



EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL

Proposal Title: Strengthening the Ebola response mechanisms in high risk areas of Nzerekore region through the prevention of new infections.	Recipient UN Organization(s): UNDP Guinea						
Proposal Contact: Name and Title: Lionel Laurens, Country Director Address: UN Common House BP 222 Conakry, Guinea Telephone: (224) 624 980007 E-mail: lionel.laurens@undp.org	Implementing Partner(s) – name & type (Government, CSO, etc): <ul style="list-style-type: none"> - International Federation of Red Cross and Red/Crescent Societies (IFRC)/Guinean Red Cross (GRC) - National Ebola Response Cell (NERC) - ALIMA 						
Proposal Location (country): Please select one from the following <input checked="" type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Common Services	Proposal Location (provinces): <ul style="list-style-type: none"> - Nzerekore Region (Forest Region) <ul style="list-style-type: none"> o Prefecture Nzerekore o Prefecture Macenta 						
Project Description: <i>One sentence describing the project's scope and focus.</i> The project aims to reinforce the national capacities in the response to the recent resurgence of Ebola in the Forest Region. More specifically, the project will support ALIMA in the case management and the transfer of the capacities of the Ebola Treatment Center to the newly established Center for Treatment of Epidemics. NERC will improve its interventional mechanisms in the supervision of response activities while IFRC will continue to perform the rapid tests on bodies, suspect/confirmed cases; and safe burials.	Requested amount: USD [amount]: \$1,000,000 Other sources of funding of this proposal: Other sources (indicate): pending proposals with CERF (500,000 USD) and ECHO (600,000 € = 680 000 USD) to supplement the total budget Government Input: in-kind supervision and facilitation Total Amount : 2,180,000 USD for the component supervised by UNDP No. of Beneficiaries covering the two prefecture of Nzerekore and Macenta <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 30%;">Women</td> <td style="text-align: right;">532,584</td> </tr> <tr> <td>Men</td> <td style="text-align: right;">511,698</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">1,044,281</td> </tr> </table>	Women	532,584	Men	511,698	TOTAL	1,044,281
Women	532,584						
Men	511,698						
TOTAL	1,044,281						

	Start Date: 1st May 2016 End Date: 30 November 2016 Total duration (in months): 6
MISSION CRITICAL ACTIONS 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"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Strategic Objective 1 MCA1: Identifying and tracing of people with Ebola Strategic Objective 1 MCA2: Safe and dignified burials Strategic Objective 2 MCA3: Care for persons with Ebola and infection control Strategic Objective 2 MCA4: Medical care for responders Strategic Objective 3 MCA5: Provision of food security and nutrition Strategic Objective 3 MCA6: Access to basic services Strategic Objective 3 MCA7: Cash incentives for workers Strategic Objective 3 MCA8: Recovery and economy Strategic Objective 4 MCA9: Reliable supplies of materials and equipment Strategic Objective 4 MCA10: Transport and Fuel Strategic Objective 4 MCA11: Social mobilization and community engagement Strategic Objective 4 MCA12: Messaging Strategic Objective 5 MCA13: Multi-faceted preparedness

Recipient UN Organization(s)¹ <i>Name of Representative</i> <i>Signature</i> <i>Name of Agency</i> <i>Date & Seal</i>	Advisory Committee Chair: <i>Dr. David Nabarro</i> <i>Signature</i> 1 July 2016 <i>Date:</i> 1 July 2016
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¹ If there is more than one RUNO in this project, additional signature boxes should be included so that there is one for every RUNO.

NARRATIVE (Max 2 Pages)

a) Context analysis:

Guinea is one of the epicenters of the Ebola virus which has recorded 3,814 confirmed cases and claimed 2,544 deaths. The resurgence of 17 March 2016 occurred 12 days prior to the end of the reinforced surveillance. New positive cases were confirmed in the sub-prefecture of Koropara in the prefecture and region of Nzerekore.

Despite the lateness in the detection and notification of the cases, some EVD actors still present in Guinea provided the response to the new flare up in collaboration with the national Ebola coordination cell. The situation seems under control after two months of intensive work. However, lessons learned and investigations proved that the source of the new infections originated from an ex-EVD patient. Thus there is an urgent need to put in place an enhanced surveillance strategy around the EVD survivors, and a rapid response mechanism that would help to quickly address new cases in the future. This will be done throughout the maintenance of priority activities such as comprehensive case management in the Ebola Treatment Centers (to switch to Multi-epidemics prevention and treatment centers "CTEPI"), active surveillance around the EVD cured-survivors and community investigation and mobilization (*micro-cerclage*) activities in the event of a new flare up.

To date, this outbreak caused a total of 10 cases (7 confirmed and 3 probable) with a high fatality rate (71 %).



Figure 1: Koropara village in Nzerekore

The project will help in the minimization of risks of new transmissions and thus put an end to the recent resurgence in the Forest Region. This will be achieved by limiting any risk of resurgence of the epidemics through performance of quicker early detection, timely alert and notification of suspect cases, and the transfer of the current operational capacities of the Nzerekore Ebola Treatment Center to the regional multi-epidemics prevention and treatment centers "CTEPI". UNDP deems the activities above as top priorities for they align with the national strategy in regard to epidemiological surveillance, treatment of infectious diseases, upgrade of laboratories, support and care of EVD survivors as outlined in the NERC roadmap.

Back to need assessment in the wake of the Koropara resurgence, a joint country-level mission (the National Ebola Control Coordination Unit, WHO, CDC, UNICEF, IFRC, CRG) travelled to the affected area and based on the situation, a number of emergency measures were taken,

notably, revitalizing the prefectural Ebola response coordination team, organizing a micro “cerclage” and conducting an active case search over a radius of 5 km.

The micro-cerclage strategy is organized around 5 pillars parts which this project will address:

1. Case management: Triage, Case transferring, Infection Prevention and Control ring and Ebola treatment unit (ETU)
2. Surveillance and contact tracing
3. Vaccination of all contacts and contacts of contacts.
4. Community engagement and social mobilization
5. Safe and dignified burial including systematic swabbing, hygiene promotion and house disinfection

The Guinean Red Cross with the support of IFRC is in charge of Safe and Dignified Burials (SDBs), transfer of suspect patients, hygiene promotion and sensitization through mobile radio. ALIMA will maintain the ETU of Nzerekore functional for at least an additional three-month period in the event a new case was declared until the 2nd of June. In the meantime, it will also work with the national side on the transfer of the operational capacities of the ETU to the National multi-epidemic prevention and treatment center “CTEPI” (Centre de Traitement des Epidémies à Potentiel Infectieux) managed by the Ministry of Health and the NERC. The National Ebola Coordination Center will reinforce its rapid response mechanism in the area of micro-cerclage, improve early detection and alert notifications and reinforce capacities of the CTEPI supported by ALIMA.

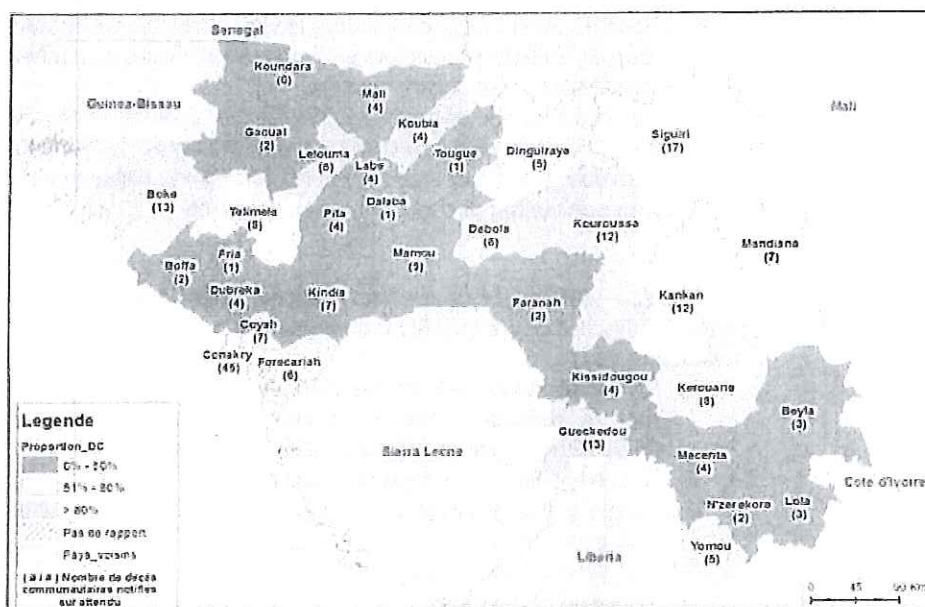
b) Rationale for this project:

One of the lessons learned from the recent flare up is that without a strong monitoring of health conditions of ex-EVD patients (Ebola survivors), risks of new transmissions are possible. Hence, this project will enhance the infection prevention and control through case management of current and past EVD patients, as well as rapid testing to quickly detect new cases, and through the improvement and expedited notification of suspect cases. Similarly, safe burials are critical to reducing the transmission of Ebola and ultimately stopping the disease. To this end, the International Federation of Red Cross (IFRC) and Red Crescent Societies was given the lead coordination role for Safe and Dignified Burials (SDB) during the UNMEER conference in Accra, 15-18 October 2014.

The Red Cross Society of Guinea, with its networks of volunteers working at community level has taken a major role in SDB in the country. By working side by side with the Guinea Red cross, IFRC will ensure a full transfer of capacities for the sake of national ownership.

However, in order to increase the community engagement in SDB activities, the sanitation and dead body management unit of the National Ebola Coordination Cell is working on the design and the adaptation of the SDB response strategy in Guinea. This approach takes into account the religious/spiritual beliefs and cultural assets of beneficiary communities and allows the community to be the central element of the response action. This strategy highly contributes in the decrease of community reluctance against EVD workers particularly the Red Cross SDB interventions. It also aligns with the National strategy for Hygiene, Sanitation and Community death management during outbreaks as adopted at a three-day workshop organized by the Ministry of Health and NERC (Kindia, 17th -19th November 2016).

Furthermore, the Community based surveillance mechanism is still under construction in Guinea and the notification rate of community deaths is still very low (less than 50 %) in hotspot areas such as Nzérékoré and Macenta. This was unfortunately one of the reasons of the Koropara flare up. It is also understood that ALIMA will play a pivotal role in the reinforcement of national case management in CTEPI after the transfer of the Ebola Treatment Unit commonly known as “Centre de Traitement” Ebola (CTE) in June 2016.



Map: Notification of community deaths in percent (18th March 2016, source: WHO Guinea)

The overall purpose of this project is to:

- Set up a Sustainable risk reduction program within high risk communities for Safe and dignified burials which is a part of the reinforced surveillance,
- Increase the community engagement in the prevention of new infections,
- Ensure a comprehensive care of EVD patients and survivors in or outside treatment centers.

c) Project outcomes and outputs:

- **General Outcome:** Providing a comprehensive response to the resurgence of Ebola in Guinea through community engagement, infection prevention and control, care of EVD survivors as measures to reduce the risk of transmission of Ebola virus diseases.

Specific Outcome:

- 1) Through IFRC, reinforce the local capacities and appropriation of the surveillance to ensure suspect death notification and safe and dignified burials.
- 2) Through ALIMA: Ensure treatment capacity for suspects cases and support the National Health system in infectious diseases detection and treatment.
- 3) Through the NERC, keep a microcerclage capacity and support the CTEPI kickoff in N'Zérékoré

Outputs:

1. **Output 1 - IFRC:** The notification and the safe and dignified burial of community deaths are achieved by the community leaders with the supervision of Red Cross team

Main activities:

- Mapping and identification of at-risk communities
- Analysis of behavior and socio-cultural risky practices in targeted communities.

- Identification of key community leaders: Credible and influential people, funeral rites actors (religious, body washers, traditional practitioners, community leaders)
- Mobilization of community agents for the promotion of hygiene and good behavioral practices through door to door awareness
- Advocacy with local authorities for community engagement
- Pre-positioning of community protection kits

2. Output 2 – IFRC: Key community leaders' knowledge and skills on Safe and dignified Burial (SDB) is strengthened

Main activities

- Elaboration of a methodological guide for the implementation of risk a reduction strategy through the ABC approach (the Biosecurity Approach piloted by the Community)
- Development of key messages and prevention tools
- Supervision measures of Infection, Prevention and Control of Infections (IPC)
- Training of 4 supervisors and focal point
- Training of community facilitators

These two outputs will be implemented through IFRC and the Guinean Red Cross. The staff forecasted to run those activities are : 1 international staff for 2 months (cost shared between several other projects) and CRG key staff (2 supervisors, 2 focal point, 10 support services for 6 month).

3. Output 3 – ALIMA: Contributing in the case investigation and management through:

- Nzerekoré ETU able to treat Ebola cases until the 2 June. From the 2nd of June until the CTEPI is fully operational, any suspect case will be referred to the ETU in Macenta managed by the French Red Cross who agreed to maintain this capacity.
- Transfer of ETU capacities, equipment and consumables to the CTEPI to ensure a continued service delivery to EVD patients or survivors.
- Patients in need of a specialists or complementary diagnosis referred; Biological and clinical monitoring and follow up of EVD survivors
- Ministry of Health agents properly trained for epidemiologic surveillance

See annex 1 for details about the operational and human resources costs.

4. Output 4 – NERC: Contributing to microcerclage and CTEPI activities by NERC

- Support to local population during the microcerclage in addition to WFP food support
- Support NERC costs during the flare response
- Ensure that the CTEPI is properly equipped (completing the equipment given by ALIMA)
- Contribute to CTEPI running costs to ensure services delivery through September

See Annex 2 for details about the operational and human resources costs.

d) Direct Beneficiaries:

d.1). The first category comprises the segment of the population to benefit from prevention of infections through safe and dignified burials.

Prefecture	Indirect beneficiaries			Direct beneficiaries			
	Population (2016)	# Women	# Men	Number of expected Community deaths managed with appropriate Hygiene measures (April-September) ²	Number of Community facilitators trained (2 per district)		
					Total	# Women	# Men
Nzérékoré	506,272	258,199	248,074	1,557	170	85	85
Macenta	538,009	274,385	263,624	1,654	250	125	125
Total	1,044,281	532,584	511,698	3,211	420	210	210

- The direct beneficiaries are :
 - Persons deceased who have benefited from appropriate Hygiene measures (from basic hygiene to SDB according to epidemiological needs). During the intervention period, 4,939 deaths are expected in the target areas. As a result of the community engagement, we assume that the performance of the community Death notification will increase; hence, we set a coverage rate of 65%. Thus, the number of Direct beneficiaries (Number of community deaths followed with SDBs) is estimated at: **3,211**
 - **420** Key community leader trained on Hygiene promotion and SDB. During the selection of these community members we will suggest 1 men with 1 women.

d.2.) The last category comprises potential suspect cases of Ebola to be transferred to the ETU, 122 cured patients of Ebola (10 boys, 14 girls, 50 men and 48 women) from the prefectures of Nzerekore, Belya, Lola and Yomou plus their direct 574 dependents, 25 managers of health facilities, 62 heads of health posts, 4 hospital directors and about 60 people to be recruited to work in CTEPI. The number of indirect beneficiaries is 1,044,281 people . These beneficiaries are the population of the two targeted prefectures under this proposal: Macenta, and Nzérékoré.

e) Coherence with existing projects:

The proposed action is part of the overall Guinean Response plan to Koropara Resurgence with total fund need of USD 13,594,399. Under the umbrella of the National Ebola Coordination Cell and with the support of the Ebola Crisis management Advisor of UN Resident Coordinator Office, several key humanitarian actors are brought together in order to deliver as a team but with respect to their technical expertise and main pillars set forth by the National Coordination Cell: WHO and CDC for Surveillance and contact tracing, ALIMA for case management , UNICEF for social mobilization and Red Cross for Safe and dignified burial (SDB). UNDP has previously intervened during the Ebola

² Estimates based on the following assumptions: Crude mortality rate: 0.0095; Coverage rate (system of death notification): 65%

response either directly (Ebola Response Workers payments (with ALIMA, MSF, CRF and NERC)) or indirectly via third parties (SDB activities with IFRC). In 2015, UNDP had supported Guinean Red Cross and IFRC through MPTF funding for the safe and dignified burials pillar activities in Guinea (fully implemented) and to IFRC Coordination mechanisms at regional level (USD 4,500,000) and Guinean red cross capacity building (450,000 USD).

This project aims at responding to the recent Ebola flare in Koropara, it will be implemented in parallel to the projects number #43 Strengthening Community Recovery and Resilience and #52 Psychosocial/Economic support EVD survivors which aim at supporting the long term recovery of affected population. Keeping recovery projects running while implementing emergency measures for the Ebola flare is important to avoid negative impacts on the recovery projects. As well, the MPTF recovery projects, by supporting local population, decrease the reluctance toward the Ebola response.

The potential donors are: Ebola response Multi-partners Trust Funds (MPTF), Central Emergency Relief Fund (CERF), ECHO.

- **WHO : \$3, 250, 647**
CERF, \$1, 650,047 ; MPTF, \$1, 600,600 ;
- **UNICEF : \$1, 820, 605**
CERF, \$822,295 et MPTF, \$998,310 ;
- **UNDP (supporting ALIMA, NERC, IFRC): \$2, 180,000**
CERF, \$500.000 (250,000 ALIMA et 250,000 IFRC) et MPTF, \$ 1 000 000 (400 000 CNLE, 400 000 ALIMA et 200 000 IFRC) ; ECHO (680 000 USD ALIMA) ;
- **WFP : \$ 400,000**
MPTF \$400,000.

All the coordination and fundraising mechanisms are arranged through the Ebola Response Team (ERT) meeting with alignment with the NERC strategy.

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

UNDP successfully ran in the past the Ebola workers' payment project, the Ebola Quick Impact Program, and many other MPTF funded projects related to the Survivors' socio-economic assistance. Furthermore, UNDP has strong ties of partnership with the proposed implementing NGOs. It has worked with IFRC and ALIMA since the early days of the Ebola outbreaks.

In collaboration with the Office of RC and the National Ebola Response Cell, UNDP will contribute the needed efforts to ensure smooth implementation of this project by concerned parties namely the Guinean Red Cross with support of the IFRC delegation in Guinea, ALIMA and the NERC.

g) Proposal management:

The project management lies in the hands of UNDP Guinea while its implementation will be conducted by ALIMA, IFRC technical team and the GRC, and the NERC. UNDP will liaise with relevant authorities and sister agencies like WHO (which is the lead of the medical pillar of the Response) to set up project progress monitoring and evaluation strategies. Site visits shall be jointly conducted on a bi-weekly basis to ensure that all planned activities are properly carried out by implementing agencies accordingly to the project proposal.

h) Risk management:

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)
Resistance: Pockets of reluctance continue to pose a risk to Red Cross volunteers and other response team	Medium	Medium	Responsible: UNDP, IFRC and GRC will meet with community leaders under the umbrella of the National Coordination Cell to facilitate continued access for response team.
Resurgence: New cluster of case	Medium	High	Responsible: If the resurgence manifests with flare-ups that appear in the same area, IFRC and UNDP will discuss the possibility of focusing the activities on the affected area. If it is in another natural region, IFRC and UNDP will increase their capacities with rapid response mechanism
The CTEPI is not fully operational and ready for the transfer at end of June 2016	Medium	High	Responsible: MoH, NERC to ensure that this is made possible. Otherwise EVD patients will likely be treated in Macenta ETU
Resurgence outside the project coverage area	Medium	Medium	NERC to expedite the operationalization of the Rapid Response Plan.

i) Monitoring & Evaluation:

UNDP will ensure that each partner has a strategy allowing to measure the project progress and successful completion. ALIMA and IFRC will collect and share data monthly on their activities while NERC will oversee management of the surveillance activities. The prefectural health department will supervise the field activities pertaining to the prevention of new infections on behalf of the NERC and Ministry of Health.

UNDP will appoint the project focal point who will regularly liaise with WHO to coordinate joint field visits with the Ministry of Health, local Authorities and NERC every two weeks to monitor the progress of the project. Any operational gap detected during these field missions will be discussed with relevant partners to make sure that corrective measures are timely taken. UNDP will always ensure that the project is implemented according to the priorities defined in the National Strategy.

PROPOSAL RESULT MATRIX

Proposal Title: Strengthening the Ebola response mechanisms in high risk areas of Nzerékore region through the prevention of new infections.						
Strategic Objective 1: MCA2 Safe and dignified burials IFRC						
Strategic Objective 2: MCA3 Care for Persons with Ebola and Infection control ALIMA						
Strategic Objective 5: MCA13 Multi-faceted preparedness NERC - UNDP						
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline ⁴ In the exact area of operation	Target	Means of verification	Responsible Org.	
Improvement % of death notifications through the engagement of community leaders trained and equipped to provide appropriate management of community deaths	Nzérékoré and Macenta	50%	80 %	NERC/WHO sitrep	IFRC/CRG	
MCA [2] : MCA2 Safe and dignified burials						
Output Indicators	Geographical Area	Target ⁶	Budget	Means of verification	Responsible Org.	
% expected death notified in the targeted prefecture	Nzérékoré and Macenta	65 %	105,200 \$	NERC/WHO sitrep	IFRC/CRG	
Number of Community leaders trained on Hygiene promotion and Safe and dignified burial	Nzérékoré and Macenta	420	80,216 \$	Training Report	IFRC/CRG	
% of Communities with prepositioning of community protection kits						
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline ⁷ In the exact area of operation	Target	Means of verification	Responsible Org.	
Increased # of CTE/CTEPI patients getting proper medication for infectious diseases	Nzérékoré	8	10	ETC activities reports and admission register	ALIMA / NERC	

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

⁷ If data are not available please explain how they will be collected.

MCA [3] 1 ⁸ Care for Persons with Ebola and Infection control		Geographical Area	Target ⁹	Budget	Means of verification	Responsible Org.
Output Indicators						
ETUs fully equipped able to treat Ebola cases until the 2 June		Nzérékoré	1	179,382 \$	ETC activities reports and admission register	ALIMA
% Equipment and consumables are handed over from the ETU to the CTEPI (detailed list will be provided)		Nzérékoré	100 %	19,627 \$	Inventory list of equipment and consumable	ALIMA
Number of CTEPI staff is properly trained		Nzérékoré	21		Timesheets, training program	ALIMA
Number Clinical follow up for ex-EVD patients (Ebola survivors) and their families		Nzérékoré	366	97,792 \$	EVD survivors team activities reports	ALIMA
Number of patients in need of specialists or complementary diagnosis referred		Nzérékoré	100 %		Reference register from Health centers and reference ticket	ALIMA
Number of Ministry of Health agents properly trained for epidemiologic surveillance		Nzérékoré	87	74,199 \$	Surveillance reports	ALIMA
Effect Indicators		Geographical Area (where propososal will directly operate)	Baseline ¹⁰ In the exact area of operation	Target	Means of verification	Responsible Org.
Surveillance and response mechanisms functioning properly per prefecture		Nzérékoré Macenta; Guéckedou, Lola, Yomou,	5	5	Surveillance report / Activity reports	NERC
MCA [13] 1 ¹¹ MCA13 Multi-faceted preparedness						
Output Indicators						
National surveillance system operational in Forest		Geographical Area	Target ¹²	Budget	Means of verification	Responsible Org.
		Nzérékoré Macenta;	5	165,877 \$	Surveillance report	NERC

⁸ Project can choose to contribute to all MCA or only the one relevant to its purpose.

⁹ Assuming a ZERO Baseline

¹⁰ If data are not available please explain how they will be collected.

¹¹ Project can choose to contribute to all MCA or only the one relevant to its purpose.

¹² Assuming a ZERO Baseline

Guinea	Guéckedou, Lola, Yomou,	5	205,123 \$	Contracts, Salary sheet, Monitoring visits reports	NERC
CTEPI properly staffed and equipped to maintain a response capacity in 2016	Nzérékoré Macenta; Guéckedou, Lola, Yomou,				
Coordination Fees ¹³			7.3%		
Staffing			7,163		
Data collection					
Equipment & Supply					
Indirect Cost max 7 %			65,421		
Total Project Cost in USD			1,000,000 \$		

¹³ Should not exceed 20% including the indirect cost

Project budget by UN categories

PROJECT BUDGET					
CATEGORIES	UNDP MCA 13	IFRC MCA2	ALIMA MCA3	NERC MCA13	TOTAL
1. Staff and other personnel (include details)	7,163	66,742	215,034	201,945	490,884
2. Supplies, Commodities, Materials (include details)		42,136	82,377	30,000	154,513
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details)		46,513		20,000	66,513
4. Contractual services (include details)		3,099			3,099
5. Workshop		9,929			9,929
6. Travel (include details)		2,204	57,452		59,656
7. Transfers and Grants to Counterparts (include details)				100,000	100,000
8. General Operating and other Direct Costs (include details)		14,793	16,137	19,055	49,985
Sub-Total Project Costs	7,163	185,416	371,000	371,000	934,579
8. Indirect Support Costs* (UNDP)	501	12,979	25,970	25,970	65,421
TOTAL	7,665	198,395	396,970	396,970	1,000,000

Annex 1 : ALIMA budget detail

Note: The budget below shows the detail number of staff per month and task allocated to this proposal. The action being funded by two other donors (CERF = 250 000 USD and ECHO = 680 000 USD), the overall cost of the activities is shared to cover the full period of the project. The outputs of the result matrix reflect the expected outputs of the global budget (2 180 000 USD).

PBF PROJECT BUDGET					
CATEGORIES	Amount Recipient Agency			Amount Recipient Agency (if more than 1)	TOTAL USD
	Unité	Quantité	Coût Unitaire		
1. Staff and other personnel (include details)					215 034
PERSONNEL NZEREKORE					
	Number	Months			
Coordinateur Projet	1,0	1,0	5 436		5 436
Référent Medical	1,0	3,0	4 869		14 608
Logisticien Projet	1,0	1,0	3 737		3 737
Administrateur Projet	1,0	1,0	3 737		3 737
Assistant Coordo Projet	1,0	2,0	3 737		7 474
Logisticien Urgence Ebola	2,0	2,0	4 869		19 477
Infirmier Responsable CTE	2,0	2,4	3 737		17 813
Psychologue	1,0	2,2	3 737		8 221
Epidemiologiste	1,0	2,0	4 756		9 512
Médecins Responsable Survivants Ebola	1,0	5,0	1 399		6 997
Infirmier Suivi Survivants Ebola	7,0	8,0	441		24 676
ASSISTANT ADMIN FINANCIER	1,0	1,0	602		602
ASSISTANT ADMIN RH	1,0	1,0	602		602
CUISINIER	2,0	1,0	334		668
H/F MENAGE	2,0	1,0	278		556
SUPERVISEUR LOG ACT MED	1,0	1,0	529		529
SUPERVISEUR APPRO	1,0	1,0	529		529
SUPERVISEUR LOG BASE	1,0	1,0	529		529
MAGASINIER	1,0	1,0	334		334
AIDE MAGASINIER	1,0	1,0	275		275
CHAUFFEUR	7,0	1,0	379		2 652
GARDIEN BUREAU/MAISON	15,0	1,0	244		3 663
SUPERVISEUR LAB TECH	1,0	1,0	541		541
GESTIONNAIRE PHARMA	1,0	1,0	447		447
RESPONSABLE PHARMA	1,0	1,5	991		1 487

Santé du personnel	1,0	1,0	4 444		4 444
PRISE EN CHARGE PARTENAIRE	2,0	10,0	226		4 530
Primes agents DPS/DRS	7,0	6,0	57		2 378
Emergency team Dakar	1,0	1,0	15 000		15 000
PERSONNEL CONAKRY					
Chef de Mission	1,00	2,00	5 775		11 550
Coordinateur Financier	1,00	0,50	5 209		2 605
Coordinateur RH	1,00	0,50	5 209		2 605
Coordinateur Logistique	1,00	2,00	5 209		10 418
Coordinateur Médical	1,00	2,00	5 775		11 550
Reporting officer	1,00	1,00	3 737		3 737
Rerporting HQ	1,00	1,00	4 530		4 530
RRH	1,00	0,75	1 149		862
RESP COMPTA	1,00	0,75	1 149		862
CAISSIER	1,00	0,75	594		445
ACHETEUR	1,00	0,80	466		373
CHAUFFEUR	6,00	0,75	398		1 793
CUISINIER	1,00	0,80	353		283
H/F MENAGE	2,00	0,80	264		422
GARDIEN	6,00	0,80	264		1 265
Journaliers	1,00	1,00	283		283
2. Supplies, Commodities, Materials (include details)					82 377
Autres couts patients (Frais Examens/soins laboratoire, ophtalmologie....)	1,00	2,00	1 183		2 366
Copie et Impression medicales	1,00	2,00	466		933
PG : Suivi clinique, biologique et psy PG	1,00	4,70	3 358		15 783
PG : PEC dépendants PG	1,00	9,00	296		2 666
Formation SEBAC staff CDS et DPS	1,00	1,00	8 250		8 250
Formation SEBAC Agents Communautaires	1,00	1,00	26 823		26 823
Supervision Formative	1,00	1,00	1 706		1 706
Réunion revue mensuelle	1,00	1,00	2 244		2 244
Fret inter 2nd Commande	1,00	1,00	1 546		1 546
Frais Transit Guinée	1,00	1,00	340		340
Medicaments Patients Gueris et Ayant droits	1,00	1,00	14 721		14 721
Supply Dakar	1,00	1,00	729		5 000
5.Travel (include details)					57 452
Carburant et Maintenance vehicule coordination base NZK	1,00	1,00	2 446		2 446
PG : Location 1 vehicules suivi PG	1,00	2,00	2 660		5 321

PG : Carburant vehicules Suivi PG	1,00	2,00	546		1 091
Location 2 vehicules CTE NZK	1,00	2,00	2 446		4 892
Location veh CTE	3,00	1,50	2 083		9 373
Carburant veh location CTE	3,00	2,59	417		3 237
Location Bus CTE	1,00	2,00	1 736		3 472
Biller d'avion Expatriés Guinée	15,00	2,00	277		8 323
Billets d'Avion Personnel Visites d'Appui Siège	8,00	0,15	793		951
Billet d'avions UNHAS	6,00	3,00	226		4 077
Biller d'avion Expatriés Guinée NZR	24,00	0,35	1 699		14 268
6. Transfers and Grants to Counterparts (include details)					0
					0
					0
7. General Operating and other Direct Costs (include details)					16 137
Frais Hotel (Visiteurs + Expat)	4,00	2,00	226		1 812
Frais Hotel	90,00	1,00	35		3 124
Location et Réhabilitation Magasin NZK	1,00	2,00	963		1 925
Frais Maintenance bureau, stationery	1,00	1,00	8 432		8 432
Communication, Internet, Téléphone, Sat	1,00	1,00	71		71
TEL SAT	1,00	2,00	113		226
HONORAIRE AVOCAT CONSEIL	1,00	2,00	273		546
Sub-Total Project Costs					371 000

Annex 2 : Details on NERC budget

N°	Description	Quantities	Months	Unit costs	Total (GNF)	Total USD
	Financial Support to Household	1	1	189 000 000	189 000 000	24 855
	Medical Team	1	1	432 202 560	432 202 560	56 839
	Surveillance	1	1	186 600 000	186 600 000	24 540
	Logistic	1	1	453 525 120	453 525 120	59 643
1	Micro - Cerclage (Forest Guinea region)				1 261 327 680	165 877
	Doctor	8	6	6 933 333	332 800 000	43 766
	Pharmacist	4	6	6 933 333	166 400 000	21 883
	Lab Technician	4	6	6 933 333	166 400 000	21 883
	Nurse	12	6	3 466 667	249 600 000	32 825
	Washer	8	6	2 133 333	102 400 000	13 467
	Hygiene Promotion	8	6	2 800 000	134 400 000	17 675
	Driver	4	6	2 666 667	64 000 000	8 417
	Daily workers	1	1	9 000 000	9 000 000	1 184
2	CTEPI Human resources (4 CTEPI)				1 225 000 000	161 099
3	CTEPI Running costs				128 120 000	16 849
4	Supervision				34 894 000	4 589
5	M&E				76 740 844	10 092
6	Logistic direct costs				95 000 000	12 493
	TOTAL GENERAL (GNF)				2 821 082 524	371 000
	Rate du 06/05/2016 (\$)				7 604	

