 contact tracers/active surveillance personnel for a 6 month period
- Contact Tracers: USD 80 per month. The project will engage 10,090 contact tracers/active surveillance personnel for a 6 month period
- Supervisors: USD 285 per month. The project will engage 2,018 supervisors for a 6 month period
- Monitors: USD 285 per month. The project will engage 106 monitors for a 6 month period
- County Coordinators: USD 420 per month. The project will engage 30 monitors for a 6 month period

This budget line also covers the training cost of each of the personnel that will be engaged in project implementation. Training costs including preparation of training materials, training venue, stationery...etc is estimated at USD 100 per trainee.

The distribution of this budget line between the different agencies is based on the number of personnel in the counties assigned to the different UN agencies (see detailed budget tables attached)

2. Supplies, commodities and materials

This budget line covers the cost of

- Internet subscription: This is estimated at USD 200 per county per month
- Cost of office supplies that includes stationery, photocopy, printer cartridges...etc. The cost of this is estimated at USD 150 per month for each County Surveillance office and for each District surveillance office.
- Fuel and maintenance for generators at the County Health Office as well as in each District Health Office. This is budgeted as coverage of the national electricity grid in Liberia is very limited.

The distribution of this budget line between the different agencies is based on the counties that they will be responsible for and the number of districts in each county (see detailed budget tables attached)

3. Equipment, vehicles and furniture

This budget line covers the one time purchase of the following:

- Data processing equipment for each County Surveillance Office. A one-time amount of USD 2,500 per county has been budgeted to cover the cost of purchase of one computer, one printer and one scanner.
- The procurement of one vehicle per county to enhance the capacity of each County Health Team to conduct regular supportive supervision.

The distribution of this budget line between the different agencies is based on the counties that they will be responsible for and the number of districts in each county (see detailed budget tables attached)

4. Contractual Services

Not budgeted for under this project

5. Travel

This budget line covers the cost of travel associated with regular supportive supervision that will be conducted by supervisors from national, county and district level down to the community level. The budget estimates under this budget line is calculated based on the following guidelines

- Fuel costs: USD 400 per county per month for 6 months
- Supervisors DSA: This is targeted mainly as within county supervision and is estimated at USD 40 per district health office per month for 6 months

The distribution of this budget line between the different agencies is based on the counties that they will be responsible for and the number of districts in each county (see detailed budget tables attached)

6. Transfers and Grants to Counterparts

Not budgeted for under this project

7. General Operating and other Direct Costs

This budget line covers the cost of monthly review meetings at both county and district level. The objectives of these meetings is to review the performance of contact tracing and active surveillance in each district/surveillance each month, identify achievements, gaps and challenges and agree on priority action points to improve quality of active surveillance and contact tracing. The budget assumptions under this budget line are

- Country Review meetings USD 500 per county per month for 6 months
- District Review meetings USD 150 per district per month for 6 months

The distribution of this budget line between the different agencies is based on the counties that they will be responsible for and the number of districts in each county (see detailed budget tables attached)

8. Indirect Support Costs

This budget line is estimated at 7% and covers the UN agency costs of managing the resources received under this grant.

** 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.*