



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

|   |  |
|---|--|
| <b>Proposal Title: SOCIAL MOBILIZATION FOR ACHIEVING AND SUSTAINING A RESILIENT ZERO</b>  | <b>Recipient UN Organization(s):</b><br>UNICEF   |
| <b>Proposal Contacts:</b><br>For UNICEF<br>Dr Mohamed Ayoya<br>Address: UNICEF, Corniche, Coleah, Conakry<br>Telephone: +224 622 663 452<br>E-mail: mayoya@unicef.org   | <b>Implementing Partner(s) – name &amp; type (Government, CSO, etc.):</b><br>- NGOs: AGIL, CECOJE, Child Fund, Zero Pauvre<br>- CSO: Transport Unions; School Parent Associations,<br><br>- Government: Ministry of Youth, Ministry of Health, Ministry of Social Welfare  |
| <b>Proposal Location (country):</b><br>Please select one from the following<br><input checked="" type="checkbox"/> Guinea<br><input type="checkbox"/> Liberia<br><input type="checkbox"/> Sierra Leone<br><input type="checkbox"/> Common Services  | <b>Proposal Location (provinces):</b><br>Conakry, Kindia, Boke, Mamou, Labe, Kankan, Farana, Nzerekore regions   |
| <b>Project Description:</b><br><i>One sentence describing the project's scope and focus.</i><br><br>While the incidence of Ebola across the country has significantly decreased, transmission is still on-going and the persistence of the virus and the risk of reintroduction remain a real threat. This project provides an Community Engagement framework to bridge between response and recovery to achieve and sustain a resilient zero   | <b>Requested amount:</b><br><br><b>Total requested amount: USD 909,500</b><br><b>Other sources of funding of this proposal</b><br><br><b>Other sources (indicate): 00</b><br><b>Government Input: 00</b><br><hr/> <b>Start Date: October 2015</b><br><b>End Date: March 2016</b><br><b>Total duration (in months): 06 Months</b> |
| <b>MISSION CRITICAL ACTIONS</b> 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.<br><br><input type="checkbox"/> Strategic Objective 1 MCA1: <b>Identifying and tracing of people with Ebola</b><br><input type="checkbox"/> Strategic Objective 1 MCA2: <b>Safe and dignified burials</b><br><input type="checkbox"/> Strategic Objective 2 MCA3: <b>Care for persons with Ebola and infection control</b><br><input type="checkbox"/> Strategic Objective 2 MCA4: <b>Medical care for responders</b><br><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 checked="" 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> |
| <i>Name of UNICEF Representative Dr. Mohamed Ayoya</i><br><i>Signature</i> | <i>Dr. David Nabarro</i>           |
| <i>Name of Agency UNICEF</i><br><i>Date &amp; Seal</i>                     | <i>Signature</i><br><i>Date:</i>   |

**NARRATIVE (Max 2 Pages)**

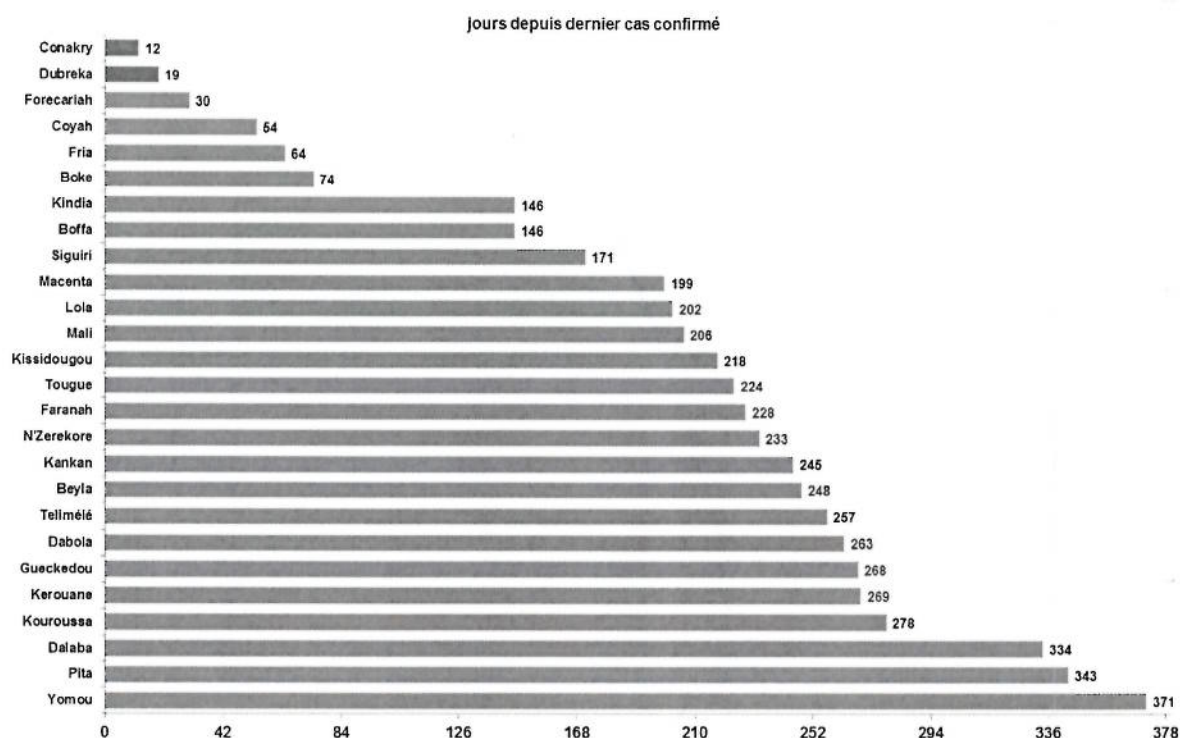
**a) Rationale for this project:**

The Ebola epidemic outlook has significantly improved in Guinea in recent weeks as shown in the graphic below;

While the incidence of Ebola across the affected countries has significantly decreased, transmission is still on-going and the persistence of the virus and the risk of reintroduction remain a real threat; Given the risks, and significance of the consequences, it is critically important to ensure the operational excellence of all response interventions to get to - and stay at - zero Ebola cases.

With the aim of getting to Zero Ebola and maintaining Zero Ebola, the current epidemic suggests that a more targeted approach is needed to address every case, contact, quarantine and burial, through deeper community engagement and social mobilization tailored for different settings and segments of the population

<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.



**Objective 1:** to define and interrupt all remaining chains of transmission  
 UNICEF will set up Community Engagement platforms (coordination body regrouping CWC, LOCAL LEADERS, Youth & women groups, Traditional healers, etc.); in hot spot area; Rapid Response teams working in coordination with the platforms will address any alert or event:

- Community-event based active surveillance/Active neighborhood watch
- Social investigation of cases/outbreaks
- Intense integration of SM across pillars – especially to address every case, contact, quarantine and burial
- Coordination, monitoring and evaluation – including feedback to communities and continuous quality improvement

| What   | Where  | Key Results   |
|--|--|---|
| -Rapid Response Teams: Managing all alert through facility or community based rapid intervention | -11 Prefectures with less than 210 days since last case confirmed: Conakry, Forecariah, Coyah, Fria, Boke, Kindia, Boffa, Siguiiri, Macenta, Lola, Dubreka | -250 Social Mobilization Units are set up in Villages and districts<br>-At least 90% of alerts are reported and investigated on a daily basis<br>-450 Health Workers are trained on Rapid Response Mechanisms |
| -Transport Unions Engagement for Sensitization and Community based surveillance                  | -Conakry, Forecariah, Dubreka, Coya, Boke  | -at least 50% of transport users are sensitized on Infection Prevention & Control<br>-At least 90% of suspected cases using public transport are reported to health authorities                               |

**Objective 2:** to identify and manage the residual risks in all Ebola-free areas

In Ebola Free areas Social Mobilization platforms will capitalize on existing and reliable community based organizations from the village level up to prefectural level; in each of the 33 prefectures of the country, plus the 05 communes of Conakry (Ratoma, Matam, Dixinn, Matoto, Kaloum), UNICEF will set up Prefectural platforms; each of them will be decentralized at the district and Village level (Social Mobilization Units)

In the free Ebola districts the following interventions will be reinforced:

- *Community base surveillance and Reporting of events: deaths, burials, illnesses*
- *Enabling environment, including public campaigns and sustained reliable public information*
- *Deep community engagement – through key influencers and the most effective channels such the transport unions, youth and women groups*
- *Coordination, monitoring and evaluation – including feedback to communities and continuous quality improvement*
- ***Decentralized preparedness – including monitoring community perceptions and availability of services: Health services for underserved communities, Psychosocial support to Orphans, Ebola Prevention in School, provision of water to most affected communities***

| What   | Where   | Key Results  |
|--|---|--|
| -Community Engagement Platforms  | -33 Prefectures, 92 sous prefectures and 318 districts/villages | -Maintaining Zero Social Mobilization package developed and roll out with community participation  |
| -Early Warning and Report Systems using new technology ( U2 Report/Rapid Pro) through Youth and Women groups | -Villages , Chief doms , health posts, border controls          | -450 health posts in rural area are reporting event/alert on a daily basis<br>-U2 Report platform is set up to provide communities feedback on IPC and basic social services |
| Sensitization through Rural RADIO  | 33 Prefectures  | 33 rural radio conduct IPC including Ebola Campaigns   |
| -Social Mobilization in support to Infection Prevention and Control in 450 health posts                      | -Rural health posts and surrounding affected villages           | -655 Community health workers trained on social mobilization in support to IPC   |
| -Psychosocial Support to Orphans and Survivors   | Conakry, Kindia, Nzerekore, Kankan, Farana, Boke, Labe, Regions | -6,193 Orphans and 350 survivors received Psychosocial support<br>-850 Child Protection Council are involved in Social Mobilization  |

**Direct Beneficiaries:**

| No. of Beneficiaries |                  |
|----------------------|------------------|
| <b>Women</b>         | 2,600,000        |
| <b>Girls</b>         | 2,903            |
| <b>Men</b>           | 2,400,000        |
| <b>Boys</b>          | 3,290            |
| <b>Total</b>         | <b>5,006,193</b> |

**a) Coherence with existing projects:**

This project is fully integrated to support active surveillance, safe burials and contact tracing; in addition this project will be mainstream in UNICEF Health, WASH, Education and Child Protection programs.

UNICEF received support from MPTF to implement social mobilization interventions In Phase 1, with increase Ebola cases UNICEF implemented the project “Stop Ebola through social mobilization and community engagement in Guinea “ with the objective of stopping the spread of the epidemic through interpersonal communication, mass communication and community engagement supporting 1,600 Community Watch committees ( CVV); this project has helped controlled the disease in the Forest region and Haute Guinee; in 1,600 districts and villages the CVV s are the backbone of social mobilization providing support to others pillars of the response such as surveillance, contact tracing and safe burials; while no case was registered in forest region and haute Guinee, the disease was not controlled in Conakry , Kindia and Boke Regions; a new strategy more targeted, was implemented in phase 2  
In Phase 2, UNICEF received support from MPTF to implement the project “Sustain and accelerate social mobilization and community engagement to stop Ebola in Guinea”; UNICEF achieved greater community engagement through the implication of 636 CVVs, women and Youth groups, community dialogue forums and targeted quarantines coupled with door to door campaign; as a result the epidemic is controlled in many districts in basse Guinee ; however remaining contamination chains are a permanent risk of resurgence; phase 1 and 2 are linked to phase two objectives; the current project proposed for phase 3 will build and expand key achievements of the two previous projects specially for community engagements

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

UNICEF has dedicated staff and experts in the areas of health, nutrition, WASH, Education, Child Protection, Communication and M&E, in Conakry as well as in its 3 field offices. In running this project, UNICEF will associate the government services at central and decentralized levels, as well as some key NGOs, others UN agencies, CDC, IFRC and MSF

**c) Proposal management:**

**Risk management:**

**Table 5 – Risk management matrix**

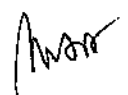
| <b>Risks to the achievement of SO in targeted area</b>  | <b>Likelihood of occurrence (high, medium, low)</b> | <b>Severity of risk impact (high, medium, low)</b> | <b>Mitigating Strategy</b>  |
|---|---|--|---|
| <b>Other epidemic risks:</b><br>Possible resurgence of other epidemics such as meningitis or measles. | Medium  | High   | Support National Campaign for Polio, Meningitis, Measles and Yellow Fever |
| <b>Financial risk:</b><br>Low funding of response plan  | Medium  | High   | Build Integrated strategy and Coordination with others partners           |

|  |        |        |   |
|--|--------|--------|---|
| <b>Political risks:</b> Civil unrest and political environment | Medium | Medium | Support provided by the international community to the organization of October Election |
|--|--------|--------|---|

**d) Monitoring & Evaluation:**

UNICEF will conduct monitoring and evaluation in accordance with its approach of Humanitarian Performance Monitoring (HPM), as defined in its HPM online toolbox, designed to facilitate the management of humanitarian programs. This includes:

- Monitoring of internal functions to support the UNICEF response (supplies, personnel, financial resources) through regular program meetings and monthly meetings of the Management Team of the Country Office (CMT);
- Monitoring of progress in relation to the results on key indicators, in order to ensure adequate coverage in accordance with the Core Commitments of UNICEF vis-a-vis Children in Humanitarian Action (Core Commitments for Children/CCC), through internal reports level of implementation of the project;
- Joint monitoring visits with key stakeholders and implementing partners will also be organized on a regular basis



**PROPOSAL RESULT MATRIX**

| <b>Proposal Title: SOCIAL MOBILIZATION FOR ACHIEVING AND SUSTAINING A RESILIENT ZERO EBOLA IN GUINEE</b>           |  |   |                     |                              |  |  |
|--|--|---|---------------------|------------------------------|--|--|
| <b>Strategic Objectives to which the Proposal is contributing<sup>2</sup></b>                                      |  |   |                     |                              |  |  |
| 2- To identify and manage the residual risks in all Ebola-free areas   |  |   |                     |                              |  |  |
| <b>Effect Indicators</b>   | <b>Geographical Area (where proposal will directly operate)</b>                | <b>Baseline<sup>3</sup> In the exact area of operation</b>        | <b>Target</b>       | <b>Means of verification</b> | <b>Responsible Org.</b>                              |  |
| Number of Ebola and Contacts Cases   | ALL COUNTRY  | 01 Ebola Case confirmed on September                              | 00                  | WHO Report                   | UNICEF/WHO   |  |
| MCA [11] <sup>4</sup>  |  | 228 Contacts as of September 13, 2015                             | 00                  |                              |  |  |
| <b>Output Indicators</b>   | <b>Geographical Area</b>   | <b>Target<sup>5</sup></b>   | <b>Budget (USD)</b> | <b>Means of verification</b> | <b>Responsible Org.</b>                              |  |
| Number Of Hot Spots Reporting and Managing Events/Alerts on a daily basis  | Forecariah, Coyah, Fria, Boke, Kindia, Boffa, Siguiri, Macenta, Lola, Dubreaka | -110 Prefectures Platforms<br>-11 Rapid response teams are set up | 1 45,000            | Sitreps , U Reports          | UNICEF/ National Coordination                        |  |
| Suspected cases using public transport are reported to health authorities  | Forecariah, Coyah, Fria, Boke, Kindia, Boffa, Siguiri, Macenta, Lola, Dubreaka | 100% of suspected cases   | 100,000             | Transport Reports            | UNICEF/Ministry of Transport                         |  |
| Number of Functional Community Engagement Platforms delivering phase interventions including supports to Survivors | All Administrative Regions   | 443 platforms and communication units                             | 300,000             | Sitreps and U2 Reports       | UNICEF/Ministry of Youth/ Ministry of Social Welfare |  |
| Number of Villages using Early Warning and Report Systems (EWARS)-Youth U reports                                  | Targeted villages in All administrative regions                                | 450 Villages  | 75,000              | Sitreps and U2 Reports       | UNICEF/Ministry of Health                            |  |

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

<sup>3</sup> If data are not available please explain how they will be collected.

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

<sup>5</sup> Assuming a ZERO Baseline

|  |                                     |                     |             |                                  |
|--|-------------------------------------|---------------------|-------------|----------------------------------|
| Number of Health post supported with IPC       | Health posts in rural affected area | 450 Health Post     | 80,000      | UNICEF/Ministry of Health        |
| Number of rural radio conducting IPC Campaigns | 33 Prefectures                      | 33 Rural Radio      | 50,000      | Unicef/Ministry of Communication |
| <b>Coordination Fees<sup>6</sup></b>           | <b>UNICEF</b>                       | <b>CSO Partners</b> | <b>%</b>    |                                  |
| <i>Staffing</i>                                | 50,000                              |                     |             |                                  |
| <i>Data collection</i>                         | 00                                  |                     |             |                                  |
| <i>Equipment &amp; Supply</i>                  | 50,000                              |                     |             |                                  |
| <i>Indirect Cost max 7 %</i>                   | 59,500                              |                     |             |                                  |
| <b>Total Project Cost in USD</b>               | <b>909,500</b>                      |                     | <b>100%</b> |                                  |

<sup>6</sup> Should not exceed 20% including the indirect cost

*Amor*



**Project budget by UN categories**

| CATEGORIES   | Amount Recipient Agency<br>– UNICEF (USD) | TOTAL ( USD) |
|--|---|--------------|
| 1. Staff and other personnel                                 | 50,000                                    | 50,000       |
| 2. Supplies, Commodities,<br>Materials                       | 00  | 00           |
| 3. Equipment, Vehicles, and<br>Furniture, incl. Depreciation | 50,000                                    | 50,000       |
| 4. Contractual services                                      | 00  | 00           |
| 5. Travel : Field Trip Monitoring<br>and Evaluation          | 50,000                                    | 50,000       |
| 6. Transfers and Grants to<br>Counterparts                   | 600,000                                   | 600,000      |
| 7. General Operating and other<br>Direct Costs               | 100,000                                   | 100,000      |
| <b>Sub-Total Project Costs</b>                               | 850,000                                   | 850,000      |
| 8. Indirect Support Costs*                                   | 59,500                                    | 59,500       |
| <b>TOTAL</b>   | 909,500                                   | 909,500      |

\* 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.

*Moo*