



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

Proposal Title: <i>Prevent new infections through delivery of integrated basic social services in Ebola torn regions in Guinea</i>	Recipient UN Organization(s): UNICEF										
Proposal Contact: Address: Dr Mohamed Ayoya Telephone: 00224622663452 E-mail: mayoya@unicef.org	Implementing Partner(s) : Government, NGO, CSO.										
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): Nzerekore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola										
Project Description: Strengthening access to basic social services in the context of Ebola; project will focus on 8 health districts to provide comprehensive community health interventions including WASH in order to get and maintain zero Ebola	Requested amount: USD 1,000,000 Other sources of funding of this proposal: 00 MPTF budget: USD 1,000,000 Other sources (indicate): 00 Government Input: 00										
	No. of Beneficiaries <table border="1" data-bbox="722 1375 1465 1574"> <tr> <td>Women</td> <td>780,000</td> </tr> <tr> <td>Girls</td> <td>421,200</td> </tr> <tr> <td>Men</td> <td>720,000</td> </tr> <tr> <td>Boys</td> <td>388,800</td> </tr> <tr> <td>TOTAL</td> <td>1,500,000</td> </tr> </table>	Women	780,000	Girls	421,200	Men	720,000	Boys	388,800	TOTAL	1,500,000
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TOTAL	1,500,000										
Start Date: March 2016 End Date: December 2016 Total duration (in months): 09 months											

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.

- 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

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<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

Recipient UN Organization(s)¹	Advisory Committee Chair
Dr Mohamed Ayoya Signature UNICEF Date:	<i>Dr. David Nabarro</i> <i>Signature</i> <i>Date:</i> 1 July 2016

NARRATIVE

a) Rationale for this project:

On January 14, 2016, the World Health Organization (WHO) declared the end of the Ebola virus disease (EVD) outbreak. It was the first time since the beginning of EVD in March 2014 that all three countries- Guinea, Liberia and Sierra Leone- had reported no EVD cases for 42 days. However, WHO in its declaration warned the world about potential flare-ups of Ebola;

On March 17, 2016 new cases were notified in Guinea; 7 new cases have been recorded since the March 2016 flare up, bringing the total confirmed in Guinea to 3,358.

The country rapidly responded to the new epidemic but with limited capacities. UNICEF deployed its Rapid Response teams in support of the government-led response and in coordination with other partners. The epidemic was brought under control demonstrating the critical importance of maintaining surveillance systems and rapid response capacity to quickly respond to new flare ups.

As new flare-ups are likely to occur again in the future, UNICEF Guinea needs to maintain its Rapid Response capacity ready to respond when needed, particularly in the health districts of Nzerekore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola

There are significant risks and potentially dramatic consequences for communities in Guinea if a new Ebola flare-up is not controlled rapidly and the epidemic spreads out. There is a major reputational risk for UNICEF if it doesn't deliver as expected in case of a new Ebola flare up. As lead agency for social mobilization and community engagement, UNICEF is always expected to bear the flag in the coordination and operationalization of all related social mobilization and community engagement activities in the event of a new flare up. UNICEF also needs to maintain a response capacity for Ebola in the sectors of WASH and Child Protection.

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.

With the aim of getting to Zero Ebola and maintaining Zero Ebola, a more targeted approach is needed to address every case, contact, quarantine and burial, through urgent reinforcement of basic social services, specifically wash and community health interventions tailored for different settings and segments of the population.

In Hot spot areas, there is an urgent need to set up Rapid Response teams working in coordination with community platforms to address any new alert.

In Ebola-free areas, there is a need to maintain basic social services in WASH and health to capitalize on existing efforts and maintaining zero Ebola. UNICEF will strive to reinforce community health interventions targeting more than 1.5 million people living in health districts (Nzerkorc, Macenta, Guéckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola) that could potentially experience new flare ups. Access to water, hygiene services are key components in the community health strategy.

b) Coherence with existing projects:

Past experience in disease outbreaks has underlined the importance of maintaining WASH services and a minimum of basic services in health facilities, especially those in high density population settings. Additionally the continued delivery of basic services will help gain the trust of communities so that they undertake profound behavior changes and engage further in the fight against Ebola.

In order to contribute to the achievement of the objectives defined in the national response plans (Case management, Surveillance, Safe Burial) UNICEF will focus on three Strategic Pillars on which it will work concurrently to:

- a. Urgently improve access to quality health and WASH services
- b. Avoid preventable and avoidable disease/deaths through reinforced community based services
- c. Mobilize the necessary human, supply and financial resources to support rapid response mechanisms.

UNICEF implemented an MPTF funded programme (Project #47) that covered some areas of intervention of this project, namely Macenta Prefecture and parts of Nzerekore region. That project aimed at strengthening community engagement to bridge between response and recovery for stronger resilience to the Ebola epidemic. The following activities were carried out:

1. Deployment of Rapid Response that managed all alerts through facility or community based rapid intervention
2. Set up of community engagement platforms
3. Early Warning and Reports systems using new technology
4. Sensitization through rural radios
5. Social Mobilization in support to Infection Prevention and Control and
6. Psychosocial Support to Orphans and survivors

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

UNICEF is mobilizing the necessary human, supply and financial resources to support the response; UNICEF has a central office in Conakry and 03 zonal offices in the regions covering the entire country; more than 150 national and international staff will be deployed.

UNICEF will work with the Government to getting and maintaining to Zero Ebola; UNICEF has proven its experience, capacity and leadership in supporting the government in its efforts to end the epidemic in Guinea.

d) Proposal management:

UNICEF has a unique advantage to provide an integrated and multisectoral package of interventions in its areas of expertise. This project will be coordinated by UNICEF Deputy Representative who will provide direct supervision to Chiefs of Sections responsible for the project implementation. This will be done through Project Cooperation Agreement with the government and NGOs; they will receive technical support from UNICEF program officers dispatched in three zonal offices based in Nzerekore, Kankan and Conakry for the rest of the country.

e) 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)
Increased incidents of Resistance	Medium	High	Community Engagement through the Village Community Watch C4D Coordinator
Another Disease Outbreak (Cholera, Measles, etc..)	Medium	High	Ensure continuity of Immunization services' Prevention campaigns Child Survival Unit
Economic downturn/increase of vulnerability and social tension	High	High	Contingency Planning and Preparedness

f) Monitoring & Evaluation:

UNICEF will recruit Humanitarian Performance Monitoring (HPM) Specialists in charge of data collection, monitoring, evaluation and reporting on key indicators of the project

The following activities will be undertaken for monitoring purposes:

- a) Joint field missions with the government and National Ebola coordination
- b) Field coordination with implementing partners monthly meetings to ensure adequate project implementation
- c) Community platforms at the implementing sites with community members to foster community ownership and support
- d) Project results will be evaluated at the end of the project and during regular UNICEF reviews with the government

The key indicators that will be objects to the M&E field visits are:

- o Number of health Centers/Health Posts with WASH installation
- o Number of households in affected area receiving hygiene Kits/soap and related services

- Number of health / Post provided with essential medical and nutrition supplies
- Number of people benefiting by UNICEF outreach community health interventions

PROPOSAL RESULT MATRIX

Proposal Title: Integrated Delivery of Basic Social Services in Regions affected by Ebola Strategic Objective 3 MCA6: Access to basic services						
Prevent new infections through delivery of integrated basic social services in Ebola torn regions of Guinea						
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline In the exact area of operation	Target	Means of verification	Responsible Org.	
Maintain access to basic social services to control Ebola Flare Ups	Nzerokore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Loia	ND	100% (coverage)	Survey; MICS ² ; HPM ¹	UNICEF	
MCA [MCA6: Access to basic services]						
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.	
Number of health Centers/Health Posts with WASH installation	Nzerokore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Loia	60	250,000	HPM	UNICEF	
Number of households in affected area receiving hygiene Kits/soap and related services	Nzerokore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Loia	100,000	100,000	HPM	UNICEF	
Number of health / Post provided with essential medical and nutrition supplies	Nzerokore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Loia	60	200,000	HPM	UNICEF	
Number of people benefiting by UNICEF outreach community health interventions	Nzerokore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Loia	1,500,000	250,000	HPM	UNICEF	
Coordination Fees						
Staffing			108,000			
Project Cooperation Agreement			250,000			
Contractual services			150,000			
Equipment & Supply			400,000			
Indirect Cost max 7 %			65,420			
Total Project Cost in USD			1,000,000			

² Multiple Indicator Cluster Surveys
¹ Humanitarian Performance Monitoring

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Project budget by UN categories

PROJECT BUDGET			
CATEGORIES*	Amount Recipient Agency (USD)	Amount Recipient Agency (if more than 1)	TOTAL(USD)
1. Staff and other personnel (include details) <i>01 Emergency Coordinator P 4 for 02 months (30,000 USD)</i> <i>01 Health Specialist P-3 for 03 months (30,000 USD)</i> <i>04 field health officers for 03 months (48,000 USD)</i>	108,000	0	108,000
2. Supplies, Commodities, Materials <i>Hygiene Kits (100,000 USD)</i> <i>Medical Kits (100,000 USD)</i> <i>Nutrition Kits (50,000 USD)</i>	250,000		250,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details) <i>Vehicle 12 seats for micro cerclage (50,000 USD)</i> <i>Solar Kits for Water Points (100,000 USD)</i>	150,000		150,000
4. Contractual services (include details) Boreholes constructions in Health Centers	150,000		150,000
5.Travel (include details)	00		00
6. Transfers and Grants to Counterparts PCAs Government and NGOs	250,000		250,000
7. General Operating and other Direct Costs (include details) Fuel for field Visits & Supervision and Visibility (26,579 USD)			26,579
Sub-Total Project Costs			934,580
8. Indirect Support Costs 7%			65,420
TOTAL			1,000,000

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