



EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL

<p>Proposal Title: Reinforcement of the Guinean Red Cross in the national response against Ebola.</p>	<p>Recipient UN Organization(s): UNDP, WHO.</p>
<p>Proposal Contacts:</p> <p><u>For WHO:</u> Dr. Dangou Jean-Marie WHO Resident Representative Adresse: WHO Guinea National Office. Boîte postale 817 Conakry, Guinea Corniche Nord, Camayenne, GPN: 31227 Telephone: +224 622350047 Email: dangouj@who.int</p> <p><u>For UNDP</u> Eloi Kouadio IV Country Director UNDP Address: UNDP Guinée Maison Commune Coléah Commune de Matam BP : 222 Conakry République de Guinée Telephone: 224 622 35 54 69 E-mail: eloi.kouadio.iv@undp.org</p>	<p>Implementing Partner(s) – name & type (Government, CSO, etc.):</p> <ul style="list-style-type: none"> - UNDP - Guinean Red Cross (GRC) - WHO
<p>Proposal Location (country): Please select one from the following</p> <p><input checked="" type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Common Services</p>	<p>Proposal Location (provinces): 15 most affected districts of Guinea (activities 1,3 and 4). 33 districts (entire country) for activity 2.</p>
<p>Project Description: <i>One sentence describing the project's scope and focus.</i></p> <p>Reinforcement of logistics and coordination capacities of the Guinean Red Cross. The project focuses on improving community support for Ebola prevention messages and support for safe and dignified burials and other Ebola control activities.</p>	<p>Requested amount: 1,000,000 USD</p> <p>Total requested amount: 1,000,000 USD Other sources of funding of this proposal: none</p> <p>Government Input: in kind support</p> <hr/> <p>Start Date: 1 February 2015 End Date: July 31, 2015 Total duration (in months): 6 months</p>

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**
- 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 UNDP, WHO	Management Committee Chair:
<i>Name of UNDP Representative: Seraphine Wakana</i> <i>Signature:</i> <i>Name of WHO Representative: Dr J.-M. Dangou</i> <i>Signature :</i> <i>Date & Seal:</i>	Dr. David Nabarro <i>Signature</i> <i>Date:</i>

NARRATIVE (Max 2 Pages)

a) Rationale for this project:

The Ebola epidemic (EVD) has dramatically affected all layers of the Guinean social network. Societal traditional issues as the burials of loved ones, and the religious ceremonies surrounding them, have become central to the dissemination and spread of the virus. The concomitant stigma and lack of knowledge on Ebola prevention have created an environment of suspicion and rejection to prevention, control and education activities, and in many cases have produced violent reactions in many communities of the country.

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.

The Guinean Red Cross (GRC) has been designated by the National Unit in the Response against Ebola (National Ebola Response Coordination Center (NERCC, *Cellule Nationale de Coordination de la Reponse contre Ebola*) as the organization in charge of conducting key activities related to the EVD. The prominence of the responsibilities assigned to the GRC was highlighted in the initial strategy developed by NERCC, as follows:

- Ensuring adequate safe burials (EDS),
- Ensuring transportation and control EVD deceased bodies,
- Cleaning and disinfection of EVD houses in which there have been EVD deaths,
- Inter-province transportation of EVD bodies and hazardous materials,
- Community education and training towards the promotion of safe burials,
- Community education to ensure support for Ebola prevention activities as house spraying and disinfection after the decease of inhabitants.

Looking for responding adequately to this big challenge, the GRC began an intense training program, which has provided updated training to more than 12,000 volunteers in the last eight months. These trainings are focused on Volunteers, as the GRC bases all its field work on national volunteers, and they are the core of the GRC response in the most affected EVD areas. Utilizing its own budget and reinforcements from NERCC, MoH and other Red Cross institutions, GRC was able to put in place field teams in the most affected areas. These teams, following the same model established by Red Cross globally, are composed by volunteers and are using materials provided mainly by WHO, amongst other partners.

Since November 2014, and as a part of the national response, UNDP, jointly with other agencies have been implementing the Community Watch Committees (CWC), which are the community based structures in charge of promoting Ebola prevention activities at their communities. These CWCs have contributed to educate and sensitize communities on EDS and diminish community rejection.

In December 2014, the NERCC, jointly with its partners, decided to launch a new strategy to accelerate the response against Ebola, *Ebola zero in 60 days*. This response included new approaches to promote safe burials and mitigate community resistance and EVD stigma in the most affected regions. As of December 2014, 15 districts have been identified as most affected areas of the country, and the accelerated strategy is focused on them. At the same time, main efforts are concentrated on improving coordination between the different partners and decentralization of teams and resources.

UNDP jointly with WHO worked together in a strategy to reinforce the GRC within the frame of the identifying weak areas in which a rapid reaction will help in the support of the new strategy. Main areas for intervention were considered:

- Inadequate monitoring of cross-border areas, especially in Sierra Leone,
- Ongoing traditional and secrete burials,
- Community pockets of denial and resistance,
- Lack of motivation and excess workloads amongst the response teams.

The relationship of GRC weakness with these intervention areas is based on the following findings:

- GRC teams in the field have supported to the main bulk of the emergency, including community anger and rejection. This has caused demoralization and slow reactions in many cases, diminishing the efficiency of the response.

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- GRC teams in the field do not have enough communication and transportation means. This slows down the reaction capacity of GRC teams and diminishes possibilities of coordination.
- Lack of adequate human resources in the field. Due to budget restrictions, the GRC has not been able to install fully staffed teams, with specific weakness found in the technical area (health and logistics personnel).
- Lack of continuous support and training of field team have contributed to low morale and disorganized response. Due to the fact that the main bulk of the GRC response is based on volunteers, there is a high turnover of personnel, and this constantly weakens the possibility of adequate response.
- Lack of coordination with security teams in the field. Due to the absence of adequate communication means, in many cases GRC teams arrived to high risk areas without adequate security protection.

Based on these intervention areas, and having in mind that GRC is a key partner for the Accelerated Ebola Strategy an improvement plan is needed. UNDP and WHO, working together with experts from the GRC, and looking for a rapid improvement of GRC teams in the field proposed two objectives for the joint project:

- Improve coordination mechanisms between GRC teams and other intervention teams (specifically with teams from MoH, CDC and emergency phone line teams) and reinforce GRC presence and operations in the field, especially in the 15 affected areas.
- Reinforce coordination and communication between GRC and CWC and religious leaders.

Looking for supporting these two objectives, the project proposes five specific actions:

- Reinforce GRC human resources in the field by recruiting team leaders in the most affected districts (15 in total) of the country.
- Accelerate training and recycling of volunteers in the field; this includes recruiting new volunteers and recycling the existing ones. These training workshops (see project description) comprise the training and recycling of more than 825 volunteers throughout the 33 districts of the country.
- Improve logistic and communication means for GRC teams. This includes the purchase of communications, motorcycles and computers for GRC field teams.
- Reinforce links between GRC and religious community leaders. This includes organizing religious meetings in the 15 most affected prefectures, focused on explaining GRC field work and requesting their support.
- Reinforce links between GRC teams and CWC, by organizing meetings at the village level to explain GRC objectives and work methodology.

b) Coherence with existing projects:

This project complements previous projects from UNDP, WHO, UNICEF and NERCC.

- WHO provided training for an initial group of trainers from the GRC.
- UNDP, UNICEF and UNFPA have supported the implementation of CWC in the districts of N'zerekore and Kankan. Previous MPTF project have focused on implementing Community Watch Committees in EVD affected areas. These CWC will be convoked by the UN agencies in order to organize meetings focused on informing communities about the job of the GRC and requesting their support.

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

WHO has been the technical assistance partner for the GRC since the beginning of the Ebola epidemic. WHO has in county as skilled team of advisors, who will coordinate the trainings and provide advice on the purchases.

UNDP will provide the logistic support, specifically for purchases. UNDP has teams in Conakry, Kankan and N'zerokere, which will be in charge of supporting GRC in the project activities, and at the same time, coordination monitoring and follow up of activities with WHO and NERCC.

d) Proposal management:

The project structure addresses four main issues identified by the different project working groups, which contributed in the project design. These three issues are:

1. *Human resources,*
2. *Training of GRC personnel,*
3. *Logistics and communication*

These three main axes are directly related to the three implementing agencies, which are WHO, UNDP and the GRC. Duties are distributed as follows:

1. WHO will be in charge of supporting the GRC in the recruitment process (see below) and will be leading the training process to ensure quality and feasibility,
2. UNDP will be in charge of the purchases and follow up of logistics issues (see below),
3. The GRC will be the implementing agency, under the supervision of WHO and with the support of UNDP.

The project will use the Direct Implementation Methodology (DIM), looking for speeding the purchase processes and ensure that all equipment is in place in the shortest term possible.

Technical activities, including training, quality analysis and technical support in the field will be held by WHO. A team of consultants will be hired by the organization and will follow up the project. WHO will be the leading agency in the M&E processes, receiving support from UNDP's sub-offices and country office teams.

Logistic support and general coordination of the project will be in charge of UNDP. This agency will conduct the purchases and provided support on field activities.

The project will support two project managers and national consultants, one for each agency, in charge of coordinating activities and supervising field work. WHO will recruit training national consultants, who will be in charge of conducting the training and supporting field work. WHO will share its extensive human resource data base to speed the recruitment process of experts.

GRC will conduct the field activities and will held weekly meetings with UNDP and WHO, in order to coordinate project activities. The recruitment process of new personnel for GRC will be supervised by WHO and UNDP in order to ensure the quality of recruited personnel; once recruited, the new personnel will be under the direct GRC supervision.

Staff

The project will recruit two project managers and two project assistants each one for each agency; WHO will be in charge of recruiting the personnel for the GRC, based on its roster. All the recruitment process will be done following WHO and UNDP's guidelines, looking for identifying quality personnel for the GRC.

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)
Resistance: Communities react negatively to GRC Ebola control activities	High	High	Responsible: WHO and UNDP will coordinate activities with CWC and religious leaders to ensure community support
Other epidemic risks: Contamination of GRC personnel due to lack of education or adequate use of equipment.	High	High	Responsible: WHO will train extensively the GRC teams ensuring they know all house spraying and safe burial techniques. WHO will provide GRC teams with protective wear needed for contamination prevention.
Partnership risks: Weak capacity of implementing partners (GRC).	Medium	Medium	Responsible: GRC will be reinforced with additional human resources to ensure adequate project implementation.
Financial risk: slow transfer of funds to regions	Medium	Low	Responsible: UNDP will ensure financial transfers to the regions, utilizing its sub-offices in the field.
Political risks: Social unrest and political environment	High	Medium	Responsible: UNDP and WHO will continuously support GRC to ensure exchange of information on security incidents. The National Ebola Response Coordination Center (NERCC) will continuously monitor and inform GRC on social troubles, preventing unnecessary exposure of GRC teams.

f) **Monitoring & Evaluation:**

Both agencies will conduct joint M&E activities. 2 national technical staff will be hired, using WHO and UNDP’s guidelines and they will conduct 15 days per month M&E, looking for ensuring adequate project implementation.

M&E Budget:

Staff	14,400
Field visits	31,800
Total M&E costs for six months	46,200

PROPOSAL RESULT MATRIX

Proposal Title : Reinforcement of the Guinean Red Cross in the national response against Ebola.

Strategic Objective to which the Proposal is contributing ²	Strategic Objective : safe and dignified burials as main Strategic Objective complemented with social mobilization and community engagement.				
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline ³ In the exact area of operation	Target	Means of verification	Responsible Org.
Safe burials and incidents related with the promotion of safe burials and Ebola prevention activities are diminished by 100 % by the end of the project period.	15 most affected districts including: Fria, Dubreka, Coyah, Forecariah, Kindia, Dabola, Faranah, Kissidougou, Kankan, Sguiri, Keourane, Lola, Nzerekore, Macenta, Guekedou.	50 % of burials are not considered safe	100 %	WHO	WHO, UNDP and GRC

² Proposal can only contribute to one Strategic Objective

³ If data are not available please explain how they will be collected.

1. Reinforcement of GRC field office by increasing Human resources	15 most affected districts including: Fria, Dubreka, Coyah, Forecariah, Kindia, Dabola, Faranah, Kissidougou, Kankan, Sguiri, Keourane, Lola, Nzerekore, Macenta, Guekedou.	0	15	UNDP, GRC
Number of functional GRC offices in the field (see criteria attached).	Same	0	15	UNDP, GRC
Number of monthly reports sent to National GRC Headquarters (see criteria), per region, per month.	Same	0	15	UNDP, GRC
Number and quality of data basis analysis sent from functional GRC field teams per region per month.	Same	0	15	UNDP, GRC
2. Training of personnel to ensure quality response for safe and dignified burials	33 districts (the entire country) One training will be held in each district, ensuring that all the districts have a training and functional team.	0	33	WHO, GRC
Number of trainings organized by WHO (see criteria)	Same	0	33	WHO, GRC
Number of adequate safe burials/ body management events per GRC team per region per month.	Same	0	33	WHO, GRC
3. Strengthening logistic capacity of GRC field teams.	15 most affected districts including: Fria, Dubreka, Coyah, Forecariah, Kindia, Dabola, Faranah, Kissidougou, Kankan, Sguiri, Keourane, Lola, Nzerekore, Macenta, Guekedou.	0	15	UNDP, GRC
Number of safe burials conducted per GRC teams per region and per month. <i>By increasing logistics capacity, including vehicles, communication and training, GRC teams will be able to conduct adequately the burials. These activities are focused in the most affected districts, which are mentioned in the list: Fria, Dubreka, Coyah, Forecariah, Kindia, Dabola, Faranah, Kissidougou, Kankan, Sguiri, Keourane, Lola, Nzerekore, Macenta, Guekedou.</i>	Same	0	15	UNDP, GRC

4. Training and sensitization of religious leaders and CWC	15 most affected districts including: Fria, Dubreka, Coyah, Forecariah, Kindia, Dabola, Faranah, Kissidougou, Kankan, Sguiri, Keourane, Lola, Nzerekore, Macenta, Guekedou.	0	15	UNDP, GRC
Number of meetings organized by the GRC team per region per month (see criteria)	Same	0	15	UNDP, GRC
Number of community rejection events held in the project activities (see criteria)	same	31	0	UNDP, WHO, GRC

Project budget by UN categories

Categories	UNDP	WHO	Details (see detailed budget attached)
1. Staff and other personnel	31,200	211,200	1 consultant for WHO and UNDP, staff for GRC. (see details project attached)
2. Supplies/commodities/materials	12,000		Office supplies for GRC during 6 months
3. Equipment, Vehicles, and Furniture, (include details)	365,380		Equipment for GRC (see detailed budget attached)
4. Contractual services		283,000	Training provided by WHO for GRC teams (see budget project attached).
5. Travel	15,900	15,900	Per diem for WHO, UNDP consultants for M&E follow up.
6. Transfers and Grants to Counterparts (include details)			
7. General Operating Costs			
Sub Total (USD)	424,480	510,100	Budget for each project partner
Total direct support costs	934,580		
Indirect Support Costs (7%)	65,420		Indirect costs for UN agencies
Total (USD)	1,000,001		

(see detailed budget attached)

* 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.