



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

<p><b>Proposal Title:</b> Social mobilization and provision of WASH services for achieving and sustaining a resilient zero</p>	<p><b>Recipient UN Organization(s):</b> UNICEF</p>
<p><b>Proposal Contacts:</b></p> <p><u>For UNICEF</u></p> <p><b>Mr. Geoff Wiffin, Representative</b> UNICEF Sierra Leone Tel: +44 2033579278/9 x1001 Mobile : +232 76 101 004 Email: gwiffin@unicef.org</p>	<p><b>Implementing Partner(s) – name &amp; type (Government, CSO, etc.):</b></p> <p>Government: Ministry of Health and Sanitation, Ministry of Social Welfare, Gender and Children’s Affairs and NGOs</p>
<p><b>Proposal Location (country):</b> Please select one from the following <input checked="" type="checkbox"/> Sierra Leone</p>	<p><b>Proposal Location (provinces):</b> Bombali, Kambia</p>
<p><b>Project Description:</b></p> <p>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.</p> <p>This project is aimed at building response capacity through effective community engagement and social mobilization and supporting the provision of WASH services in health and education facilities in the most affected communities in the districts of Bombali and Kambia.</p>	<p><b>Requested amount:</b></p> <p><b>Total requested amount: USD 856,000</b> <b>Other sources of funding of this proposal: 0</b></p> <p>(Project proposals have been submitted to other donors – Italy, DFID, Japan – awaiting feedback)</p> <p><b>Other sources (indicate): 0</b> <b>Government Input: 0</b></p> <p><b>Start Date: November 2015</b> <b>End Date: November 2016</b> <b>Total duration (in months): 12 Months</b></p>
<p><b>MISSION CRITICAL ACTIONS</b> to which the proposal is contributing.</p> <p><input checked="" type="checkbox"/> Strategic Objective 3 MCA6: Access to basic services <input type="checkbox"/> Strategic Objective 4 MCA11: Social mobilization and community engagement</p>	

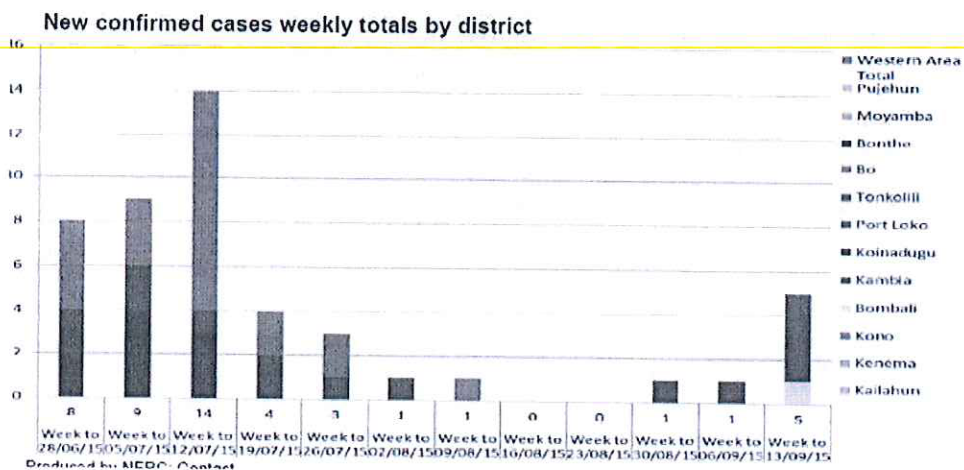
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<b>Recipient UN Organization(s)<sup>1</sup></b>	<b>Management Committee Chair:</b>
Mr. Geoff Wiffin <i>Signature</i>	Dr. David Nabarro
UNICEF <i>Date &amp; Seal</i>	<i>Signature,</i> Date: November 06, 2015

### NARRATIVE

#### a) Rationale for this project:

The Ebola epidemic outlook has significantly improved in Sierra Leone in recent weeks, however the transmission is still on-going and the persistence of the virus and the risk of reintroduction remains a real threat. In end August 2015, after several days with no new cases and the discharge of the last patient, celebrations were underway to begin the countdown to zero. Unfortunately, two new cases with a subsequent transmission chain in the districts of Kambia and Bombali in September halted the countdown. Although disappointing, the emergence of the new cases and transmission chains highlight that the risk of reintroduction is a substantive near-term threat to achieving and maintaining zero Ebola in the region. The graph below, produced by the National Ebola Response Center, captures the incidence of Ebola cases across the country's 13 districts from 28 June to 13 September 2015:



The importance of rigorous and continued vigilance and community based resilience is therefore key. The new cases also suggest that to achieve zero, 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.

The strategy should also be accompanied with the provision of water, sanitation and hygiene services in health and education facilities to curb the spread of the disease and halt transmission in the most vulnerable communities. In Sierra Leone, only 57 percent of households have access to and use improved drinking water sources and only 13 percent have water on their premises. An unequal distribution of resources makes rural populations especially vulnerable and while 76.2 percent of urban households have access to improved water sources, only 48.2 percent in rural areas do. Surface water is the main source of drinking water in rural areas (34.1 percent), exposing the population to waterborne diseases.<sup>2</sup>

The objective of this proposal is therefore to achieve and sustain zero cases through: 1) building response capacity through effective community engagement and social mobilization; and 2) supporting the provision of water, hygiene, and sanitation services (WASH) in health and education facilities. In the immediate, UNICEF will focus activities in the most vulnerable communities in the districts of Bombali and Kambia<sup>3</sup>.

**Objective 1: Building response capacity through effective community engagement and social mobilization**

One of the legacies of the Ebola response has also been a decentralization of the governance mechanisms to the district and sub-district levels, which has brought to light the importance of community leadership for enhanced ownership and sustainability. During the Ebola outbreak in Sierra Leone, communities (through community health workers, along with other community based mechanisms and structures like Village Development Committees (VDCs) and chiefdoms) were able to contribute to raising alerts and tracing missing contacts. These structures also contributed to raising community awareness on burial practices and in changing these practices. There has been strong evidence from other Ebola affected countries that resilient community zones in village, and at the neighborhood level, are key to not only getting to zero cases of Ebola in West Africa, but also in shaping the social and behavioral patterns that can enable communities to recover and develop while maintaining zero Ebola cases.

UNICEF Sierra Leone's decentralized bottoms-up approach enabled engagement with communities at the grass roots level to catalyze behavioral change and halt disease transmission, starting with general awareness raising in communities to protect themselves and their loved ones, and later tailoring messaging to specific communities, regaining their trust in the healthcare system, bolstering community-based surveillance, and integrating social mobilization into rapid response mechanisms.

The following activities are therefore proposed under this output:

1. Strengthening coordination and monitoring mechanisms
2. Strengthening community engagement for rapid response
3. Supporting community Action Plans by Village Development Committees
4. Engaging youth as vectors of community engagement

**Objective 2: Supporting the provision of water, hygiene, and sanitation services (WASH) in health and education facilities.**

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<sup>2</sup> All data sources in the paragraph - MICS4 2010.

<sup>3</sup> Based on total contacts listed during the outbreak in Bombali and Kambia districts

The Ebola outbreak has exacerbated the existing situation and has been one of the contributing factor to the propagation of the outbreak. Robust infection prevention and control at facilities with adequate water and sanitation facilities contribute significantly to a stronger and more resilient health system. The importance of ensuring existence of water and sanitation in health and education facilities, along with optimum infection prevention and control measures, is essential. However, many health and education facilities across the country still lack adequate water and sanitation.

The provision of WASH facilities in health and education facilities will also result in improving health workers sense of safety and the patients'/communities' confidence in the quality and safety of the health care system, and encourage them to seek care.

The following activities are proposed under this output:

1. Rehabilitation and construction of WASH facilities in health and education facilities;
2. Operation and maintenance of WASH in health and education facilities;
3. Waste management, including the construction / installation of incinerators for the disposal of contaminated medical waste in health and education facilities;
4. Promotion of positive health and hygiene behaviors to sustain behavioral change gains achieved during the Ebola outbreak;
5. Monitoring of WASH activities to promote the mainstreaming of standards and guidelines.

The activities and related costs are listed in the below table:

Outputs	Activities	Cost
<b>Output 1:</b> Building response capacity through effective community engagement and social mobilization	Strengthening coordination and monitoring mechanisms	200,000
	Strengthening community engagement for rapid response	
	Supporting community Action Plans by Village Development Committees	
	Engaging youth as vectors of community engagement	
<b>Output 2:</b> Supporting the provision of water, hygiene, and sanitation services (WASH) in health and education facilities.	Rehabilitation and construction of WASH facilities in health and education facilities	500,000
	Operation and maintenance of WASH in health and education facilities	
	Waste management, including the construction / installation of incinerators for the disposal of contaminated medical waste in health and education facilities	
	Promotion of positive health and hygiene behaviors to sustain behavioral change gains achieved during the Ebola outbreak	
<b>Output 3:</b> Programme management and monitoring	Monitoring of WASH activities to promote the mainstreaming of standards and guidelines	100,000
	Staffing	
<b>Recovery Cost (7%)</b>		<b>56,000</b>
	<b>Grand total</b>	<b>856,000</b>



b) **Direct Beneficiaries:** at least 50.000 beneficiaries

c) **Coherence with existing projects:**

This project is fully integrated to support prevention, active surveillance, safe burials, and contact tracing; in addition this project will be mainstreamed in other UNICEF programs, as the pillar lead for WASH and social mobilization.

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

UNICEF has dedicated staff and experts in the areas of health, social mobilization, nutrition, WASH, education, child protection, communication and M&E, in Freetown as well as several field offices. In implementing this project, UNICEF will associate the government services at central and decentralized levels, as well as key NGOs, other UN agencies, and partners.

e) **Proposal management:**

The project will be under the purview of the UNICEF Deputy Programme. Technical support to the implementation of the project will be provided by experts in the sections of WASH, Health and Social Mobilization.

The daily operational management of the project will be coordinated by UNICEF Field Coordinators in Bombali and Kambia. Project progress and any action requiring follow-up will be discussed during Ebola Coordination Group meetings that are held three times a week (Mondays, Wednesdays, and Fridays). Actions requiring decision by management will be addressed during meetings of Section Chiefs, held on a weekly basis (Fridays).

f) **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**

<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>
Capacities of the partners	Medium	High	Close monitoring including with Rapid-pro (real time monitoring)

g) **Monitoring & Evaluation:**

UNICEF will monitor and evaluate the project 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.

**h) Reporting:**

- Narrative: Final Narrative no later than 4 months after end of Project.
- Financial: Utilization report no later than 4 months after end of project. Certified Final Financial report 12 to 18 months after project closure

## PROPOSAL RESULT MATRIX

Proposal Title: "Social mobilization and provision of WASH services for achieving and sustaining a resilient zero in Sierra Leone"						
<i>Building on the foundation for recovery through effective community engagement and the provision of comprehensive package of WASH facilities to communities and institutions</i>						
Strategic Objective to which the Proposal is contributing <sup>4</sup>	Geographical Area (where proposal will directly operate)	Baseline <sup>5</sup> in the exact area of operation	Target	Means of verification	Responsible Organisation	
Resilient communities having improved access to basic health and educational services	Bombali, Kambia	0	Communities Health facilities Public Schools	KAP study Monitoring reports	UNICEF/MOHS/DHMT	
<b>MCA [ Access to basic services ] <sup>6</sup></b>						
<b>Output Indicators – COMMUNITY ENGAGEMENT</b>	<b>Geographical Area</b>	<b>Target<sup>7</sup></b>	<b>Budget</b>	<b>Means of verification</b>	<b>Responsible Organisation</b>	
1. Number of chiefdoms /Wards with established and functional Rapid Response Teams	Bombali, Kambia	75 chiefdoms	US\$ 200,000	Monitoring reports	UNICEF/MOHS/DHMT	
2. Number of community structures including VDCs trained	Bombali, Kambia	TBD after mapping of community structure	(including Program management & Monitoring)	Training reports	UNICEF/MOHS/DHMT	
3. Number of VDCs that have developed Community Action Plans	Bombali, Kambia	100%		Monitoring of CAP reports	UNICEF/MOHS/DHMT	
4. Percentage of social mobilizers and youths trained in hotspot communities on key messages and participatory approaches	Bombali, Kambia	100%		Training reports Monitoring reports	UNICEF/MOHS/DHMT	
<b>Output Indicators – WASH</b>	<b>Geographical Area</b>	<b>Target<sup>8</sup></b>	<b>Budget</b>	<b>Means of verification</b>	<b>Responsible Organisation</b>	
2. Number of Health care facilities supported;	Bombali, Kambia	7 Health facilities	US\$ 550,000	Routine Monitoring reports	UNICEF/MOHS/DHMT	
3. Number of schools with WASH facilities as per GoL guidelines	Bombali, Kambia	10 Public schools		Monitoring reports	UNICEF/MEST/MOWR	
4. Number of waste management facilities constructed / installed in health and educational institutions	Bombali, Kambia	See above based on the need	(including Program management & Monitoring)	Monitoring reports	UNICEF/MOHS/MEST	

<sup>4</sup> Proposal can only contribute to one Strategic Objective

<sup>5</sup> If data are not available please explain how they will be collected.

<sup>6</sup> Project can choose to contribute to all MCA or only the one relevant to its purpose.

<sup>7</sup> Assuming a ZERO Baseline

<sup>8</sup> Assuming a ZERO Baseline



**Project budget by UN categories**

<b>CATEGORIES</b>	<b>TOTAL ( USD)</b>
1. Staff and other personnel (include full details)	100,000
2. Supplies, Commodities, Materials (include full details)	
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include full details)	
4. Contractual services <ul style="list-style-type: none"> <li>▪ Rehabilitation and construction of WASH facilities in health and education facilities</li> <li>▪ Operation and maintenance of WASH in health and education facilities</li> <li>▪ Waste management</li> <li>▪ Promotion of positive health and hygiene behaviors</li> </ul>	500,000
5. Travel (include full details)	
6. Transfers and Grants to Counterparts <ul style="list-style-type: none"> <li>▪ Strengthening Village Development Committees and youth engagement</li> </ul>	200,000
7. General Operating and other Direct Costs (include full details)	
<b>Sub-Total Project Costs</b>	<b>800,000</b>
8. Indirect Support Costs*	56,000
<b>TOTAL</b>	<b>856,000</b>

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