



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

<b>Proposal Title:</b> Community Care Centers: Care for persons with Ebola and infection control	<b>Recipient UN Organization(s):</b> UNICEF
<b>Proposal Contact:</b> Address: Dr Mohamed Ayoye UNICEF Guinea Representati Telephone:00224622663452 E-mail: mayoya@unicef.org	<b>Implementing Partner(s) :</b>  <b>Government; Croix Rouge Guineenne</b>
<b>Proposal Location (country):</b> Please select one from the following: <input checked="" type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Common Services	<b>Proposal Location (provinces):</b> Bokro, Kindia, Mamou, Faranah, Boke, Nankan
<b>Project Description:</b> <i>Fostering Access to Ebola Care services and Infection control through Community Care Centers.</i> <b>Target Population:</b> <ul style="list-style-type: none"> <li>• Rural communities in remote area far away from Ebola Treatment Unit ( ETU)</li> <li>• Isolated Contacts at need of psychosocial support and high risk of food insecurity</li> <li>• Orphans and Separated Children</li> </ul>	<b>Requested amount:</b> USD 10,304,279 <b>Total CCC Budget:</b> USD 75,000,000 Other sources of funding of this proposal: UNMEER budget: USD 9,813,619 Other sources (indicate): USD 7,336,539 World Bank Government Input: <b>Start Date: November 2014</b> <b>End Date: April 2015</b> <b>Total duration (in months): 06</b>

**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.

<input type="checkbox"/>	Strategic Objective 1 MCA1: <b>Identifying and tracing of people with Ebola</b>
<input type="checkbox"/>	Strategic Objective 1 MCA2: <b>Safe and dignified burials</b>
<input checked="" type="checkbox"/>	Strategic Objective 2 MCA3: <b>Care for persons with Ebola and infection control</b>
<input type="checkbox"/>	Strategic Objective 2 MCA4: <b>Medical care for responders</b>
<input type="checkbox"/>	Strategic Objective 3 MCA5: <b>Provision of food security and nutrition</b>
<input type="checkbox"/>	Strategic Objective 3 MCA6: <b>Access to basic services</b>
<input type="checkbox"/>	Strategic Objective 3 MCA7: <b>Cash incentives for workers</b>
<input type="checkbox"/>	Strategic Objective 3 MCA8: <b>Recovery and economy</b>
<input type="checkbox"/>	Strategic Objective 4 MCA9: <b>Reliable supplies of materials and equipment</b>
<input type="checkbox"/>	Strategic Objective 4 MCA10: <b>Transport and Fuel</b>

<input type="checkbox"/>	Strategic Objective 4 MCA11: <b>Social mobilization and community engagement</b>
<input type="checkbox"/>	Strategic Objective 4 MCA12: <b>Messaging</b>
<input type="checkbox"/>	Strategic Objective 5 MCA13: <b>Multi-faceted preparedness</b>

<b>Recipient UN Organization(s)<sup>1</sup></b>	<b>Management Committee Chair:</b>
<b>Dr Mohamed Ayoya</b> Signature UNICEF Representative Date: 18/12/11	<b>Dr. David Nabarro</b>  Signature Date:



## RATIONALE

### a) Rationale

The weak health system and socio-cultural practices coupled with frequent movements of people are accelerating the spread of the outbreak, including to densely populated urban cities such as Conakry, Guéckédou, Nzérékoré, Macenta, Lola, Forecariah, Siguiro, Dubréka, Coyah etc.

The government of Guinea has declared a health emergency in the country and has taken measures to intensify and scale up the response, in particular in the affected areas and along the borders with Sierra Leone and Liberia.

24 districts and the capital city of Conakry have been directly affected since the beginning of the epidemic, representing a total population of 8.9 million (83 percent of the total national population estimated at 10.6 million; the total reported cases as of November 4<sup>th</sup> amounted to 1,744 (1,494 confirmed; 204 probable and 46 suspected cases) included 451 cases for the month of October alone; the trend of the epidemic is putting more people at risk; The spread of EVD in Guinea has been fuelled by limited health infrastructure, poor hygiene practices, and the inability to control contacts, population movements, suspicion and growing resistance in some villages in Coya, Lola, Forecariah, macenta, Nzerekore.

There are currently only 03 treatment centers in the country; based on experience and lessons from previous large scale outbreaks (smallpox, SARS etc) the hospital and health facility centered approach will have to be complemented by some sort of community (ie local centers for those infected) and household (especially for contacts and suspected cases) quarantine approach is required;

In order to achieve that and be successful in the fight against Ebola, UNICEF will set up 41 Community Care Centers; funding from UNMEER will support 10 Community Care Centers:

### Sites recommended by the National Coordination Committee

N°	Region	Prefecture	Site and Target Population	Number of CWC	Direct Beneficiaries
1	Kindia	Kindia	Friguiagbe 37,000	175	Expected suspected cases: 70 Expected Contacts: 600 Orphans/Separated Children: 120 Capacity: 08 Beds

<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.

2		Forecariah	Kaback 24,000	68	Expected suspected cases: 55 Expected Contacts: 360 Orphans/Separated Children: 70 Capacity: 08 Beds
3			Pamelap 12,300	24	Expected suspected cases: 42 Expected Contacts: 520 Orphans/Separated Children: 52 Capacity: 08 beds
4	<b>Faranah</b>	Kissidougou	Kissidougou centre 103,000	89	Expected suspected cases: 96 Expected Contacts: 726 Orphans/Separated Children: 102 Capacity: 12 beds
5	<b>NZérékoré</b>	Nzérékoré	Koropara 27,000	20	Expected suspected cases: 72 Expected Contacts: 376 Orphans/Separated Children: 54 Capacity: 08 beds
6		Macenta	Bofossou 28,000	28	Expected suspected cases: 73 Expected Contacts: 565 Orphans/Separated Children: 98 Capacity: 08 beds
7		Lola	Bossou 24,000	11	Expected suspected cases: 82 Expected Contacts: 523 Orphans/Separated Children: 72 Capacity: 12 beds
8	<b>Kankan</b>	Kérouané	Banankoro 103,000	89	Expected suspected cases: 28 Expected Contacts: 608 Orphans/Separated Children: 98 Capacity: 12 beds
9		Kouroussa	Kouroussa centre 25,000	28	Expected suspected cases: 49 Expected Contacts: 678 Orphans/Separated Children: 34 Capacity: 12 beds
10		Siguiri	Kouremale 24,000	20	Expected suspected cases: 36 Expected Contacts: 450 Orphans/Separated Children: 36 Capacity: 08 beds

**b) Coherence with existing projects:**  
**The proposed project is complementary to others strategic objectives:**

**1-Link with the mission critical action of social mobilization and community engagement:**

The CCC will be set up in the communities; Community Watch Community are the main actors within and outside the CCC;

The main objective is to improve community participation, buy-in and ownership, fight stigmatization, care seeking for persons with illness and contact tracing of exposed family members. The Village Watch Committee will serve as an interface between the community/village and external groups including the national coordination committee, NGOs and other stakeholders. The Village Watch Committees includes traditional and religious leaders, representatives of women and the youth, representatives of traditional brotherhoods (traditional hunters and healers) and other opinion leaders and groups of the village.

This project is complementary to the project submitted by UNICEF and UNDP to set up CWC and scale up social mobilization

**2-The project is linked to the Mission Critical Action of Access to Basic Social Services.**

Past experience in disease outbreaks and treatment centers has underlined the importance of **maintaining WASH services**, especially those in high density population settings; in addition to **delivering care services**, gaining the trust of communities so that they undertake profound behavior changes is essential. Presently both need to be strengthened and linked

Children who are already vulnerable are now more at risk due to exposure to the epidemic and loss of caregivers and family members. Stigma and lack of understanding of the cause of the disease and the role of health workers means that many children are isolated and forbidden from returning to their places of origin. These children are unable to access basic services, health care, education and protection, and are in need of psychosocial support and alternative care.

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

UNICEF is mobilizing the necessary human, supply and financial resources to support the response at scale; UNICEF has a central office in Conakry and 03 zonal offices in the regions covering the entire country; more than 150 national and international staff will be deployed.

UNICEF will work with Guinea Red Cross and the Government to implement and run the Community Care Centers; the average staffing for each Community Care Center is estimated at 30 inclusive of doctors, nurses and hygienists

UNICEF response plan is estimated at 100,000,000 USD for the next 06 months; 33,000,000 million have been mobilized so far to cover the multisectoral ebola response plan.

**CCC are part of Ebola case management chain and involved pre agreed partnerships with others UN agencies ( WHO, WFP, UNFPA) and NGOs( MSF, ALIMA); a technical steering committees comprise of WHO, MSF, ALIMA, UNMEER, MoH will be put in place to supervise and ensure quality control.**

**In regard to share responsibilities, UNICEF will be in charge of setting the temporary infrastructures during the first 03 months and UNICEF will later support the government with permanent infrastructures; WASH infrastructures will be built by UNICEF**

**In regard to training, UNICEF in collaboration with WHO, MSF will deploy trainers from DRC to train in collaboration with the MoH, the necessary medical staff to run the CCC; at this time MSF is not available to provide the training**

**d) Proposal management:**

The CCC project is managed by a senior project leader based in Conakry; the CCC will be set up in the regions of Kindia, Mamou, Faranah, Kankan, Boke and Nzerokore; a project coordinator and a medical officer will be deployed to each of the region.

Quality assurance staff will be based on each of the CCC to ensure daily running. The CCC are two majors pillars.

**1-The first Pillar is the strongest link with the social mobilization and community engagement; the CCC will be built within the community and strongly link to the Village Watch Committees ( Comites de Veille Villageois)**

**2-The second Pillars is the clinical case management: the CCC are the first step of referral in the community; patient and contacts will be further screened and safely referred to the Ebola Treatment centers; clinical staffs are necessary not only to provide the screening but the initial and needed cares of patient during isolation, and secured transport/ referral to Ebola treatment centers**

**e) Risk management:**

**Table 5 – Risk management matrix**

<b>Risks to the achievement of SO in targeted area</b>	<b>Likelihood of occurrence (high, medium, low)</b>	<b>Severity of risk impact (high, medium, low)</b>	<b>Mitigating Strategy (and Person/Unit responsible)</b>
Increase Resistance	Medium	High	Community Engagement through the Village Community Watch C4D Coordinator
Another Disease Outbreak (Cholera, Measles, etc..)	Medium	High	Ensure continuity of Immunization services' Prevention campaigns Child Survival Unit

**f) Monitoring & Evaluation:**

UNICEF will recruit two Humanitarian Performance Monitoring Specialists in charge of data collection, monitoring, evaluation and reporting on key indicators of the project:

- Percentage of safe referral with 48h
- Number of staff trained
- Infection Control: Number of health staff contaminated
- Supply chain

## PROPOSAL RESULT MATRIX

<b>Proposal Title:</b>						
Strategic Objective 2 MCA3: Care for persons with Ebola and infection control						
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline In the exact area of operation	Target	Means of verification	Responsible Org.	
Ebola suspected patients have access to Community Care Centers Services	Kindia, Mamou, Faranah, Nzerekore, Kankan	ND	98%	Surveillance and Admissions Reports	UNICEF	
<b>MCA   3 Care for Persons with Ebola and Infection Control  </b>						
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.	
Number of suspected cases admitted	Kindia, Mamou, Faranah, Nzerekore, Kankan	603	2,000,000	Monitoring reports	UNICEF	
Percentage of CCCs functional against target set for the current reporting period		70%	5,000,000	Evaluation reports	UNICEF	
Percentage of CCCs established after a community dialogue process aligned with Global SOPs or according to norms established in country		70%	208,763	Evaluation reports	UNICEF	
<b>MCA   3 Care for Persons With Ebola and Infection Control  </b>						
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.	
Number of Medical staff trained and deployed	Kindia, Mamou, Faranah, Nzerekore, Kankan	1,250	262,844	Evaluation reports	UNICEF	
Percentage of Patient safely referred to ETU within 48h		100%	700,000	Evaluation reports	UNICEF	
Infection Control: Number of health staff contaminated		00		Evaluation reports	UNICEF	
Supply chain : Number of day with stock outs		00	1,000,000	Evaluation reports	UNICEF	
<b>Coordination Fees</b>						
Staffing			XX%			
Data collection			00			
Equipment & Supply			00			
Indirect Cost max 7 %			642,012			
<b>Total Project Cost in USD</b>			<b>9,813,619</b>			

**Project budget by UN categories**

<b>PBF PROJECT BUDGET</b>			
<b>CATEGORIES*</b>	<b>Amount Recipient Agency (USD)</b>	<b>Amount Recipient Agency (if more than 1)</b>	<b>TOTAL</b>
1. Staff and other personnel (include details)			
2. Supplies, Commodities, Materials (include details)			3,227,885
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details)			1,086,800
4. Contractual services (include details)			2,727,775
5. Travel (include details)			
6. Transfers and Grants to Counterparts (include details)			1,962,844
7. General Operating and other Direct Costs (include details)			166,303
<b>Sub-Total Project Costs</b>			<b>9,171,607</b>
8. Indirect Support Costs 7%			<b>642,012</b>
<b>TOTAL</b>			<b>9,813,619</b>

**\*Annex 1**

<b>CCC Budget</b>				
<i>Budget Lines</i>	<i>Cost Breakdown</i>			
	Unit	Quantity	Unit Cost	Total (US\$)
<b>A. Transfert of Grant to Partners: CCC Staffing and Training</b>				
<b>Medical Doctors</b>		112	1,800	201,600
<b>Nurses</b>		168	1,200	201,600
<b>Sanitation Workers</b>		268	1992.84	534,081
<b>Child care givers</b>		185	250	46,250
<b>hygiene workers</b>		224	1,990	445,805
<b>social workers</b>		148	1285.74	190,290
<b>Psychologist</b>		74	2,657.14	196,629
<b>Drivers</b>		56	1,990	111,440
<b>Sub-Total A:</b>				<b>1,927,694</b>
<b>Training</b>				
Doctors (5 jours)	2 pes / Centre	112	\$75.00	8,400
Nurses	3 pers / Centre	504	\$10.70	5,393
social workers		148	\$10.70	1,584
hygiene workers	5 pers / Centre	1624	\$10.70	17,377
Psychologist		224	\$10.70	2,397
Child care givers				

Sanitations workers				-
<b>Sub-Total B:</b>				<b>35,150</b>
<b>B. Contractuel Service: Construction of CCC</b>				
Traitement Centers				
Traitement Centers Equipment		52	\$31,110	1,618,646
Latrines		89	\$700.00	62,300
Incinerators		138	\$85.71	11,829
Water Points		69	\$15,000.00	1,035,000
<b>Sub-Total C:</b>				<b>2,727,775</b>
<b>C. Equipement/Supply and Furniture for the CCC</b>				
Health Supply		53	\$16,656.15	888,043
WASH Supply		142	\$837.54	118,754
NFI		2,266	\$931.87	2,111,583
Nutrition Supply		31	\$3,482	109,504
<b>Sub-Total D:</b>				<b>3,227,885</b>
<b>Vehicles</b>				
Ambulances		13	\$40,000.00	520,000
Motocycles		112	\$2,400.00	268,800
Vehicles 4x4		9	\$30,000.00	\$ 270,000
Moto Ambulances				-
Maintenances et déplacements		56	\$500.00	28,000
<b>Sub-Total E:</b>				<b>1,086,800</b>
<b>D. General Operating Cost</b>				
Visibility/external communication		1	\$80,000.00	80,000
Administration		56	\$500.00	28,000
<b>Sub-Total F:</b>				<b>108,000</b>
<b>General Operating and Other Direct Costs</b>				
Miscellaneous		4080	\$14.29	58,303
<b>Sub-Total G:</b>				<b>58,303</b>
<b>Subtotal Direct Project Costs</b>				
Subtotal direct project costs				<b>9,171,607</b>
<b>Indirect Programme Support Costs (PSC)</b>				
PSC rate (insert percentage, not to exceed 7 per cent)				7%
PSC Amount				<b>642,012</b>
<b>Total Project Cost</b>				<b>9,813,619</b>