




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

<b>Proposal Title: Supporting the Wellbeing and protection of Ebola Affected Children in Liberia</b>	<b>Recipient UN Organization(s): UNICEF</b>
<b>Proposal Contact:</b> Mr. Sheldon Yett. Resident Representative, UNICEF Liberia Address: Bright Apartments, Sekou Toure Avenue, Mamba Point, Liberia Telephone: +231 770 25 7100 E-mail: syett@unicef.org	<b>Implementing Partner(s) –</b> <ol style="list-style-type: none"> <li>1. Ministry of Gender, Children and Social Protection</li> <li>2. Ministry of Health</li> <li>3. Save the Children (INGO)</li> <li>4. Child Fund (INGO)</li> <li>5. Shalom (CSO)</li> <li>6. Think (CSO)</li> <li>7. ANPCCAN (CSO)</li> <li>8. Search (CSO)</li> <li>9. UNMIL</li> <li>10. UNMEER</li> </ol>
<b>Proposal Location (country):</b> 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	<b>Proposal Location (counties):</b> -Montserrado -Margibi -Lofa -Bong -Bomi
<b>Project Description:</b> <i>One sentence describing the project's scope and focus.</i> The project aims to support the wellbeing and protection of children in Liberia through appropriate alternative care, social protection, social mobilisation and social safety nets.	<b>Requested amount: USD 4,007,578</b>  Other sources of funding of this proposal: UNMEER budget: 4,007,578 Other sources (Swiss Natcom): USD793,850 (Government of Japan): USD 400,000 Government Input: 100 social workers, county offices, and logistical support <hr/> <b>Start Date: December 1<sup>st</sup>, 2014</b> <b>End Date: May 31<sup>st</sup> 2015</b> <b>Total duration (in months): 6</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.  <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 type="checkbox"/>	Strategic Objective 2 MCA3: Care for persons with Ebola and infection control
<input type="checkbox"/>	Strategic Objective 2 MCA4: Medical care for responders
<input type="checkbox"/>	Strategic Objective 3 MCA5: Provision of food security and nutrition
<input checked="" type="checkbox"/>	Strategic Objective 3 MCA6: Access to basic services
<input type="checkbox"/>	Strategic Objective 3 MCA7: Cash incentives for workers
<input type="checkbox"/>	Strategic Objective 3 MCA8: Recovery and economy
<input type="checkbox"/>	Strategic Objective 4 MCA9: Reliable supplies of materials and equipment
<input type="checkbox"/>	Strategic Objective 4 MCA10: Transport and Fuel
<input type="checkbox"/>	Strategic Objective 4 MCA11: Social mobilization and community engagement
<input type="checkbox"/>	Strategic Objective 4 MCA12: Messaging
<input type="checkbox"/>	Strategic Objective 5 MCA13: Multi-faceted preparedness

<b>Recipient UN Organization(s)<sup>1</sup></b>	<b>Management Committee Chair:</b>
	<i>Dr. David Nabarro</i>
	<b>Signature</b>
	
	<b>Date:</b>

**NARRATIVE (Max 2 Pages)**

- a) **Rationale for this project:** Liberia is currently the country worst affected by the Ebola Virus Disease (EVD) crisis in West Africa with close to 6,500 suspected, probable and confirmed cases and over 2,500 cumulative deaths to date. Since the first case of the Ebola virus was reported in March 2014, the virus has spread quickly to cover most of the country. According to the current statistics Liberia has a total of 6,454<sup>2</sup> cases, and 2,609 deaths indicating a national case fatality rate of almost 60%. Critical services are required to ensure children are protected and safe: psychosocial support needs to be provided to distressed families and children; children need to be reunified with their families or appropriate alternative care arrangements found, and their basic nutritional and physical needs have to be met. Children have been particularly affected by the EVD outbreak. Death and grieving are all around them. They see medical personnel in masks and protective gear taking away bodies and spraying unknown liquids. Schools are not open. Children are discouraged from playing with other children, often confined to their homes. Life as they knew it has been turned upside down.
- b) **Coherence with existing projects:** This project will be integrated with several response interventions for children affected by EVD currently being implemented by UNICEF through funding from the Swiss National Committee. Current interventions being implemented include:

<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.

<sup>2</sup> MoHSW, GoL, Liberia Ebola SitRep no. 167, Oct. 29<sup>th</sup> 2014



- Training of recruitment, and training 110 social workers and mental health clinicians. Of these, 95 social workers are deployed in all affected counties and 15 mental health specialists are providing counselling in ETUs and in the country's only Interim Care Centre.
- Recruitment, training and deployment of 243 contact tracers
- Establishment of one Interim Care Centre for children needing 21-day observation and one Transit Centre for children that survived Ebola but have no known relative to return to after being treated. The reunification rate of children temporarily placed in ICC (12) and TC (39) is 98%, with almost all having been placed with their extended family

In order to scale up outreach from the current 3,524 to 12,600 EVD affected children, the following gaps will be covered by the project:

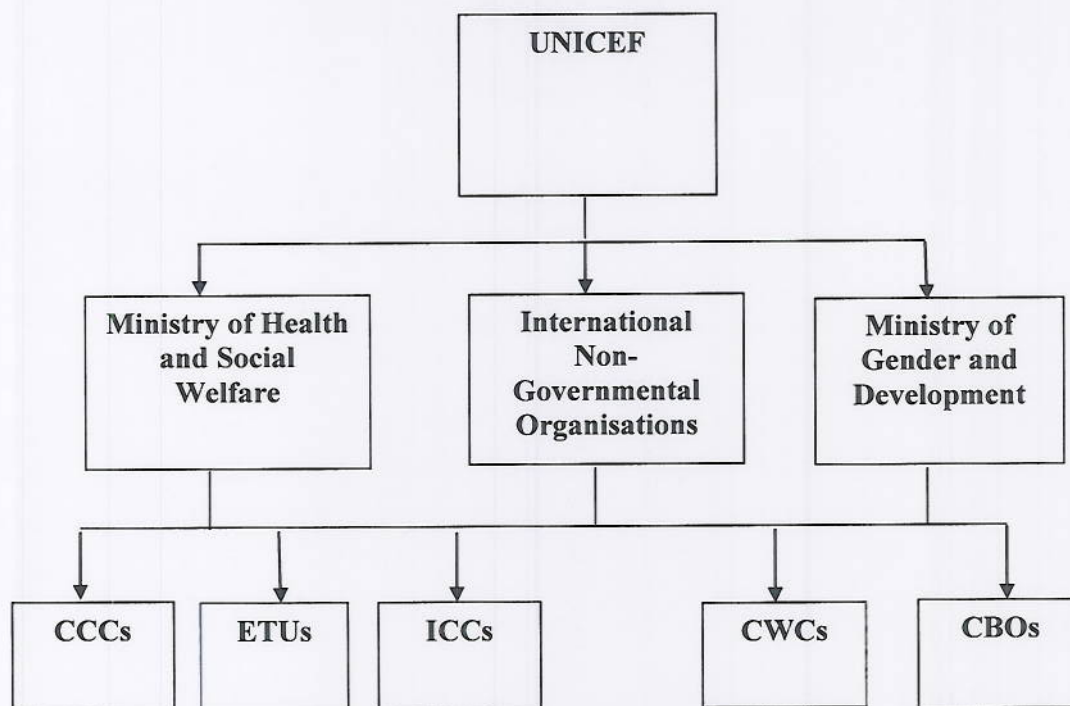
- Recruitment 120 social workers to provide protection services for children including psychosocial support and alternative care
- Recruit, train and deploy 350 more contact tracers to identify and refer children orphaned by EVD
- Recruit, train and deploy 1,200 survivors to provide care for EVD affected children including patients
- Support 3 additional Interim Care Centres (ICCs) for children on 21 day observation who are separated from their primary caregivers

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

In the overall EVD response, UNICEF is currently the lead of WASH cluster, Social Mobilisation Cluster, and Child Protection Sub-cluster. UNICEF has extensive institutional knowledge in child protection in emergency contexts as well as the strengthening of child protection systems. UNICEF has committed \$793,850 for child protection-specific activities and has a funding gap of \$7,285,831. In this EVD response UNICEF has child protection expertise in coordination, alternative care, psychosocial support, social mobilisation, social protection and information management. UNICEF will also tap into the expertise of its NGO partners and MoHSW professional particularly in areas such as community engagement, community dialogues, mental health and psychosocial support, as well as in identification, family tracing and reunification. UNICEF will provide support in setting minimum standards, protocols and guidelines for quality management and assurance.

**d) Proposal management:**

UNICEF will provide technical guidance and supervision to implementing partners who will be directly responsible for programme implementation. The diagram below illustrates the project management structure.



- 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)
Deterioration of the political situation	High	High	Continuous engagement of stakeholders including youth groups
Increased resistance from communities	High	High	Engagement of traditional and religious leaders

- 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.*

UNICEF will provide a full time M&E Specialist to design and implement an M&E framework for the project. The M&E framework will be informed by the results framework of the project and will capture, input, process, output and outcome indicators. A routine data collection will be established and a database will be

established for the computation and storage of routine data. Routine data shall also be linked to the Ebola Response's informational management system (IMS).



## PROPOSAL RESULT MATRIX

<b>Proposal Title:</b>						
Strategic Objective to which the Proposal is contributing <sup>3</sup>	Geographical Area (where proposal will directly operate)	Baseline <sup>4</sup> In the exact area of operation	Target	Means of verification	Responsible Org.	
Effect Indicators						
Strategic Objective 3 MCA6: Increased children's access to basic services	Montserrado -Margibi -Lofa -Bong -Bomi	2,000	12,600	MoHSW Reports MoGD Reports	UNICEF	
Strategic Objective 3 MCA7: Increased capacity of the social welfare system to handle cases of children affected by EVD through increased number of workers	Montserrado -Margibi -Lofa -Bong -Bomi	100	200	MoHSW Reports	UNICEF	
Strategic Objective 4 MCA11: Functioning community based child protection networks in the most affected communities identify, support and refer the most vulnerable children affected by EVD	Montserrado -Margibi -Lofa -Bong -Bomi	0	50	MoGD Reports	UNICEF	
<b>MCA [6 ]<sup>5</sup></b>						
Output Indicators	Geographical Area	Target <sup>6</sup>	Budget	Means of verification	Responsible Org.	
-Number of Interim Care Centres (ICCs) providing care to children on 21 day observation who are separated from their primary care givers -Number of Foster Carer households providing alternative care arrangements for children who are either "contacts" (needing a 21 day observation period), survivors, or orphans with no one identified to care for them in the community setting	-Montserrado -Margibi -Lofa -Bong -Bomi	<b>Baseline</b> -1 ICC operational -2,000 (foster care) 3,524 children (MHPSS) <b>Target</b>	2,319,200	MoHSW reports MoGD reports	UNICEF	

<sup>3</sup> Proposal can only contribute to one Strategic Objective

<sup>4</sup> If data are not available please explain how they will be collected.

<sup>5</sup> Project can choose to contribute to all MCA or only the one relevant to its purpose.

<sup>6</sup> Assuming a ZERO Baseline

<p>-Number of families who received one-off cash transfers support for caring for orphaned/abandoned children due to Ebola</p> <p>-Number of children receiving mental health and psycho-social support (MHPSS)</p>		<p>-3 more ICCs to be established</p> <p>-7,500 foster households</p> <p>-7500 families receiving foster grant</p> <p>-10,000 children receiving MHPSS</p>	
<p>-Number of Social Workers and Mental Health Clinicians trained and providing family tracing, foster care placement, follow-up of children in care, psychosocial support, community support and distribution of cash allowances and infection control and hygiene items</p> <p>-Number of Ebola survivors trained and employed as child carers, foster parents, working with social mobilization teams</p>	<p>-Montserrado</p> <p>-Margibi</p> <p>-Lofa</p> <p>-Bong</p> <p>-Bomi -Bomi</p>	<p><b>Baseline</b></p> <p>-100 social worker and MHPSS specialists</p> <p>-20 Ebola survivors</p> <p><b>Target</b></p> <p>-200 Social Workers &amp; Mental Health Clinicians</p> <p>-1,200 Ebola survivors</p>	<p>556,200</p> <p>MoHSW reports</p> <p>MoGD reports</p> <p>UNICEF</p>
<p>-Number of counties with strengthened CP and MPHSS coordination, Existence of CP and MPHSS networks coordination structures at national and county level</p> <p>-Number of Counties with decentralized Child protection Network coordination meetings;</p> <p>-Functioning Child Welfare Committees in the most affected communities to identify, support and refer the most vulnerable children</p>	<p>-Montserrado</p> <p>-Margibi</p> <p>-Lofa</p> <p>-Bong</p> <p>-Bomi</p>	<p><b>Baseline</b></p> <p>-1 national</p> <p>-1 county</p> <p>-0 CWCs</p> <p><b>Target</b></p> <p>-1 National</p> <p>-5 counties</p> <p>-50 CWCs</p>	<p>450,000</p> <p>MoHSW reports</p> <p>MoGD reports</p> <p>UNICEF</p>
<p><b>Coordination Fees<sup>7</sup></b></p>			<p>17%</p>
<p><i>Staffing</i></p>			<p>300,000</p>
<p><i>Data collection</i></p>			<p>120,000</p>
<p><i>Equipment &amp; Supply</i></p>			<p>0</p>
<p><i>Indirect Cost max 7 %</i></p>			<p>262,178</p>
<p><b>Total Project Cost in USD</b></p>			<p>4,007,578</p>

<sup>7</sup> Should not exceed 20% including the indirect cost



**Project budget by UN categories**

<b>PBF PROJECT BUDGET</b>			
<b>CATEGORIES</b>	<b>Amount Recipient Agency</b>	<b>Amount Recipient Agency (if more than 1)</b>	<b>TOTAL</b>
1. Staff and other personnel (include details)	300,000	-	300,000
2. Supplies, Commodities, Materials (include details)	0	-	0
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details)	0	-	0
4. *Contractual services (include details)	120,000	-	120,000
5. Travel (include details)		-	
6. Transfers and Grants to Counterparts (UNICEF will provide grants to Ministry of Gender, Children & Social Protection and 5 NGOs for service provision)	3,325,400	-	3,325,400
7. General Operating and other Direct Costs (include details)	0	-	0
<b>Sub-Total Project Costs</b>	<b>3,745,400</b>	-	<b>3,745,400</b>
8. Indirect Support Costs*	262,178	-	262,178
<b>TOTAL</b>	<b>4,007,578</b>	-	<b>4,007,578</b>

**\*Contractual Services**

**Routine child protection data collection and analysis, will include recruiting an Information management consultant for 6 months.**

*\* 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.*