



EBOLA RECOVERY MULTI-PARTNER TRUST FUND PROPOSAL

<p>Proposal Title: Psychosocial and economic recovery support for EVD survivors and affected communities</p>	<p>Recipient UN Organization(s): UNDP</p>																
<p>Proposal Contact:</p> <p>Name and Title: Lionel Laurens, Country Director</p> <p>Address: UN Common House BP 222 Conakry, Guinea</p> <p>Telephone: (224) 624 980007</p> <p>E-mail: lionel.laurens@undp.org</p> <p>Additional Contact:</p> <p>Marc Wajnszok Senior Program Coordinator Ebola response and Recovery Tel : 628 33 47 68 E-mail: marc.wajnszok@undp.org</p>	<p>Implementing Partner(s) – name & type (Government, CSO, etc):</p> <ul style="list-style-type: none"> • Ministry of Social Action, Woman and Child Protection, • Ministry of Territorial Administration and Decentralization, • WHO, Guinean Red Cross/International Federation of Red Cross and Red Crescent • Civil Society Organizations/Community-based Organizations/Nongovernmental Organizations 																
<p>Proposal Location (country): Please select one from the following</p> <p><input checked="" type="checkbox"/> Guinea</p> <p><input type="checkbox"/> Liberia</p> <p><input type="checkbox"/> Sierra Leone</p> <p><input type="checkbox"/> Common Services</p>	<p>Proposal Location (provinces):</p> <ul style="list-style-type: none"> • Nzerekore, Macenta, Guekedou, Kerouane directly • Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Kouroussa, Siguri, Kankan, Kissidougou, Beyla, Lola and Yomou through the Civil Society platforms 																
<p>Project Description: This project targets most EVD affected prefectures in Guinea, and is part of a larger scale program that aims to provide at the national level a comprehensive package for survivors and their communities.</p> <p>It will specifically address some of the psychosocial and economic recovery needs currently felt by about 714 former EVD patients, 1,000 Ebola Response Workers (ERW), 11,000 other survivors in selected areas. The National Recovery Strategic Plan suggests that a significant number of survivors is confronted to trauma, stigmatization and economic shocks.</p>	<p>Requested amount: USD 1,500,000</p> <p>Other sources of funding of this proposal: IFRC (300 000 Euro)</p> <p>Other sources (indicate): N/A</p> <p>Government Input: In kind facilitation of the project.</p> <p>No. of Beneficiaries</p> <ul style="list-style-type: none"> • 714 cured (former patients) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="text-align: left;">Age</th> <th>Male</th> <th>Female</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">0 - 25</td> <td>134</td> <td>172</td> <td>306</td> </tr> <tr> <td style="text-align: left;">26 - 45</td> <td>198</td> <td>210</td> <td>408</td> </tr> <tr> <td style="text-align: left;">Total</td> <td>332</td> <td>382</td> <td>714</td> </tr> </tbody> </table>	Age	Male	Female	Total	0 - 25	134	172	306	26 - 45	198	210	408	Total	332	382	714
Age	Male	Female	Total														
0 - 25	134	172	306														
26 - 45	198	210	408														
Total	332	382	714														

<ul style="list-style-type: none"> 1,000 former Ebola Response Workers 			
Age	Male	Female	Total
0 - 25	120	80	200
26 - 45	480	320	800
Total	600	400	1000
<ul style="list-style-type: none"> 11,000 survivors 			
Age	Male	Female	Total
0 - 25	3,455	3,695	7,150
26 - 45	1,860	1,990	3,850
Total	5,315	5,685	11,000
<ul style="list-style-type: none"> 10-15 CSOs in selected regions. 			
Start Date: At the date of the signature Total duration (in months): 12 months			

RECOVERY STRATEGIC OBJECTIVES (RSOs) to which the proposal is contributing. For reporting purposes, each proposal could contribute to one RSO. For proposals responding to multiple RSO please select the primary RSO to which the proposal is contributing to.

- Recovery Strategic Objective RSO1 **Health, Nutrition, and Water, Sanitation and Hygiene (WASH)**
- Recovery Strategic Objective RSO2 **Socio-Economic Revitalization**
- Recovery Strategic Objective RSO3 **Basic Services and Infrastructure**
- Recovery Strategic Objective RSO4 **Governance, Peacebuilding, and Social Cohesion**

Recipient UN Organization(s)¹	Management Committee Chair:
Name of Representative : <i>Lionel Laurens</i>	Dr. David Nabarro
Signature 	Signature
Name of Agency <i>PNUD</i>	Date:
Date & Seal <i>16/03/2016</i> 	

NARRATIVE (Max 2 Pages)

Context analysis:

A total of 3,251 Guineans were reported by the World Health Organization to have been infected with Ebola virus disease by end of November 2015. About 62.2% died from the virus. According to the National Strategy for the Survivors, the following categories are considered as survivors: 1,263 cured, 6193 orphans, 500 widowers, 600 widows, 7,632 other family members of persons who survived EVD, 15,198 family members of persons killed by EVD and 96 health workers who survived the deadly virus and more than 3000 Ebola response workers. All these groups with their communities compose the survivors' population. Most of them, if not all, are in extreme need for medical, psychosocial,

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.

economic and professional assistance to allow them overcome the unpleasant situations inherited from their exposure to Ebola virus.

In October 2015, the National Coordination Cell for Ebola organized a workshop gathering the main stakeholders (UN, NGOs, Infected and cured people, researchers) to agree on the national strategy for Ebola survivors' support. This workshop focused on the analysis of the needs and linked strategy for each of the four following components:

- Health care and cured people follow up
- Psychological support
- Socio-economic recovery
- And Fight against stigmatization and social exclusion

The Ebola Virus Disease led to the community disaggregation due to the death of its members, the fear of contamination (from Ebola infected persons and people in direct contact with the disease (ERW, families)) and the economic depression linked to market restrictions. Furthermore, a part of the humanitarian response contributed to this disruption by the use of cash transfers with an inaccurate targeting and by risking to increase the stigmatization with positive discrimination toward a certain part of the population only.

Rationale for this project:

This project has been developed on the basis of the key findings and recommendations of the October 2015 workshop organized by the National Coordination Cell for Ebola. The review of all assessments available at that time and the technical expertise present in Guinea led to the elaboration of the strategy for the support to survivors with which this project is aligned. In addition, a series of consultations with WHO, the IFRC and GRC (Guinean Red Cross), UNICEF, the Civil Society Platform, socio-economic cluster partners and the Ministry of Social Action Children and Women Protection have ensured relevance, coordination and complementarity of this project and its proposed inter-related components and interventions.

The project will provide a holistic support package (refer to section b below) to cover the main needs expressed in the National Strategy for Survivors (National Coordination Cell) under the lead of the Ministry of Social Action, Children and Women Protection for the supervision and monitoring through their 120 social assistants working with the communities.

The affected communities will be strengthened through the WHO recommended community healing methodology that aims at attenuating and defusing the psychosocial shock in the community and identifying cases in need of individual follow up and referral to a dedicated health Center. These community Healing Groups will develop economic recovery projects designed and owned by the communities to make them **partners of their own development**.

Ebola virus can remain active in seminal fluids at least 9 months after a patient is cured. Beyond the psychosocial need to heal trauma, the cured should be empowered for the follow up of post Ebola symptoms and outbreak's prevention to become **partners of their own safety**.

The 5 components of the project are as follows:

- 1) Psychosocial support through community healing dialogue:

- 2) Cured self-support capacity
- 3) Fight against stigmatization
- 4) Socio-economic community strengthening
- 5) Capacity building of Ministry of Social Action, Children and Women Protection

These five components are interconnected and contribute to each other. In the particular case of post-Ebola economic recovery, the stigmatization, the psychosocial aspects and the economic shock have to be tackled together under the supervision of the line ministry to ensure the sustainability of the approach.

The communities' socio-economic systems have been disrupted in two main regions: Forest Guinea (Nzerekore, Macenta, Guekedou, Kerouane) and the Coastal part of Guinea (Conakry, Coyah, Dubreka, Kindia, Forecariah) concentrating the main needs in terms of psychosocial and economic support. In order to ensure a comprehensive approach and provide to the affected communities the full package of activities, the current proposal focuses on prefectures with higher presence of EVD survivors. Ongoing efforts to mobilize additional resources will aim at ensuring that geographical areas that are not covered by this project will be catered to as well.

In order to ensure efficiency in the delivery of assistance to identified beneficiaries across the country, this project will also involve civil society organizations in some areas of coverage comprising Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Kouroussa, Siguiri, Kankan, Kissidougou, Beyla, Lola and Yomou.

The rationale for the development of two combined approaches is stemming from the need for adopting a two-pronged community focused approach aiming at ensuring that a minimum service package is provided to all survivors in coordination with the National Coordination Cell and to respond to a differentiated context which can be described as follows:

- (i) high concentration of survivors in a select group of 9 prefectures in Coastal and Forest Guinea with approximately 80% of survivors calling for a standardized approach (deemed impactful and cost-effective) versus;
- (ii) low concentration areas and 20% scattered remaining survivors across the rest of the country calling for a customized approach and case by case, relevant interventions, which are bottom-up designed and driven by civil society organizations implanted on the ground;

a) Project implementation mechanism and partnership

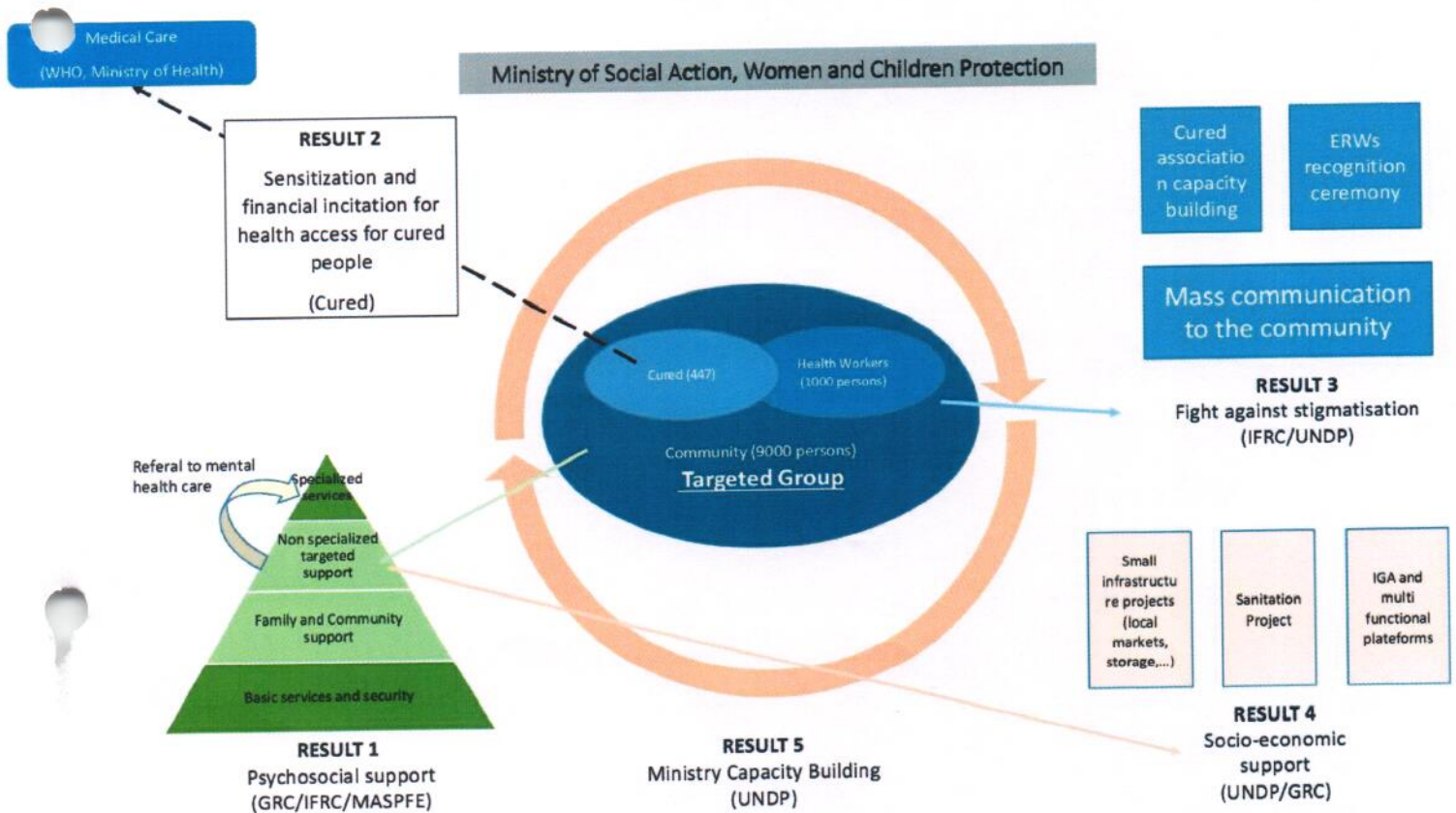
The proposal has been developed based on UNDP technical expertise in economic recovery linked to WHO technical skills in psychosocial support with the support of the IFRC and GRC (Guinean Red Cross) bringing their field knowledge and experienced field staffs. Also some representatives of the Guinea Civil Society Platform contributed to the development of the socio-economic and CSO capacity building components of this project.

The ministry of Social Action Children and Women Protection will pilot the project at the central and regional levels. Their local social assistants will monitor the project implementation and report monthly on achievements done.

A strong partnership has been built between IFRC and UNDP in 2015 during the response phase where IFRC proved to be an efficient and reliable intermediary to support the Guinean Red Cross. This partnership will be strengthened in this project by using IFRC's experience in psychosocial activities to train and accompany volunteers from the GRC who are in charge of project activity implementation in relation with Result 1. The volunteers' training will be provided both by IFRC and WHO specialists.

The trained GRC volunteers will follow-up beneficiaries all along the project duration from result 1 to result 4 (socio-economic support). UNDP will directly implement Result 4 related activities.

The role of Civil Society organizations in this project is particularly relevant to cover these geographical areas with a relatively low density of EVD survivors. Participating CSOs will be identified through a call for proposal by UNDP inviting all interested and capable CSOs operating on the ground to submit proposals contributing to socio-economic recovery for eligible survivors.



b) Project outcomes and outputs

The project aims at improving the situation regarding two specific issues: psychosocial trauma and socio-economic breakdown.

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Psychological trauma:

This issue mainly affects cured persons but also their communities with traditional relations disrupted due to the crisis.

Results 1 and 2 of this project will improve that situation.

The Community Healing Dialog methodology (Result 1) chosen focuses on this aspect to help communities recovering from the crisis, treat the minor trauma and identify cases in need of mental health support. The methodology has been specifically developed in Liberia by WHO to support community recovery after the EVD crisis, support from WHO Liberian's team will be provided to IFCR and the Ministry of Social Action.

A specific focus will be given to Cured people within Result 2, thanks to individual sessions since they are more likely to develop trauma.

Socio economic breakdown:

As described above, this issue is mainly due to:

- a. stigmatization of areas/persons affected and
- b. market and border closure.

Results 3 and 4 of this project will improve that situation by facilitating transformation and trade for the communities impacted with a better access to market which will improve their socio-economic living conditions (monitored through the coping strategy index).

The anticipated outcomes of the project are:

- Reduction of the trauma in communities and specifically for the persons who directly faced the EVD consequences
- Improved social cohesion within the communities affected by strengthening community dialogue and sensitization about the EVD
- Improved access to information and to a treatment center for all the cured for a proper medical and psychosocial check-up and counselling
- Strengthened economic recovery in affected communities by rehabilitating small infrastructure or facilitating income generating opportunities
- Strengthened capacity of the Ministry of Social Action and Women and Children Protection to respond to future crises
- Empowered CSOs to contribute to post EVD recovery

The above outcomes are expected to be achieved by ensuring the following:

- Each member of the targeted community has the opportunity to participate to the community healing program;
- The cured people have access to an individual psychological counselling to identify potential mental health issues;
- The cured are monitored and enabled to visit a health center every month;
- The community is better informed about the disease and its cause to better cope with this crisis;
- The affected communities develop projects to strengthen their economy and recover the pre-crisis income level;
- The Ministry in charge of social affairs is better equipped to provide support to survivors and its decentralized representations are strengthened;
- Civil society organizations have been capacitated and enabled to design and implement recovery interventions benefitting survivor communities.

In order to achieve the above, here below are the five results (not including clinical issues) to be undertaken:

1) **Result 1: Psychosocial support through community healing dialogue:**

Target: 8,000 direct beneficiaries selected on a voluntary basis within the community

- Trained Guinean Red Cross volunteers about first psychological support and the community healing dialogue methodology developed by WHO in Liberia to help the community and its members to cope with the trauma of the crisis. These groups will gather all kinds of survivors together along with community members volunteers;
- Provided community healing sessions (10 sessions per group);
- Identification of potential needs for referral to mental health care services through provided individual sessions.

2) **Result 2: Cured self-support capacity**

Target: 447 Cured

- Trained and sensitized cured population for the follow up about prevention and risks linked to the EVD (linked to the prefectural direction of the Ministry of Health in charge of monitoring the cured);
- Provided individual psychosocial counselling to every cured person to identify potential trauma;
- Provided condoms and soap during each sensitization visit;
- Cured population supported financially to travel to the nearest health center for a monthly consultation (This incentive will be provided to cover any access need identified by the national coordination cell and the partners that are providing health care to cured persons. The incentive will be paid to the beneficiaries directly by UNDP through cash transfers after each monthly consultation (USD 4 transport lumpsum per consultation);

3) **Result 3: Fight against stigmatization**

Target: 11,000 persons across communities through mass communication media

- Organized mass communication campaigns;
- Empowered associations for the cured to become active actors in the communication around the crisis and stigmatization and reintegration;
- Organized national ceremony to officially thank all Ebola workers for their involvement in the fight against Ebola

4) **Result 4: Socio-economic community strengthening**

Target: 4,000 direct beneficiaries

- Bottom-up participatory identification of community projects following the community healing exercise and as feasible to meet most important community needs and priorities around the following themes:
 - Small Economic infrastructure (markets, storages areas, access to markets e.g. pedestrian bridges...)
 - Sanitation infrastructure
 - IGA and delivery of equipment and materials

UNDP will prepare, ahead of project selection, a list of eligible projects (menu of options) inspired from UNDP's experience in Guinea and based on financial and time constraints to guide the communities in identifying the most relevant, useful and feasible interventions and assist them with the conception of their projects (technical feasibility, budget, expected output...). UNDP teams will accompany communities in the conception and realization of their projects.

Target: 2,000 direct beneficiaries

- Implementation of relevant community projects with positive socio-economic impact including customized projects proposed and implemented by locally-based civil society organizations. This activity, implemented through civil society organizations will cover areas with low concentration of survivors and will be undertaken with a nationwide call for proposal. The selection committee will comprise the Ministry of Social Action, UNDP and the National Coordination Cell.

Target: 360 former ERWs

- Training to ERW (especially Red Cross volunteers) for their reinsertion

5) Result 5: Ministry of Social Action, Children and Women Protection capacity building

Target: 4 prefectural administrations

- Reinforced Ministry capacity through training of their employees at the central level and support to their decentralized offices by capitalizing on the efforts and achievements of the Ministry realized during the response phase.

c) Direct Beneficiaries:

This project directly targets 4 prefectures (Nzerekore, Macenta, Guekedou, Kerouane) and will issue calls for proposals to civil society organizations to cover the prefectures of Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Kouroussa, Sigui, Kankan, Kissidougou, Beyla, Lola and Yomou for a number of beneficiaries as described below:

Region	Cured		CRG volunteers		Community members	
	Male	Female	Male	Female	Male	Female
Total	714		1 000		11 000	
Age group	Male	Female	Male	Female	Male	Female
Total	332	382	600	400	5315	5685
0 - 25	134	172	120	80	3455	3695
26 - 45	198	210	480	320	1860	1990

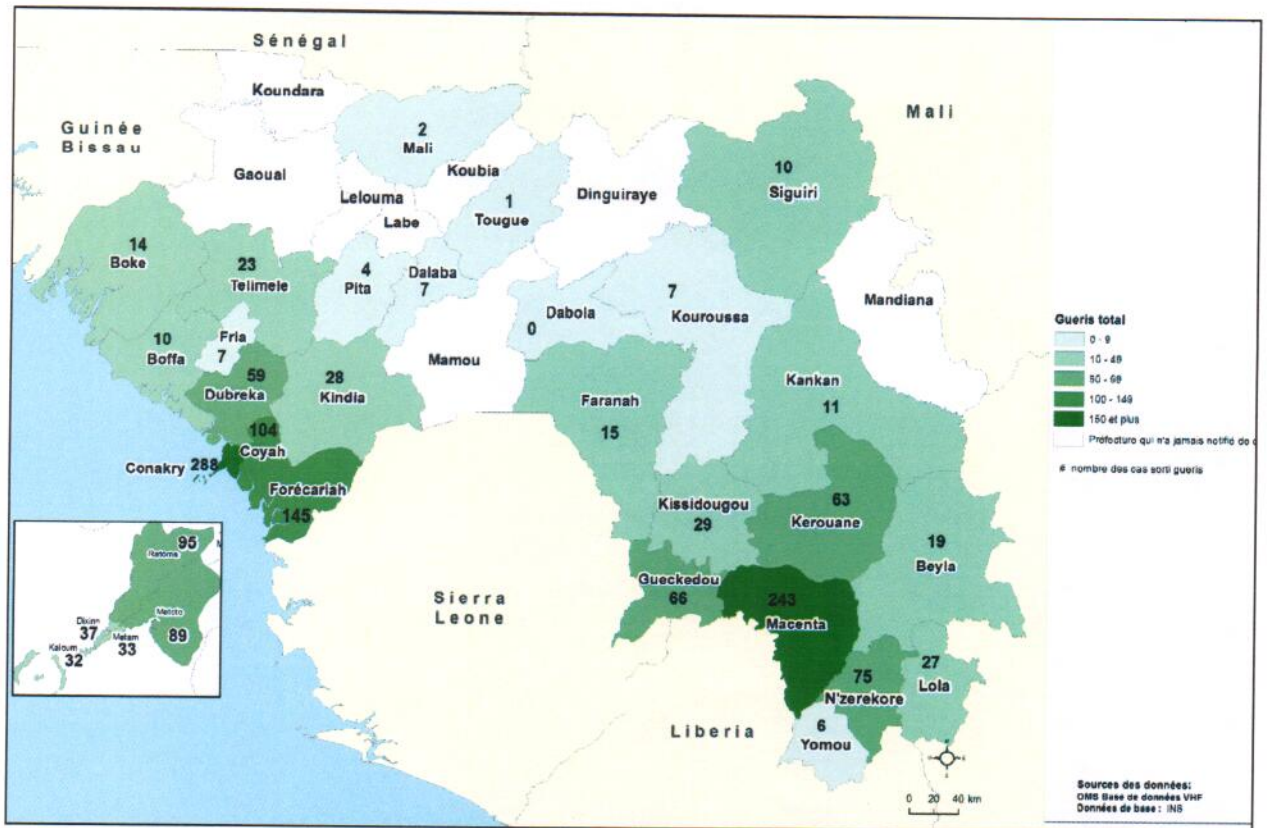


Figure 1: Number of cured persons per prefecture

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d) Coherence with existing projects:

The implementation of this project is in continuity with the support provided by the entire UN system to the people and Government of Guinea. UNDP Guinea is currently implementing other projects funded by MPTF. This proposal complements those projects by capitalizing on the achievements realized in 2015 with the Guinean Red Cross (project # 30) that demonstrated its capacity to be a reliable partner under the supervision of IFRC. Continuing this support will contribute to strengthen this organization that played a key role in crisis response. In addition, this project will contribute to support the reintegration of frontline workers and GRC volunteers and mitigate an unintended negative consequence of their involvements in supporting safe and dignified burial (project # 32) which has generated some level of stigmatization. As a result, they have been facing difficulties to reintegrate the job market, which this project will address.

In Conakry, Kindia and N'zerekore, this project will also coordinate with project # 43 managed by UNDP and UNFPA to ensure that provision of economic support to persons impacted by the crisis (especially youth and women) is harmonized and not overlapping.

This project is coordinated with the ongoing health response led by National Coordination Cell and WHO and specifically targets the psychosocial intervention gap identified during the elaboration of the national survivors support strategy.

This project has been designed as a sustainable exit strategy for the ongoing emergency response that should last until the end of March 2016. The activities in this project are tailored to ensure a smooth transition and continuity with ongoing activities; in particular the cash-transfer project run by WFP and UNICEF that will end in March 2016. To this end, this project proposes a sustainable exit strategy to these activities by moving from a monthly unconditional cash assistance toward the reinforcement or creation of economic opportunities in communities. This is expected to assist communities to recover their traditional resilience mechanisms that have been shattered by the crisis.

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

UNDP Guinea will coordinate the implementation of this project in cooperation with FICR/CRG, WHO, the Coordination Cell and under the leadership of the Ministry. The Ministry, UNDP and CRG have a strong field presence in major parts of Guinea who can support the project implementation by working closely with different project implementers in their respective fields of operations. UNDP has acquired the needed experience from ongoing MPTF Ebola related activities and other existing projects.

f) Proposal management:

The project will be implemented under the supervision of the Ministry who will lead a National Steering Committee along with UN agencies involved, related ministries and civil society actors. This committee will also follow the project in each prefecture through the decentralized ministry branches.

The project will be managed according to UNDP rules and regulations.

g) Risk management:

Table 5 – Project 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)
Socioeconomic risk : major economic breakdown	Low	High	Context follow up and adaptation to the emergency needs in case of economic shock
Epidemiological Risk	Average	High	The cured will be monitored carefully by the ministry and the cured themselves to avoid a new outbreak
Partnership risk	Low	Average	UNDP has been working for one year with IFCR and GRC
Political/Security Risk	Low	High	The project rely on the community resilience to achieve its results, UNDP will accompany community to cope if security threat appear

h) Monitoring & Evaluation:

In addition to MPTF Monitoring and Evaluation, financial reporting, approved projects will be assessed on the basis of their contribution to the United Nations' Mission Critical Actions. The project officer in close collaboration with the M&E specialist will regularly report outputs and impacts of the project against these lines of action.

The Ministry will follow up on project implementation through the reporting system set up during the Ebola response by UNICEF. Specific assessments to monitor the different project indicators will be undertaken by the network of Social Assistants from the Ministry of Social Action as part of their project supervision role. Data thus collected will be jointly analyzed with technical support from UNDP M&E specialists.

PROPOSAL RESULT MATRIX

Proposal Title: Psychosocial and socio-economic support to EVD survivors Recovery and Economy efforts to urgently assist most affected EVD survivors in Guinea.						
Strategic Objective to which the Proposal is contributing²	Geographical Area (where proposal will directly operate)	Baseline³ In the exact area of operation	Target	Means of verification	Responsible Organisation.	
Effect Indicators						
Results 1 and 2 : Psychosocial support Psychosocial conditions of the EVD survivors (or affected communities) improved	Nzerekore, Macenta, Guekedou, Kerouane,	10 % of the population found with serious traumatic conditions	2%	Psycho-social evaluation survey and postbogui study	UNDP	
Results 3 and 4 Socio-economic support % of EVD Survivors improving their socio-economic living condition through de-stigmatization and better economic opportunities (as measured through the coping strategy index)	Nzerekore, Macenta, Guekedou, Kerouane, Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Kouroussa, Siguiri, Kankan, Kissidougou, Beyla, Lola and Yomou	Baseline to be determined at the beginning of the project by running a survey based on the Coping Strategy Index	20 % of the targeted population improves the coverage of their daily needs	Baseline and End of project evaluation	UNDP	
Result 5 Improved monitoring system	Nzerekore, Macenta, Guekedou, Kerouane,	0 % of the monthly reports received on time by the Ministry central level	100 % of the monthly reports received on time		MASFPE	

² Proposal can only contribute to one Strategic Objective

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

		by the Ministry central level				
MCA [all MCA] ⁴						
Output Indicators	Geographical Area	Baseline	Target⁵	Budget in USD	Means of verification	Responsible Organisation
<i>Result 1: Nb of community healing sessions animated Nb of Individual psychosocial counseling done</i>	Nzerekore, Macenta, Guekedou, Kerouane,	0 0	400 40	315,378	Activity report	UNDP/ IFRC/ Ministry
<i>Result 2: Nb of cured followed with psychosocial support and sensitized</i>	Nzerekore, Macenta, Guekedou, Kerouane,	0	447	44,130	Activity report	UNDP/ IFRC/ Ministry
<i>Result 3: % of the population sensitized about EVD survivors' situation to decrease stigmatization</i>		60 %	80 %	45,136	KAP survey	UNDP/ IFRC/ Ministry

⁴ Project can choose to contribute to all MCA or only the one relevant to its purpose.

⁵ Assuming a ZERO Baseline

<p>Result 4: <i>Number of community economic recovery projects implemented to increase economic opportunities in affected communities</i></p> <p><i># of Red Cross Volunteers acquiring professional skills and having access to job opportunities</i></p> <p><i>Number of project financed and implemented through the civil society platform to improve survivors' living conditions in less impacted areas</i></p>	<p>Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Kouroussa, Siguiri, Kankan, Kissidougou, Beyla, Lola and Yomou</p>	0	20	384,351	Activity report	UNDP/ IFRC/ Ministry
		0	450	108,000	Activity report	
		0	10-15	241,374		
<p>Result 5: <i># of prefectural ministry branches supported (rehabilitation, trainings, support to running costs and monitoring and evaluation system)</i></p> <p>Total activity budget</p> <p>Coordination Fees⁶</p> <p><i>Project Management Staff</i></p>	<p>Nzerekore, Macenta, Guekedou, Kerouane,</p>	0	4	44,000	Activity report	UNDP/ IFRC/ Ministry
				1 182 369		
				22 %		
				125,000		

⁶ Should not exceed 20% including the indirect cost

<i>Monitoring & Evaluation and other project Operational Support Cost</i>					39,500	
<i>Equipment & Supply</i>					55,000	
<i>Indirect Cost max 7 %</i>					98,131	
Total Project Cost in USD					1,500,000	

Project budget

CATEGORIES	Amount Recipient Agency	Amount Recipient Agency (if more than 1)	TOTAL
1. Staff and other personnel	125 000		125 000
2. Supplies, Commodities, Materials (Office supplies i.e. paper etc.)	15 000		15 000
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details)	40 000		40 000
4. Contractual services (include details)	0		0
5. Travel (include details)	0		0
6. Total Direct activity costs	Total Activities	1 182 369	1 182 369
	Result 1 (psycho-social support)	315 378	315 378
	Result 2 (cured follow up)	44 130	44 130
	Result 3 (Fight against stigmatization)	45 136	45 136
	Result 4 (economic recovery)	733 725	733 725
	Result 5 (support to Ministry of Social Action)	44 000	44 000
7. General Operating and other Direct Costs (include details)	39 500		39 500
Sub-Total Project Costs	1 401 869		1 401 869
8. Indirect Support Costs*	98 131		98 131
TOTAL	1 500 000		1 500 000

* 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.