EBOLA RESPONSE MULTI-PARTNER TRUST FUND

Proposal Title: Ebola Survivors – Database Creation; Needs Assessment & Screening; Psychosocial Support & Reintegration into Society	**Total duration** (in months): 12 months
Amount requested from Ebola MPTF: USD $1,047,396.25 Other sources of funding of this proposal: - UN Agency core or non-core resources: $200,000 from WHO; $600,000 from UNDP - Bilateral support: $96,456 from DFID for Project Shield pilot for four wards in Freetown; World Bank: $754,000 (safety nets for EVD survivors)	**Recipient UN Organization(s):** WHO, UNICEF **Sub-grants to Implementing Partner(s):** Ministry of Health & Sanitation, Ministry of Social Welfare Gender & Children's Affairs NGO partners
RECOVERY STRATEGIC OBJECTIVES (RSOs) to which the proposal is contributing. ☐ Health, Nutrition, and Water, Sanitation and Hygiene (WASH) ☐ Socio-Economic Revitalization ☒ Basic Services and Infrastructure ☐ Governance, Peacebuilding, and Social Cohesion	

Signatures:

Date:

Honourable Minister of Health & Sanitation
Government of Sierra Leone

Date:

Honourable Minister of Social Welfare, Gender & Children's Affairs
Government of Sierra Leone

Date:

UNICEF Representative
UN Sierra Leone

Date:

WHO Representative
UN Sierra Leone

Special Envoy on Ebola: David Nabarro

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a) Context analysis:

There are currently over 4,051 Ebola survivors across Sierra Leone, however a full database containing detailed information on all survivors does not yet exist. One of the key steps to maintaining a resilient zero will be to obtain full information, including time-lapse, and to ascertain the services that need to be provided to survivors. These services will include counselling on sexual risk reduction and psychosocial support.

After contracting and surviving Ebola, Ebola Virus Disease survivors (EVDS) have experienced significant changes that have affected their lives. Amongst these are a variety of social and psychosocial problems which hinder their ability to resume their normal life.

A majority of EVDS have significant multiple social, psychosocial and medical problems. One of these is social exclusion and stigma in their communities of origin. This leads in some instances to depression and more severe mental health conditions.

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In a recent Knowledge Attitudes and Practice (KAP3) study on EVD conducted in Sierra Leone, it was found that there was a very high level of stigma and discrimination towards Ebola victims, where 76% of respondents would not be welcoming towards a neighbour who has recovered from Ebola (and provided a government-issued certificate). Similarly, 67% of the population would not buy from a shopkeeper who had contracted Ebola, but has recovered and been declared well.

EVDS face social isolation and excommunication from their once supportive communities, whilst they are left alone to cope with the trauma of their illness and the death of, at times, many or all of their loved ones. Survivors struggle to reintegrate into society and may face unemployment and homelessness.

b) Rationale for this project:

The Government of Sierra Leone has stated it will ensure support is provided to all survivors in the implementation of post-Ebola recovery programmes.

To date, the care services for EVD Survivors have responded to specific health and social concerns, and have not necessarily been designed or delivered with a comprehensive care framework in mind. The activities outlined in this concept note would build on the services already being provided to survivors and would increase the level of knowledge about their needs and status, enabling the development of further interventions.

Being the custodians of health and social welfare in the country, the Ministry of Health and Sanitation (MOHS) and the Ministry of Social Welfare, Gender and Childrens Affairs (MSWGCA) have embraced the responsibility of addressing the needs of EVD survivors and responding to these in a comprehensive manner.

To this end, the MOHS and MSWGCA, with the support of WHO, UNICEF and other implementing partners - working collaboratively in the Survivor Technical Working Group and Steering Committee - have defined a Comprehensive Package for EVD Survivors (CPES). This CPES is a key element of the national EVD Survivor Policy in Sierra Leone.

This concept note comprises five key components: i) to complete a database of information on EVD Survivors; ii) to conduct a rapid needs assessment and full medical and psychosocial screening; iii) to support referral of survivors for specialized health services; iv) to enable the provision of psychosocial support services; and v) to support the reintegration of survivors into their communities.

Full awareness of EVDS, including their needs and status, will enable appropriate services to be provided, including specialized care for women and children, as well as the provision of medical services, while assisting with limiting further EVD transmission through sexual activity. By providing psychosocial services, EVDS will feel supported throughout this process and will be assisted with their reintegration into society. Without this support, it is likely that EVDS will suffer discrimination, isolation and mental anguish.

It is expected that the project will build upon the wider community engagement strategy - of which survivors are beneficiaries - which would encourage support within their communities.

The proposed project would complete and build upon the activities of Project Shield (funded by DFID), the aim of which is to improve - in the immediate term - survivor engagement and support through the CPES, recognizing the substantial medical, psychosocial, livelihood and other needs of survivors, as well as of their receiving communities.

With the needs assessment and medical screening components, this project would also provide a platform upon which further services and support for survivors – social, psychosocial and medical - could be built (including a planned semen testing programme). Thus this project forms a key component of sustaining a resilient zero, and the wider post-Ebola recovery programme.

c) Project outcomes and outputs:

The project outlined in this concept note would achieve the following outcome and outputs:

Outcome:

EVDS feel supported, and are welcomed by communities without stigma or discrimination

Outputs:

- There exists a complete database of EVDS outlining a full breakdown, including time-lapse
- EVDS have a standardized identification card
- EVDS' needs (including medical and psychosocial) are ascertained (by MoHS and MSWGCA)
- EVDS feel supported while recovering and reintegrating into society, and are provided with counselling and access to dedicated associations
- EVDS and survivor advocates have greater understanding about how to engage communities
- Communities have greater awareness of the needs of EVDS
- MoHS and MSWGCA staff have increased capacity in conducting needs assessments and community engagement activities

The activities are listed in the below table. **Some of these activities will commence in parallel in order to ensure speedy implementation.**

Activity	Details	Implementing agency
1. Update survivor database to contain details of survivors and allow for a full breakdown including time-lapse information	Personnel and administrative costs	MSWGCA with technical support from UNICEF
2. Provide standardized EVD survivor identification cards	Identification cards for all survivors	MSWGCA with technical support from UNICEF
3. Conduct individualized rapid survivor needs assessments at community level. Performed by survivor advocates.	Initial assessment costs including transportation to communities	MSWGCA with technical support from UNICEF
4. Strengthen capacity of Sierra Leonean Association of Ebola Survivors	Costs to strengthen association; training	MSWGCA with technical support from UNICEF
5. Commence PFA (Psychological First Aid) counseling for survivors (not contingent on prior steps, all eligible based on a pre-determined criteria): focus on sexual risk reduction and psychosocial support	Stipends for survivor advocates; costs for community meetings; administrative costs	MSWGCA with technical support from UNICEF
6. Comprehensive psychosocial assessment (one hour interview, full physical exam, psychosocial exam, etc.). Survivors will receive an assessment including a clinical and PPS component.	Initial visit where each of the survivors will receive an assessment including a clinical and PSS component. Training and related administrative costs for MDS and NGO staff.	MSWGCA with technical support from UNICEF
7. Training of survivor advocates in psychosocial first aid and community engagement	Training and related administrative costs	MSWGCA with technical support from UNICEF
8. Training of 100 survivor advocates in case management patient advocacy and field screening. (The number of advocates (100) was determined based on case management best practice which shows that an advocate can manage a weekly visit to a case load of 50 people. Thus with over 4,000 survivors, and taking into account people being absent from work, the figure of 100 allows for effective case management.)	Training and related administrative costs	MoHS with technical support from UNICEF
9. Training of 80 health workers (2 per hospital) and 150 CHOs in CPES & survivor screening	Training and related administrative costs	MoHS with technical support from UNICEF
10. Establish/strengthen survivor clinics in each of the 13 districts	Training and related administrative costs	MoHS with technical support from UNICEF

*In the immediate term, UNICEF will focus activities in PortLoko District and will be extended nationwide.
**WHO's activities will be carried out nationwide

d) Direct Beneficiaries:

Regarding geographic scope, activities 1 – 7 listed above will take place in Port Loko District and activities 8 – 10 will take place nationwide (ie. in all 13 districts in Sierra Leone).

Therefore, direct beneficiaries of activities 8 – 10 will be over 4,000 EVD Survivors. Direct beneficiaries of activities 1 – 7 will be the 496 EVD survivors in Port Loko District.

These beneficiaries include women, men, girls and boys. The database completion (which forms part of this concept note) will provide further details on gender, age and location breakdown.

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

- WHO Capacity:

WHO counts in Sierra Leone with 13 District Field Teams, composed of a total 150 Staff members. These District Teams support the development and strengthening of capacities in the corresponding District Management Teams of the Ministry of Health and Sanitation and the Ministry of Social Welfare, Gender & Children Affairs of Sierra Leone. Technical Support provided includes all aspects of public health management at the sub-national level. The teams are composed by experts in Public Health Program Management, Health Care Service Delivery, Epidemiology, Social Engagement & Mobilization, Anthropology/Ethnography and Infection Prevention and Control.

WHO has developed capacity in SL to contribute to a comprehensive response, through a multidisciplinary approach adopted to ensure that Sierra Leone not only achieves "ZERO" cases but also sustains a resilient "ZERO". To this end, operational excellence is achieved through effective human resource management, integrated strategic planning and management (national and district level), contributing to the revitalization of Integrated Disease Surveillance Disease (IDSR) in the country to ensure preparedness.

Within the current outbreak, WHO field surveillance response capacity in SL is robust, with over 40 epidemiologists and surveillance officers working closely with the Sierra Leone Ministry of Health and Sanitation (MoHS/District Health Management Teams) surveillance teams and by placing greater emphasis on identifying all EVD-infected individuals and subsequent contacts. Alongside this, Infection Prevention Control (IPC) teams work in EVD units and healthcare facilities to raise awareness of and introduce the principles of infection prevention control to prevent infection of Healthcare workers.

WHO social engagement officers and anthropologists, work alongside surveillance colleagues in chiefdom-based community engagement to address perceptions and "non-helpful" traditional practices, aiming towards reduction in misconceptions and an increase in EVD knowledge.

WHO Sierra Leone will continue to provide best practices based on lessons learned and technical advice for better decision making processes. Technical advice has led to the review, adaptation and capacity within the government to carry out key public health-related interventions. WHO is supporting the transition from Ebola-focused healthcare delivery to the restoration of essential services including: neglected tropical diseases, vaccine preventable diseases, nutrition, reproductive, maternal, neonatal and child health; immunisation services; and HIV, TB and malaria treatment, among others. Technical advice are also being provided on the five focus areas of the National Health Sector Recovery Plan, and the broader roll out of the Basic Package for Essential Health Services BPEHS.[1] Working closely with the government has

[1] Five focus areas of the National Health Sector Recovery Plan: Patient & Health Worker Safety, Health Workforce, Essential health Services, Community Ownership, Information and Surveillance.

allowed for greater capacity building in key areas such as IPC, case management, surveillance, information management.

WHO also plays a key role in providing operational support (i.e, supplies of swabs for surveillance teams) to ensure key pillar functions continue.[2] Operational support to the government has allowed for a reliable supply of consumables and equipment to bolster field operations.

WHO provides district-level support through the Field Coordinators network to assist District Health Management Teams (DHMTs) with planning, training, service provision, reporting, and information management. Together with DHMTs, this support has led to effective management and coordination of health service delivery activities at the district level.

While recognised as the government's principle partner on public health and working through the leadership of the NERC, WHO also works closely with NGOs and UN AFPs to ensure coherent and effective operations across all response activities. As the focus shifts, new partnerships within the Sierra Leone government will be established to ensure that a seamless health recovery is achieved. As an integral partner of the MoHS, WHO will continue to provide technical support and training to sustain and maintain a resilient ZERO and to ensure the essential and basic services are rolled out in each district.

As WHO Sierra Leone shifts from the Ebola response to healthcare system restorations, human resource capacity will remain robust across the country and key staff (i.e., epidemiologists, social mobilizers) will remain in each district to ensure emergency preparedness and rapid response capacities.

Working closely with the government, WHO will continue to help identify and address critical health worker issues and capability gaps, immediate hiring needs, and improve the availability of local health workers to restore essential health services. Where it is deemed necessary, WHO will continue to embed technical WHO staff within the MoHS to fill critical gaps.

With the shift from Ebola Outbreak Response to Regular Health System Activity, WHO Sierra Leone will focus on creating the necessary conditions for a need-based gradual reactivation of essential services. Within this scope, are included the activities to provide comprehensive care to the EVD Survivors, as well as to Ebola affected families and communities.

<u>WHO Expertise:</u>

As an organisation, WHO has extensive experience in the diverse aspects of care service delivery system management including design, roll out, implementation, monitoring & evaluation, improvement and scale up, as well as with the processes for development of associated policy, norm, programme strategy and operation in low resource settings with Health and Social Care Systems in transition like Sierra Leone; and in assuring that the service packages designed respond coherently to the identified needs of the group of beneficiaries who are the focus of the proposed service package; in this case the Comprehensive Package for EVD Survivors.
For the implementation of the CPES in SL, WHO has engaged 3 cadres; 2 clinicians and 1 Coordinator supporting the EVD survivor steering committee; clinicians are providing technical support for the MOHS and MSWGCA, focusing on the development and delivery of the comprehensive package, and linking it to Basic Health Services Package. In addition WHO has deployed a dedicated health systems/programs manager to coordinate The Inter-pillar coordination teams, IPACT, which is responsible for technical advice to the NERC and leads informed key decisions in the Ebola response.

WHO has also deployed Field staff to coordinate ebola response including EVD Survivor activities in all the 13 districts affected by Ebola.

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[2] WHO Sierra Leone has over ten Pillars, led by designated technical leads and their respective teams to ensure all aspects of the response are covered. These Pillars are as follow: Surveillance, Social Mobilization, Case Management, Strategic Communication, IPC, IDSR, Essential Services, Health Strengthening, Laboratories, Psychosocial, survivors and research.

MEK

WHO provides leadership and technical expertise in the development and implementation of EVD Survivor policy and comprehensive care programs, through the EVD Survivor Steering Committee and Technical Working Group, as well as the Case management, Infection Prevention Control (IPC), and Disease Surveillance Pillars.

WHO Quality Assurance of Implementing Partners:

The proposal includes development and implementation of a Guideline for the Comprehensive Care for EVD Survivors, to be developed cooperatively by all Organizations involved in caring for EVDS together with local counterparts, including the EVD Survivors, under the leadership of the Govt. of SL, represented by the Ministry of Health and Sanitation and the Ministry of Social Welfare, Gender and Children Affairs. This Guideline will respond in a comprehensive manner to the needs of EVDS; reflecting the integration in the National Health and Social Care Systems of basic services to EVDS, aligned with the wider essential service package for all Sierra Leoneans.

The Guideline will be implemented through the provision of basic services at primary care level in the CHCs and via proven referral pathways to required specialized services. The course of EVD Survivors through these referral paths will be overseen by the Survivor advocates acting as Case Managers & Patient Advocates. They will oversee and facilitate the appropriate course of each EVDS through the care pathway on a timely basis, assuring quality services are provided so that desired patient outcomes are attained and appropriately documented. This will be accompanied by a formal Monitoring & Evaluation Process to systematically document, analyze and report on service process results (i.e.: coverage: number provided of a given service/Number needed of said service) and care outcomes (i.e.: No. of EVDS with functional capacity recovered/maintained to enable livelihood project/ No. of EVDS receiving comprehensive care livelihood reconstruction support)

WHO will provide continued support to MOHS in monitoring services provision for EVD Survivors as per the evolving guideline – those services currently being provided by INGOS as implementing partners but which will eventually be integrated into MOHS Health facilities. This will be supplemented by Capacity building and Mentoring of MOHS personnel, to help strengthen and maintain quality assurance practices to maintain optimal standards of health care.

- WHO Field coordinators will support the DHMT and DERC reports on EVDS activities. These will be consolidated and used to monitor progress in quality provision of CPES.
- Monthly reports will be used to identify and improve operational challenges.
- Periodic visits will be performed by the core team to the districts to discuss specific technical challenges and provide solutions.

- UNICEF Capacity:

  - UNICEF in-country expertise includes basic services, such as Health, Nutrition, Water, Sanitation and Hygiene (WASH), as well as in the areas of social mobilization, policy, socio-economic, revitalization, infrastructure, governance, peacebuilding, and social cohesion.
  - UNICEF has fully functional M&E and Operation section to support the overall portfolio of its programmes.
  - UNICEF staff deployment (as of 14 September 2015):

UNICEF Personnel in Sierra Leone	Freetown	In the field	Total Staff Strength
International Staff	47	15	62
National Staff	70	96	166
Staff on Surge and SBP	3	2	5

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Total Staff	120	113	233
Outsourced third party / government staff for CCCs	140		

UNICEF Expertise:

- UNICEF supports two ministries and is co-lead on two pillars: 1) Ministry of Social Welfare Gender & Children's Affairs for the pillar on psychosocial support and 2) Ministry of Health for the pillar on Social Mobilization. UNICEF is recognized for its expertise and presence throughout the country. The Ebola Crisis Manager has proposed the inclusion of a pillar on Survivors, which would be co-led by UNICEF and WHO. Discussions are underway to implement the proposal.

UNICEF Quality Assurance of Implementing Partners:

- UNICEF would implement the project in partnership with partner NGO. Support would be provided to the MoHS and the Ministry of Social Welfare, Gender and Children's Affairs to coordinate the implementation of the programme.

- UNICEF would receive reports from all implementing partners on a monthly basis. Data will be collated and analyzed to track the expected results and achievements. UNICEF together with the MoHS and Ministry of Social Welfare, Gender and Children's Affairs, as well as others would conduct joint supportive supervision and monitoring missions to the target district to assess progress, verify reports and resolve bottlenecks when required.

f) Proposal management:

The project will be directly executed by WHO and UNICEF in partnership with MoHS and MSWGCA, with separate funding provided to both organizations. The Project Board will be established and will comprise of resident representatives of both organizations, representatives of the Ministry of Health and Sanitation and Ministry of Social Welfare, Gender and Children's Affairs, as well as MPTF representatives. The project will be implemented through the Direct Implementation Modality.

The project board will provide policy guidance, strategic oversight, and will approve final narrative and financial reports. All business processes, working plans, financial planning and expenditures will be fully coherent with procedures existing at UNICEF and WHO. Two sub-teams will be created by respective agencies to manage their separate components of the project.

The WHO component will be managed by the Project Manager, and implemented by the team of five experts. The quality assurance will be ensured by the Technical Coordinator.

In case of UNICEF, the overall management of the project will be performed by the Deputy Resident Representative and the Chief of Social Services Officer (MSGWCA). Direct implementation and field monitoring will be supported by a joint team of technical experts, including the National Survivor Coordinator. The quality assurance will be ensured by UNICEF programme section.

g) Risk management matrix:

Risks to the achievement of SO in targeted area	Likelihood of occurrence	Severity of risk impact (high,	Mitigating Strategy (and Person/Unit responsible)

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	(high, medium, low)	medium, low)	
Lack of, or inadequate, capacities for implementing the full intervention package due to rainy season	High	Low	Operational preparedness for the rainy season at national and district level would ensure activities are not affected Responsible: MSWGCA, , UNICEF, MOHS, WHO
Resistance from communities and lack of community engagement	Medium	Medium	Dialogue and community engagement, including with village heads, and community outreach activities would assist with combatting this Responsible: MSWGCA, MoHS, UNICEF, WHO
Remoteness of communities and lack of accessibility could hinder implementation	High	Low	Proper planning in advance, including enlisting help from local partners, would minimise delays Responsible: MSWGCA, MoHS, UNICEF, WHO
Lack of national capacity and ownership, including unpreparedness, could have implications for implementation and sustainability of activities	Medium	Medium	Capacity building of national partners, including their involvement in activity design, would play an essential role in mitigating this risk Responsible: MSWGCA, MoHS, UNICEF, WHO
Further EVD cases and / or a widespread outbreak, would hinder implementation and could affect priorities	Low	Medium	Liaising closely with the NERC and others involved in the Ebola response would ensure plans can be modified as required, and that messages surrounding the project are consistent with national messages on EVD and EVD survivors. Responsible: MSWGCA, MoHS, UNICEF, WHO,

e) Monitoring & Evaluation:

The project implementation will be monitored by a joint project team consisting of representatives of WHO, UNICEF, MoHS and MSWGCA. Collection of data to track the implementation progress as well as the achievement of project objectives will be performed by the project's Reporting Officer (Technical Coordinator). This project proposal incorporates the results framework, which will serve as a basis to prepare the project's M&E plan, to ensure the effective use of resources and targets achievement.

The project team (with ultimate responsibility of the Project Manager) will collect all project documentation to provide reliable proof of performed activities and achieved goals, including the list of trainings' participants, list of people received counselling services, list of people screened

etc. including photo and video materials. Expenditures will be strictly controlled and monitored through procedures established in WHO and UNICEF respectively.

The project team will conduct regular monitoring visits to analyse the relevance, timeliness and appropriateness of activities undertaken. The Project Manager will deliver monthly reports to the UN Ebola Response MPTF Secretariat in a required format, as well as submit the final narrative and financial reports after project completion.

The project team will internally evaluate results through interviews and meetings with stakeholders, beneficiaries and partners. Lessons learnt, impact, effectiveness, efficiency, sustainability and other evaluation criteria will be analysed and recommendations will be developed in the final narrative report. A dedicated independent evaluation of the project results and impacts will not be undertaken due to limited timeframe of the initiative.

UNICEF and MSWGCA through the pillar coordinator will monitor the implementation of the project and compile regular updates from districts. WHO, through its Technical Coordinator, will monitor the implementation of each objective through daily updates from the pillar leads. Daily updates would include highlights and obstacles to project implementation which would allow the planning of action to correct any road blocks to implementation.

PROPOSAL RESULTS MATRIX:

Proposal Title: Ebola Survivors – Database Creation; Needs Assessment & Screening; Psychosocial Support & Reintegration into Society					
Strategic Objective to which the Proposal is contributing[3]	*Laying the foundation for recovery through the provision of comprehensive package of services to EVD survivors*				
Effect / Outcome Indicators	**Geographical Area (where proposal will directly operate)**	**Baseline**[4] In the exact area of operation	**Target**	**Means of verification**	**Responsable Org.**
Number of EVD Survivors that feel supported, and are welcomed by communities without stigma or discrimination	*Port Loko District*	TBD	496 EVDS (the total number of EVDs in Port Loko)	KAP Study	MSWGCA/UNICEF/SLAES
% of medical staff confirming the improved medical services to survivors in targeted districts	*13 Districts in Sierra Leone*	TBD	90%	Survey of medical staff	WHO
RSO [Basic Services and Infrastructure] [5]					
Output Indicators	**Geographical Area**	**Target**[6]	**Budget (USD)**	**Means of verification**	**Responsable Org.**
1. *Establish a comprehensive fully functional, verified and user-friendly database on EVDS*	*Port Loko District*	496 EVDS	59,100	Registration Forms, Reports & ID Cards	MSWGCA/UNICEF /SLAES
2. *Number of EVDS and Survivor Advocates with increased capacity in PFA, PSS (First Aid)*	*Port Loko District*	496 EVDS plus selected Survivor Advocates	85,000	Training Reports	MSWGCA/UNICEF /SLAES
3. *Number of staff from MOHS and MSWGCA with increased capacity in conducting needs assessments, psychosocial exams, screening, and community engagements*	*Training venue - Freetown*	TBD	130,775	Training Reports	MSWGCA/UNICEF /SLAES
4. *Number of survivors and community members provided with psychosocial counselling*	*Port Loko District*	496 EVDS plus selected community members	50,000	Report on Counselling	MSWGCA/UNICEF /SLAES

[3] Proposal can only contribute to one Strategic Objective
[4] If data are not available please explain how they will be collected.
[5] Project can choose to contribute to all MCA or only the one relevant to its purpose.
[6] Assuming a ZERO Baseline

5. *Number of strengthened Sierra Leone Association of Ebola Survivors through capacity building in organizational management and reporting*	*Port Loko District and Freetown*	TBD number of executives and selected members of SLAES	118,200	Training Reports	MSWGCA/UNICEF /SLAES
6. *Number of individualized survivor needs assessments conducted at community level*	*Port Loko District*	496 EVDS	143,800	Reports from Survivor Advocates	MSWGCA/UNICEF /SLAES
7. *Number of communities with greater understanding and awareness of the needs of EVDS*	*Port Loko District*	TBD	50,000	CE Reports Monitoring Reports	MSWGCA/UNICEF /SLAES
8. *Number of trained survivor advocates in case management, patient advocacy and field screening*	*13 Districts in Sierra Leone*	100 survivor advocates	40,000	Training Certificate and Monitoring Report	WHO
9. *Number of trained health workers and community health workers in CPES and survivor screening*	*13 Districts in Sierra Leone*	80 health workers (2 per hospital) and 150 community health workers	52,000	Training Certificate and Monitoring Report	WHO
10. *Number of strengthened or established survivor clinics*	*13 Districts in Sierra Leone*	13 survivor clinics	150,000	Training Certificate and Monitoring Report	WHO
Coordination Fees[7]			**9.55%**		
Staffing			100,000		
Data collection					
Equipment & Supply					
Contractual (activities 8 – 10 above, which equals $242,000 total)					
Sub-total =			978,875.00		
Indirect Cost max 7 %			68,521.25		
Total Project Cost in USD			**$1,047,396.25**		

[7] Should not exceed 20% including the indirect cost

PROPOSAL BUDGET (ESTIMATED)			
CATEGORIES	**UNICEF**	**WHO**	**TOTAL**
1. Staff and other personnel*:	100,000.00		100,000.00
2. Supplies, Commodities, Materials: Training materials, assessment materials, identification cards	150,000.00		150,000.00
3. Equipment, Vehicles, and Furniture, incl. Depreciation: Furniture for Association of Ebola Survivors	3,900.00		3,900.00
4. Contractual services	65,000.00	242,000.00	307,000.00
5.Travel: Travel to District for initial needs assessment, comprehensive needs assessment, to strengthen Associations of Ebola Survivors, and to conduct training	117,975.00		117,975.00
6. Transfers and Grants to Counterparts: Comprehensive psycho-social counselling training	300,000.00		300,000.00
7. General Operating and other Direct Costs:			
Sub-Total Project Costs	736,875.00	242,000.00	978,875.00
8. Indirect Support Costs*	51,581.25	16,940.00	68,521.25
TOTAL	788,456.25	258,940.00	1,047,396.25

* *Staff costs and other personnel include costs for UNICEF staff supporting implementation of the project and additional MSWGCA*

* *The rate shall not exceed 7% of the total of categories 1-7, as specified in the Ebola MPTF onse 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.*