



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

<p><u>Proposal Title</u></p> <p><i>Improving access to Emergency Maternal and Neonatal Health Services in the context of Ebola Virus Disease and recovery in Republic of Guinea</i></p>	<p><u>Recipient UN Organization(s)</u></p> <p>UNFPA (United Nation Population Fund)</p>
<p><u>Proposal Contact</u></p> <p>Mr. Cheikh FALL UNFPA Guinea Representative. Tel: +224 625 250328 https://portal.myunfpa.org E-mail: cfall@unfpa.org</p>	<p><u>Implementing Partner(s) – name & type (Government, CSO, etc.)</u></p> <ul style="list-style-type: none"> • Ministry of Health • Ministry of social affairs, women and children • Ministry of youth • NGOs (International and national) and CBOs • UNFPA Guinea
<p><u>Proposal Location (country)</u> Please select one from the following</p> <p><input checked="" type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone</p>	<p><u>Proposal Location (provinces)</u></p> <p>Region of Kindia with its 5 districts (kindia, Forécariah, Dubréka, Telimele and Coyah)</p>
<p><u>Project Description:</u></p>	<p><u>Requested amount:</u> USD 999,998.46</p> <p><u>Start Date:</u> June 2016 <u>End Date:</u> June 2017 <u>Total duration</u> (in months): 12 months</p>
<p><u>Recovery Strategic Objectives</u> (RSOs) to which the proposal is contributing. For reporting purposes, each proposal could contribute to one RSO. For proposals responding to multiple RSOs, please select the primary RSO to which the proposal is contributing.</p> <p><input type="checkbox"/> Health, Nutrition, and Water, Sanitation and Hygiene (WASH) <input type="checkbox"/> Socio-Economic Revitalization <input checked="" type="checkbox"/> Basic Services and Infrastructure <input type="checkbox"/> Governance, Peacebuilding, and Social Cohesion</p>	

<p><u>Recipient UN Organization(s)</u></p> <p>Mr. Cheikh Fall</p> <p>Signature Date</p>	<p><u>Special Envoy for Ebola</u></p> <p>Dr. David Nabarro</p> <p>Signature Date</p>
<p><u>Relevant government authority</u></p>	

NARRATIVE

1. Rationale for this project

Access to health services is estimated at 40.8 percent in Guinea. The maternal mortality rate is 724 per 100,000 living births and the rate of births attended by skilled personnel is 45 per cent (DHS, 2012). Human resources are insufficient, especially midwives with a ratio of one per 19600 inhabitants', which is far from WHO's standards of 1/5000 inhabitants. The average number of children per woman was 5.1 during the period of 1983 to 2012 and adolescents represent 14 per cent of the fecundity rate. The contraceptive prevalence rate is 6 percent and unmet needs are estimated at 45 percent for unmarried women (DHS, 2012). The main factors contributing to this situation are socio-cultural resistance to the acceptance of modern contraceptive methods, inadequate service delivery with a limited neo and postnatal care, limited access to quality obstetric health care and C-section and the lack of skilled birth attendance. Neonatal death is mainly caused by severe infections (31%), respiratory distress (23%) and prematurity (20%). In addition to this worrying maternal and neonatal health situation, there is a weakness of the national health information system that makes difficult the availability and use of data to monitor and report on the health sector programs.

In response to this weakness of the national health system, the Guinean government did develop a national health policy, a national RH policy, a national roadmap for the reduction of maternal and neonatal mortality and have declared free obstetric care for antenatal cares, deliveries and caesarean section.

These efforts of the Government and its partners to strengthen the health system through an improved maternal health have been severely affected by the sudden outbreak of the Ebola virus disease that was officially declared in March 21, 2014. After a significant decline during the month of January 2015, the number of cases has started to increase and concentrate around the prefectures located around Conakry and the bordering areas with Sierra Leone. As of 01st December 2015, 3805 cases were reported among which 2536 deaths were notified (SitRep N° 595). The health system already weak before the Ebola outbreak has particularly been affected by this epidemic, which has affected 26 out of 33 prefectures and entailed the reorientation of almost all health related funds to the Ebola response. In the field of maternal health, between 2013 and 2014, this has resulted in an important decrease in the utilization of health services characterized by a significant 35% increase of maternal deaths associated with a decrease of 13% in ANC3, 12% of deliveries in health facilities and 13% of births attended by trained personnel. In line with this situation, an important disruption of the national health information management system (LMIS) and the Reproductive Health Commodity Security (RHCS) for health facilities and hospitals are worsening the picture.

In order to address the situation, UNFPA in collaboration with the Ministry of Health and other partners have worked to improve the health system with the aim to ensure a continued access to quality reproductive health services, including the provision of adequate RH drugs, materials and equipment.

Through the proposed interventions, UNFPA seeks funds to capitalize on lessons learned from previous experiences, such as the Mano River Midwifery Response (MRMR) initiative, in order to scale up strategies that have shown a positive impact on the health of mothers and new-borns. The proposed interventions will essentially strengthen the health system through a reinforced capacity of the most affected communities and the provision of adequate health care to pregnant women and new-borns. More specifically, it will ensure access to Reproductive Health commodities security, including the provision of drugs, material and equipment through skilled health workers and a strengthened health information management system.

This project will be implemented in the region of Kindia (kindia, Forécariah, Dubréka, Telimele and Coyah), which is the most affected site where the Ebola epidemic has lasted the longest time and affected particularly the health system and communities. Kindia is also one of the region of implementation of the MRMR initiative where 60 EVD survivors and widows's capacities has been reinforced for community sensitization and income generating activities with the support of the Government and UNFPA.

2. Coherence with existing projects

The Ebola crisis has negatively affected the Guinean health systems and diverted critical resources away from pregnant women. Since the start of the outbreak, UNFPA has worked closely with the Ministry of Health through the Mano River Midwifery Response (MRMR) initiative to increase access to quality sexual and reproductive health services, with a focus on Family planning, basic and comprehensive emergency obstetric and neonatal care and adolescent health (SRMNAH) for an Ebola-free environment for women and girls.

With the financial support of the Government of Japan and UNMEER/MPTF through two projects (#29: *Support to the Confidence Building Units (CBU) from Mano River Union in the national response against Ebola* and #43: *strengthening the community recovery and resilience in post Ebola*), the MRMR initiative have contributed to build strong foundation for a resilient post-Ebola epidemic health systems by: (i) restoring 34 health centers at the bordering areas with Liberia and Sierra Leone, (ii) deploying 68 trained midwives in hospitals and health centers of the most affected areas, (iii) reducing stock out of equipment and RH commodities in health centers for quality sexual and reproductive health services and (iv) ensuring community engagement to restore trust to and use of health services.

In addition, the MRMR initiative has contributed to a great improvement of Reproductive Health indicators in areas of the health facilities targeted by the project, such as: (i) the use of skilled birth attendants and overall utilization of health facilities by women, (ii) the decrease of maternal and infant morbidity and mortality.

To improve accessibility to health care in the region of Kindia, five (5) districts (kindia, Forécariah, Dubréka, Telimele and Coyah) will be involved on the basis of the following criteria: (i) covered population density more than 1500 inhabitants, (ii) absence of midwife, (iii) areas deeply affected by the EVD outbreak and (iv) Health centers close to the bordering areas with neighboring countries. The project will build on innovative approaches, such as the use of cellphones by midwives and community workers to collect and transmit data through Smartphones to the health prefecture's office, thus contributing to improve the availability, timeless and completeness of data for decision.

3. Specific Objectives

In order to improve access to quality reproductive health services and right for a reduced maternal and neonatal mortality in the Ebola affected regions of in the region of Kindia (kindia, Forécariah, Dubréka, Telimele and Coyah) in contribution to strengthening Guinean health system during the recovery phase, the specific objectives will be to:

- Ensure availability of basic obstetric and neonatal care in 22 health centers;
- Ensure access to comprehensive obstetric and neonatal care in the targeted referal 8 health services;
- Ensure the provision of community based maternal and newborn health services, including family planing (FP) and youth friendly services provided through consultation with youth and community leaders;
- Ensure availability of "life saving" reproductive health commodities and contraceptives in health centers and hospitals;

- Ensure individual and collective protection of health workers against the Ebola virus
- Reinforce the national health information management system (LMIS) for an effective and timely availability of quality data for maternal health.

4. Expected results

- Equipment and Reproductive Health commodities are available for 24 588 antenatal care, 17 190 safe deliveries, 10 458 Sexual Transmitted Infections (STI) and 150 rape treatments.
- 30 health facilities are equipped for providing quality emergency reproductive health services
- Human resources capacities are strengthened to provide quality emergency reproductive health services through 30 midwives and 100 community health workers.
- Emergency reference systems are well functioning with ambulance for health district.

5. Beneficiaries

This project will focus on the health facilities in the region of Kindia (Kindia, Forécariah, Dubréka, Telimele and Coyah). The MoH with the support of UNFPA will enhance quality maternal and neonatal health in the 20 existing health facilities and 10 new health facilities.

810 776 Women from 15 to 49 years old, 77 959 Pregnant women and 100 000 young people will directly benefit from the proposed intervention which will be implemented with an active involvement of community health workers, community leaders and faith based organisations (FBOs).

6. Capacity of RUNO(s) and implementing partners

Building on successes and lessons learnt from previous interventions, this project has been elaborated in close consultation with the Government of Guinea/MoH. UNFPA's focus is on ensuring that every pregnancy is wanted, every child birth is safe and all women have access to quality health services. UNFPA Guinea has a comparative advantage and proven: (i) effective support to governments for developing essential reproductive maternal and neonatal care and health services required to ensure infection prevention and control in all facilities together with quality assurance; (ii) planning for essential services and required support services (training, procurement, IT support, etc.); (iii) mobilization of youth networks, women' groups, traditional networks, community and religious leaders; and (iv) capacity to position the social groups and networks in the broader social mobilization and community engagement discussion and seek opportunities for sub-national leadership.

The proposed interventions will be conducted under the leadership of the government / MoH, which is the main implementing partner. Technical staff will be assigned to support the MoH to provide on-the-spot trainings on case management, infection control, EmONC, Family planning, dissemination of information, delivery of supplies and medical equipment to health service providers.

7. Proposal management:

The project implementation will be coordinated by UNFPA and the MoH, in collaboration with selected NGO in charge of community health workers. A Project Steering Committee (PSC) will be established to maintain the overall oversight and quality assurance role of the project.

The PSC will meet on a weekly basis during preparedness period to provide oversight, monitor and

ascertain progress and review risks, issues and strategies as well as to make recommendations for adaptations if required. Quarterly field monitoring visits and a final evaluation exercise will be conducted to assess realizations and lessons learned from the project.

8. Risk management:

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)
Political instability	low	low	Continuous engagement with government's leadership
Increased resistance from beneficiary communities	low	low	Continuous engagement with stakeholders including community workers, women associations and youth groups
Other epidemic risks: rebound of EVD hotspots due to migration and/lack of community education at frontier regions.	Medium	Medium	Continuous community surveillance

9. 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.

In partnership with the MoH, UNFPA will continue to strengthen existing Monitoring & Evaluation mechanisms in order to ensure effectiveness and efficiency of the project coordination. Local steering committees composed of medical doctors, midwives and other technical staff will be established to closely monitor the quality of services provided at all levels. Baseline and Targets indicators have been designed for an effective tracking and quality reporting of results. For stakeholders at ground level, a standardized template will also be developed for reporting through smartphones, which will include indicators of progress that can be fed into the Monitoring & Evaluation processes.

Joint field visits will be organized to monitor data and information received from stakeholders at ground level and to identify urgent needs that require immediate attention and action. A final evaluation will be conducted at the end of the project.

10. PROPOSAL RESULTATS MATRIX

Proposal Title: Improve access to Emergency Maternal and Neonatal Health Services in the context of Ebola Virus Disease and recovery in Republic of Guinea						
RECOVERY STRATEGIC OBJECTIVES (RSOs): RSO1- Health, Nutrition and WASH						
Effect Indicators	Geographical Area	Base line	Target	Budget	Means of verification	Responsible Organizations
Indicator: the use of sexual and reproductive health services increased by 10%						
RSO1- Health, Nutrition and WASH						
Output 1: 30 Health Facilities are reinforced for the provision of standardized quality Emergency Reproductive Health services						
Indicator: Number of Health Facilities providing standardized emergency reproductive health services (baseline=20; target 30)						
Output Indicators	Geographical Area	Base line	Target	Budget	Means of verification	Responsible Organizations
Number of community health workers involved in the project - Young people - Community leaders	Kindia, Forécariah, Dubreka, Telimele and Coyah	0	100	\$96,000.00	Recruitment report, NGO's monthly report	UNFPA/MOH/ Ministry of women affairs
Number of national staff trained and deployed at health facility level		0	50			
Number of management staff involved in the project		20	42	282,000.00	Recruitment report (20 midwives)	
		0	5	\$64,000.00	Reports	
Total output 1				\$442,000.00		
Output 2: 30 health facilities are equipped at the standard level for quality emergency reproductive health services						
<i>Medical and non-medical equipments</i>						
Hospitals Beds	Kindia, Forécariah, Dubreka, Telimele and Coyah	20	35	15000	receipt	UNFPA
Delivery Tables		20	10	5000	receipt	
Refrigeration equipment		0	30	63000	receipt	
Stand for infusion		10	40	1680	receipt	
Total output 2:				\$84,680.00		

Output 3: Reproductive Health commodities are available for 24 588 antenatal care, 17 190 safe deliveries, 10 458 STIs and 150 rape treatments.

Essential life-saving drugs

Kit 6A – Clinical Delivery Assistance Kit - Reusable equipment	<i>Kindia, Forécariah, Dubreka, Telimele and Coyah</i>	0	15	45900	receipt	UNFPA/MoH/ Ministry of women affairs
Kit -5 sexually infection treatment		0	30	18750	receipt	
Kit 3- Rape treatment		0	4	3160	receipt	
Kit 6B – Clinical Delivery Assistance Kit-Drugs & Disposable Equipment		0	60	60000	receipt	
Kit 8 – Management of Complication of Miscarriage Kit		0	15	22800	receipt	
Kit 9 – Suture of Cervical & Vaginal Tears		0	15	13350	receipt	
Kit 10 Vacuum Extraction Kit		0	10	3500	receipt	
Kit 11A - Referral Kit for Reproductive Health- Reusable Equipment		0	6	21600	receipt	
Kit 11B - Referral Kit for Reproductive Health- Drugs and Disposables		0	15	52275	receipt	
Kit 12 - Blood Transfusion Kit		0	30	67980	receipt	

Total output 3 **\$309,315.00**

Output 4: Strengthen a health district for a strong emergency reference systems and routine health information.

Procurement and Transportation of Equipment & Supply, including Smartphones	0	1	93983	monthly monitoring report
Coordination Fees (supervision, monitoring and evaluation)			45000	monthly monitoring report

Total output 4 **\$138,983.00**

TOTAL NEEDS IN USD (1)	974,978	
AVAILABLE FUND IN USD (2)	40,400	UNFPA
GAP IN USD TO BE COVERED [(3) = (1)-(2)]	934,578	UNFPA
Indirect Cost max 7 %	65,420	
OVERALLTOTAL COST IN USD [(3) +(4)]	999,998	

APPENDIX
PROJECT BUDGET SUMMARY

CATEGORIES	UNFPA	Total category	Details
1. Staff and other personnel (include full details)	0	\$346,000.00	Salaries for field and project management staff
2. Supplies, Commodities, Materials (include full details)	0	\$309,315.00	Provisions for project activities, materials, supplies, tables
3. Equipment, Vehicles, and Furniture (including Depreciation) (include full details)	40,400	\$178,663.00	Hospitals Beds, Delivery Tables, Refrigeration equipment, Stand for infusion, smartphones, internet connection
4. Contractual services	0	\$96,000.00	NGO will be in charge of the recruitment and incentive of CHW
5. Travel	0	\$45,000.00	Project coordination, monitoring and evaluation
6. Transfer and grants to counterparts (include details)	0	\$-	0
General support costs (7%)			
Sub total (USD)	\$40,400.00	\$974,978.00	
TOTAL project		\$934,578.00	
Indirect costs (7%)		\$65,420.46	
Total need request		\$999,998.46	

* 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.