



PROJECT DOCUMENT
Namibia

Project Document Revision Cover Page

Project Title: Improving health response system to contain Hepatitis E Virus (HEV) outbreak in affected health districts in Namibia

Project Number: 00118230, **Output:** 00115151

Implementing Partner: Ministry of Health and Social Services (MoHSS)

Start Date: 1 April 2019

End Date: 30 March 2020

PAC Meeting date: N/A

Exchange notes: 20 February 2019

Brief Description

This project aims to address the current outbreak of the Hepatitis E virus (HEV) in several informal settlements across different regions of Namibia. HEV is a liver disease with sudden, severe and life-threatening symptoms closely associated with poor sanitation. Previously rare in Namibia, an HEV outbreak that began in two informal settlements in the capital city Windhoek in April 2018, has persisted and spread to several parts of the country, causing over 4,000 reported cases and 34 deaths to date.

This project is in line with the Government of Japan's (GoJ) expressed priorities for the 2018 Supplementary Budget for Health. Therefore, the project justifies the GoJ's support of a new and urgent crisis which Namibia is currently struggling to control. The project's objectives and deliverables will make a positive contribution to the health of the people of Namibia that may be otherwise unfelt. The project aims to build on the work of various stakeholders, including the Government of Namibia, and various development partners to address identified gaps and needs in the response. This will be achieved through the following objective:

To increase the capacity of the Namibia HEV response in terms of response coordination and risk communication.

The project approach is to provide capacity strengthening in coordination and risk communication in 6 regions, to be identified in conjunction with the Government of Namibia. Innovative sanitation solutions in informal settlements will be scaled up to benefit the most vulnerable, especially pregnant and post-partum women and children. The project intends to reach approximately 120,000 people through risk communication and improved innovative sanitation solutions and facilities. Community led processes will provide locally owned and sustainable solutions.

The project will work through existing systems and build on inputs of government and other donors by integrating with the strategy and coordination of the National Health Emergency Management Committee (NHEMC) at the Ministry of Health and Social Services.

Contributing Outcome (UNDAF/CPD, RPD or GPD):

Contributing Outcome (UNPAF/CPD):

By 2023, vulnerable women, children, adolescents and young people in Namibia have access to and utilise integrated health care and nutrition services – Universal Health Coverage (UHC).

Output 1: Stakeholders enabled to implement and coordinate the response at national, regional, and municipal levels; **Gender Marker:** 1.



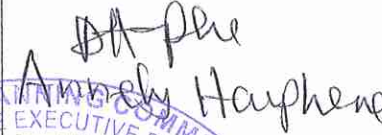
Output 2: Improved access to sanitation in the most affected communities; **Gender Marker:** 2.

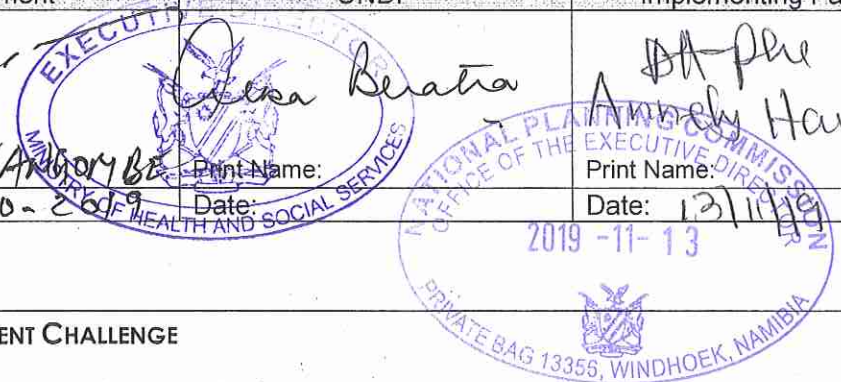
Output 3: Improved awareness of communities on how to prevent and control HEV infections; **Gender Marker:** 2.

Total resources required:¹	USD500,000	
Total resources allocated:	UNDP TRAC:	0
	Donor JSB:	500,000
	Government:	0
	In-Kind:	0
Unfunded:		

¹ Indicate any changes in needed resources, and any changes in resources allocated by funding partners.

Agreed by (signatures)²:

Government	UNDP	Implementing Partner
		
Print Name: B. NAMBOMBE	Print Name:	Print Name: Anneli Hayhene
Date: 19-10-2019	Date:	Date: 13/11/19



I. DEVELOPMENT CHALLENGE

HEV is a liver disease caused as a result of the Hepatitis E Virus. It is transmitted via faecal-oral route and is usually associated with contaminated water supplies in areas of poor sanitation. Pregnant women, people with chronic medical conditions or those with underlying liver conditions are at particular risk of encountering sudden, severe, and life-threatening symptoms, resulting from HEV infections. The unborn foetus is also at risk due to vertical transmission from the pregnant mother.

Previously rare in the country, Namibia has experienced a sudden outbreak of HEV from an initial case diagnosis in September 2017. Initially confined to two informal settlements, with known sanitation weaknesses, within the capital Windhoek, Khomas region, 1,136 cases were reported, of which 104 were laboratory confirmed and resulted in 12 deaths by April 2018.

The genotype for this outbreak is a HEV type 2, as confirmed from the South African based laboratory. Although Hepatitis A, B, and C are common in Namibia, the previous rarity of HEV means that the country has limited capacity for HEV laboratory diagnosis.

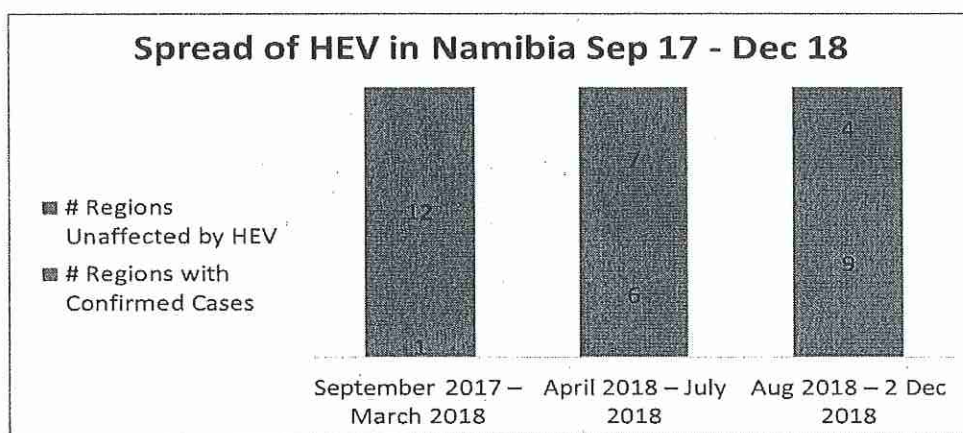
Despite the Namibian Government's initial efforts to contain HEV, the reported HEV cases increased and even expanded beyond the Khomas region, resulting in unexpected outbreaks in the Omusati and Erongo regions in April 2018. The outbreak has since become protracted and more widespread as HEV has persisted in Windhoek and spread to many other regions of the country, usually in informal settlements and underserved communities.

Hepatitis E cases reported in all affected regions, Namibia, September 2017 – 02 Dec 2018

Region	Sep 17 – Mar 18			Apr 18 – Jul 18			Aug 18 – 2 nd Dec 18			Total Period		
	Report ed	Confir med	Death	Report ed	Confir med	Death	Report ed	Confir med	Death	Report ed	Confir med	Death
Erongo	-	-	-	319	116	-	561	58	3	880	174	3
Khomas	1,136	104	12	832	16	5	803	7	9	2,771	127	26
Omusati region	-	-	-	133	35	2	11	37	-	144	72	2
Oshana region	-	-	-	24	17	1	55	47	1	79	64	2
Oshikoto region	-	-	-	11	6	-	36	33	1	47	39	1
Ohangwena	-	-	-	-	-	-	41	31	-	41	31	-
Kavango E&W	-	-	-	11	6	-	26	9	-	37	15	-

² Note: Adjust signatures as needed
² The Gender Marker measures how much a project invests in gender equality and women's empowerment. Select one for each output: GEN3 (Gender equality as a principle objective); GEN2 (Gender equality as a significant objective); GEN1 (Limited contribution to gender equality); GEN0 (No contribution to gender quality)

Other regions							10	8		10	8	
Total	1,136	104	12	1,330	196	8	1,543	230	14	4,009	530	34



Factors that contribute to an increase in HEV include: limited access to safe drinking water, proper sanitation facilities, overcrowding, unhygienic personal/environmental practices, and high levels of migration of seasonal/migrant workers in the informal settlements of urban areas. At the same time, these factors also hinder control of the outbreak.

In Namibia, those most vulnerable to an HEV outbreak are communities living in informal settlements in urban areas. Such communities have poor access to toilet and hand-washing facilities, with many informal settlements unconnected to the relevant municipal water supply. Additionally, during the rainy season (i.e. November-March), the risk groups often use rainwater or other surface water for drinking and domestic use, which increases the risk of HEV infection. A recent MoHSS report highlighted that the HEV "outbreak continues to be protracted and most of the cases are still being detected in areas where water and toilet facilities are limited," posing a particular risk to pregnant women and post-partum mothers.

Further, increased cross-border movement increases the risk of HEV to be spread to neighbouring countries. Therefore, if necessary steps are not taken swiftly, to contain HEV transmission by improving the health response system in Namibia, especially in the country's most vulnerable regions, there is greater risk of HEV spreading across borders. The lack of coordination of stakeholders at regional level, especially in border areas, is a major hindrance to effectively addressing cross-border issues.

It is important to note that both the emergence of the HEV outbreak and the subsequent rapid expansion of the outbreak to regions other than Khomas region from April 2018 were unexpected. The dynamics of the persistence and spread of the outbreak are being driven by complex factors including socio-economic vulnerability, behavioural risks (public defecation and poor sanitation practices) and migration, which were not easily identified in the initial localised occurrences and which require a multi-sectoral response. Further, weak coordination of the outbreak response at the regional and district levels has exacerbated the problem.

Another consequence of the sudden appearance and rapid spread of HEV in Namibia is that there has not been enough effort to build resilient communities through effective risk communication efforts specific to HEV. Knowledge of the virus, its effects and appropriate prevention methods have not been routinely or intensively communicated before now leaving a potentially critical knowledge gap in the communities.

Namibia's recent economic down-turn coupled with decreasing donor resources for health has also worsened the HEV issue within the country, by putting extreme pressure on government revenue and the country's health sector.

II. STRATEGY

The project intends to adopt a strategic approach that includes stakeholder engagement and strengthening in terms of response coordination and risk communication. This strategy aims to contribute to creating

sustainable development changes, consistent within a firm Theory of Change (ToC) which enables Namibia to execute a more effective and sustainable prevention and control response in relation to HEV.

In addition, the project's strategy aims to address key issues including improved community understanding of disease transmission, the risk HEV poses to pregnant women and post-partum mothers, as well as the promotion of early health seeking behaviour, the need to improve hygiene and sanitation practices, and the improvement of coordinated regional responses.

Moreover, the project also aims to build on the collaborative and participatory process through which the HEV response is currently conducted, while addressing documented gaps and challenges in the existing HEV response to date. These are gaps which have been identified by stakeholders, and are within the context of the mandate, capacity and focus of the UNDP programme in Namibia.

The project proposal also responds to findings of the National Health Emergency Management Committee of Namibia (NHEMC) which state that intensified response activities, especially on social mobilization, WASH and community surveillance are urgently needed in order to contain the outbreak.

The project is in accordance with the United Nations Partnership Framework (UNPAF) for Namibia 2019-2023 via the Development outcome 2.1:– By 2023, vulnerable women, children, adolescents and young people in Namibia have access to and utilise integrated health care and nutrition services – Universal Health Coverage (UHC), which is under Strategic Priority 2: Social Transformation - Build capable and healthy human resources. The objective further supports the Sustainable Development Goals (SDG) SDG3: Good Health and Well-Being, SDG5: Gender Equality, SDG6: Clean Water and Sanitation, and SDG17: Partnership for the Goals.

As noted in the UNDP Strategic Plan, this project is in line with UNDP's priority areas. and its innovative role as an integrator. UNDP will create a platform whereby stakeholders and implementing partners are engaged in order to improve coordination and risk communications.

The project's objective is in line with the JSB priority A. (4) Health: Necessary support in health sector caused by infectious diseases after April 2018. The proposed project is also in accordance to the GoJ's expressed priorities for the 2018 Supplementary Budget for Health (Priority A. (4)) as well as for those of TICAD VI of promoting resilient health systems for quality of life. The initiative meets the GoJ's development goal of infectious diseases control and promotion of universal health coverage. One of Japan's recent support efforts within Namibia's health sector has been the strengthening of the laboratory quality management system through a collaboration between the Namibia Institute of Pathology (NIP) and the Sysmex Corporation. Building upon achievements and lessons learned from this existing initiative, the project aims to strengthen collaboration and partnership between Japan's private sector and the health sector in Namibia.

Thus, financial support by the GoJ directed at this new and urgent crisis would make a positive and impactful contribution to the health of the people of Namibia that may not otherwise be felt.

Focus:

The project aims to strengthen areas of coordination and risk communication through a series of capacity building efforts throughout the response structure, particularly at the regional level. In doing so, the focus will be on supporting the most vulnerable populations within informal settlements to adopt improved sanitary practices and better responses to contain HEV within their communities.

The project approach is strengthening community capacity and establishing systems for increased knowledge and data flow provides sustainable and community owned processes which can be maintained after the outbreak is controlled and will act as preventative measures in the future. By their nature, these measures will engage and empower the most vulnerable such as poor and pregnant women to effect long-lasting change in their communities.

Finally, the attention made by UNDP to improve coordination and develop resilient communities is complimentary to ensure a highly beneficial impact in terms of cost-effectiveness, as it will involve minimal additional HR in order to leverage existing resources and systems, particularly those of MoHSS.

Methodology:

The project will address the lack of regional and sub-regional coordination by strengthening coordination mechanisms, improving local understanding of the outbreak response, and ensuring engagement of stakeholders from national to community levels in the response.

Regions will be supported to facilitate and conduct assessments of their own sanitary environments and to identify and adopt local solutions via Community Led Total Sanitation (CLTS) approaches. This will not only support vulnerable members of the population but also engage them in owning solutions to their community problems in addition to improving sanitation facilities. This support will operate within the existing framework of resource allocation by the Government of Namibia and partners such as WHO and CDC, in order to complement rather than duplicate current support efforts.

The project will also work to ensure that effective risk communication takes place through local stakeholders and to the most vulnerable in communities, including women and children.

III. RESULTS AND PARTNERSHIPS

Expected Results

The expected results will be achieved through a series of interlinked interventions oriented around capacity enhancement and designed in response to gaps and weaknesses identified by the NHEMC that are already within the scope and strength of UNDP. Efforts will include:

- Training of Trainers (ToT) in key skills such as monitoring, communication and further support for key message dissemination across communities and regional health systems.
- Community stakeholder engagement and logistical support to develop, coordinate and monitor implementation of local solutions to control and prevent HEV.
- Direct improvement of sanitary facilities in targeted pilot areas.
- Improved quality of case detection through better informational resources and coordination.

The success of the project is based on the following three output results:

Output 1:

Stakeholders enabled to implement and coordinate the response at national, regional, and municipal levels;

Output 2:

Improved access to sanitation in the most affected communities;

Output 3:

Improved awareness of communities on how to prevent and control HEV infections.

Partnerships

The above efforts and results compliment the contributions of partners like the US Government's Center for Disease Prevention Control (CDC), which has provided 600 HEV rapid test kits, and the high level of government contribution in Namibia for medical pharmaceuticals and commodities, which better places MoHSS to take responsibility for procurement. Partners such as CDC and WHO have already been providing ongoing technical support in the area of coordination, data analysis, report writing, surveillance, risk communication, and social mobilization. The workplan of this project will form a component of the overall NHEMC plan to respond to HEV.

The WHO, UNICEF, and the CDC have been providing technical assistance in various areas including integrated disease surveillance, social mobilization, WASH and case management (development and monitoring of the response plan) since the initial outbreak in Windhoek in October 2017. However, with the spreading of the virus, capacities have been overstretched. This project will leverage and be complimentary to existing initiatives by WHO, UNICEF, and CDC, with a focus on improving capacities at institutional, national and regional levels.

A National Hepatitis E Response is in place and a National Strategic Plan for all forms of Hepatitis is currently being developed. Given the progression of the HEV, regional plans are urgently needed.

UNDP will ensure the visibility of the GoJ throughout the implementation of the project. Namibia's resident Japanese embassy will be invited to all the sensitization workshops and trainings. All the communication materials and publications including manuals will give credit to the Government of Japan as a donor. The project will organize a hand over ceremony of sanitary equipment where the Japanese Ambassador will be invited together with the Minister of Health and Social Services with local media and social network coverages of the event.

Risks and Assumptions

Risk Description	Impact, Probability and Effects	Risk Treatment / Management Measures
Natural occurrences, particularly flooding exacerbate the HEV outbreak (particularly in Northern Regions)	<p>Probability: moderate Impact: high</p> <p>Effects:</p> <ul style="list-style-type: none"> Logistics are hampered by reduced access to flood-prone areas Sanitation is affected increasing HEV risk 	Planning and liaison with stakeholders and communities before and during flood season.
Surveillance/ oversight resources from government and partners are insufficient	<p>Probability: moderate Impact: moderate/high</p> <p>Effects:</p> <ul style="list-style-type: none"> Outbreak is not properly monitored for effective response Early detection of new outbreaks is missed 	Ensure HEV remains a high priority for health sector throughout outbreak response
The outbreak is evolving and may change over time in unpredicted ways	<p>Probability: moderate Impact: high</p> <p>Effects:</p> <ul style="list-style-type: none"> Geographic focus may need to change Greater levels of financing may be required to achieve results The response to control new outbreaks may be logistically challenged 	<p>Ensure partner engagement and effective monitoring from the earliest opportunity</p> <p>Ensure that reporting of areas not yet affected is conducted</p>

Stakeholder Engagement

The main liaison point for this project is the Hepatitis E Task Force of the National Health Emergency Management Committee (NHEMC). The NHEMC coordinates, plans and responds to national public health emergencies according to the 2013 revised National Health Emergency Preparedness and Response Plan (NHEPRP) and meets regularly. The NHEMC is mandated by the MoHSS, with similar committees also existing at the district and regional level. However, these structures only meet as necessary. The committee was reconstituted in early 2016 and is instituted by representatives from various ministries and other stakeholders.

The primary target of this project will be the populations within 10 informal settlements within selected high-risk regions³. Out of a population of 1,805,882 residents within the identified regions 552,475 are estimated to reside within or close to informal settlements. The project will seek to engage and benefit approximately 120,000 people including 72,000 women in those regions. As mentioned, the population is highly mobile and travels continuously between urban and rural areas. Given the rapidly developing nature of the outbreak, the exact sites will be determined in March 2019, shortly before the implementation period commences.

Although there are more male patients than female patients reported for infection of HEV, women during pregnancy and post-delivery periods are highly affected by the HEV. The latest data shows that over 50% of patients who have died from HEV have been maternal women. In Omusati region, the current two (2) death

³ High-risk regions are where HEV cases have been recently reported and/or are expected to be affected by HEV outbreak due to geographical locations. The selected high-risk regions include: Erongo, Omusati, Oshana, Oshikoto, Ohangwena, Kavango East, Kavango West, Zambezi, //Kharas, and Kunene.

cases are both maternal cases. While the project will focus on overall prevention and response, it will specifically target prevention methods and care for women (during both pregnancy and post-delivery periods) in order to prevent death and encourage early intervention.

South-South and Triangular Cooperation (SSC/TrC)

The project intends to promote a two-way cooperation between Namibia and other countries in Sub-Saharan Africa. This will be done through provision of innovative health solutions to promote good sanitation and practices. Best practices from other developing countries within the region will also be identified and utilised.

Knowledge

The project will develop training manuals and job aids for Ministry of Health and Social Services (MoHSS) staff in the target areas. These tools will provide an invaluable future resource to ensure early detection and control of HEV outbreaks. In addition, the outputs of the community led processes will be documented and utilised for prevention of future outbreaks through improved behaviours and practices.

Sustainability and Scaling Up

The project has sustainability as a central feature of its design in terms of building resilient communities for this HEV outbreak as well as future potential outbreaks which may be avoided/mitigated. ToT workshops will provide long term capacities in regions to continue to build knowledge and skills. Community led processes like CLTS will ensure that local ownership is enhanced, and sustainable solutions are arrived at through self-reflective processes.

The project intends to scale up on an existing initiative being funded by the US government. Through the flagship Mandela Washington Fellowship programme, supported by USAID, innovative sanitation solutions in several informal settlements in Windhoek have been provided. The successful second phase of the pilot project provides waterless sanitation facilities to underserved communities. UNDP in partnership with MoHSS, intends to evaluate the pilot of waterless sanitation supported by USAID in terms of what worked and what did not work in order to scale up innovative sanitation solutions through this project.

IV. PROJECT MANAGEMENT

The project will be coordinated by UNDP as an integrated component of the national HEV response under the Hepatitis E Task Force of the National Health Emergency Management Committee of Namibia (NHEMC).

A Project Manager will be recruited for the duration of the project and based at UNDP country office (CO) and will report to the Deputy Resident Representative. The Project Manager will coordinate the day to day running of the project, represent UNDP at the NHEMC, and liaise with partners, including the Ministry of Health and Social Services (MoHSS), particularly at the Directorate of Primary Health Care (PHC). The Project Manager will be supported by existing logistics and technical staff within UNDP CO. In this way project benefits from UNDP knowledge and operational structure to ensure effective coordination and implementation

Regional activities including meetings and site work will be conducted through the various governance structures of the MoHSS and in collaboration with various donors, civil society and existing partners involved in coordination, surveillance, and risk communication. In doing this and also by engaging with other development partners through the NHEMC structure, the project seeks to minimize establishment of new structures and roles. Establishing innovative waterless toilet facilities are considerably more cost effective than traditional sanitation solutions. Moreover, strengthening the capacity of existing health work programmes will improve risk communication.

V. RESULTS FRAMEWORK

Intended Outcome as stated in the UNPAF/Country Programme Results and Resource Framework: By 2023, vulnerable women, children, adolescents and young people in Namibia have access to and utilise integrated health care and nutrition services – Universal Health Coverage (UHC).							
Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets:							
Applicable Output(s) from the UNDP Strategic Plan:							
Project title and: Improving health response system to contain Hepatitis E Virus (HEV) outbreak in affected health districts in Namibia							
EXPECTED OUTPUTS/ Supporting Activities	OUTPUT INDICATORS*	Baseline December 2018	TARGETS				
			Q1	Q2	Q3	Q4	Cumulative Target
Output 1 Stakeholders are enabled to implement and coordinate the response at national, regional, and municipality level	1.1 Number of regions with HEV comprehensive response plans	0	4	2	-	-	6
	1.2 Number of CLTS appraisals conducted (% female/ % male)	0	1	4	3	2	10
	1.3 Number of Regions conducting quarterly coordination meetings	0	2	2	2	-	6
Output 2 Improved access to sanitation	1.4 % of communities reporting data to regional committees	0	40%	70%	90%	100%	100%
	2.1 Number of people served in pilot region (% female/ % male)	4	-	400	400	200	1,000
Output 3 Improved awareness of communities on how to prevent and control HEV infections	3.1 Number of health workers trained on risk communication (% female/ % male)	0	30 (60%)		30 (60%)		60 (60%)
	3.2 Number of workers who are working according to job aids	0		400	100		500
	3.3 Number of community members sensitised (% female/ % male)	To Be Determined April 2019		30,000 (60%)	30,000 (60%)	60,000 (60%)	120,000 (60%)

⁴ It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans: *[Note: monitoring and evaluation plans should be adapted to project context, as needed]*

Monitoring Plan

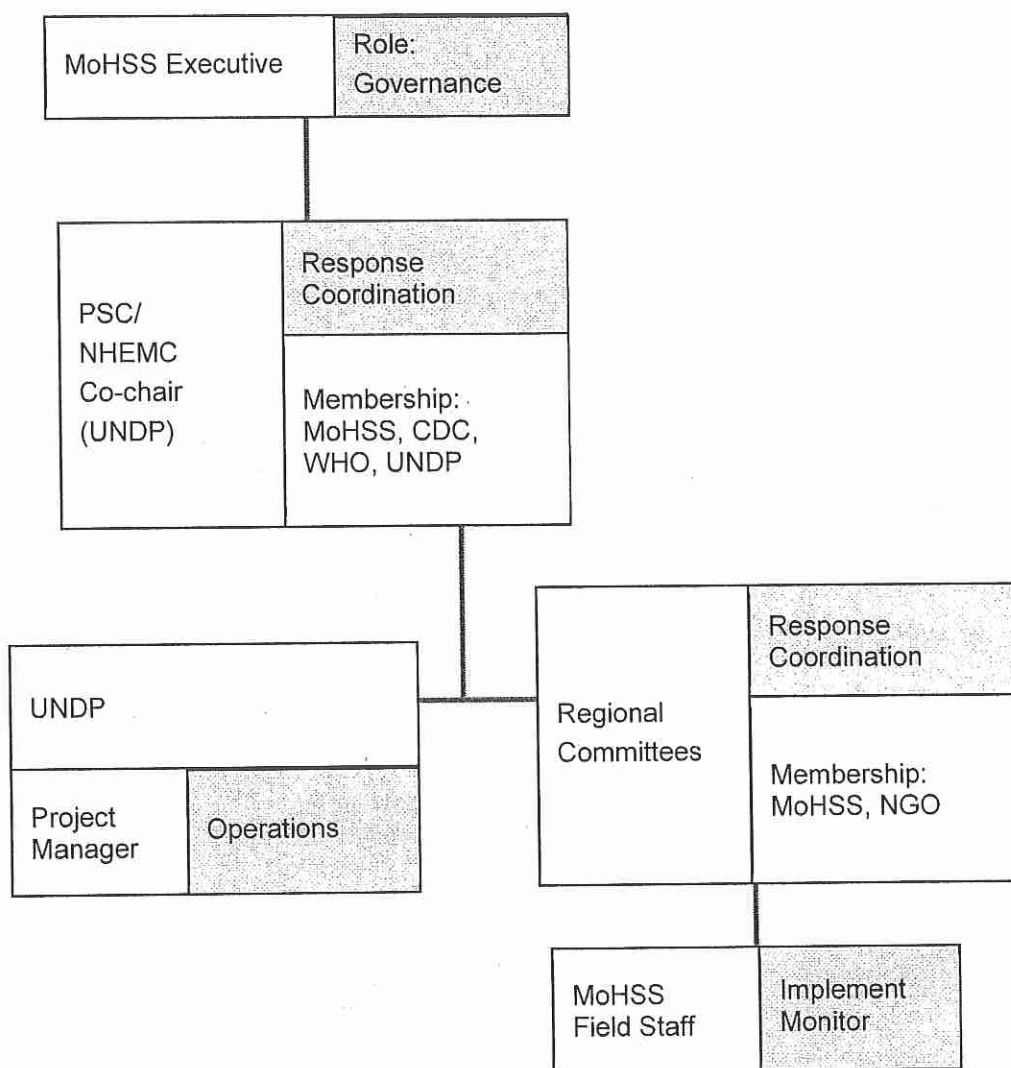
Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.	MoHSS Project committee	0
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.	MoHSS Project committee Regional Committee	\$2,000 Output 1
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.	WHO	0
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance. Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	WHO MoHSS Project Committee Regional Committee	0 \$50,000 Output 2
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually			
Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk log with mitigation measures, and any evaluation or review reports prepared over the period.	Annually, and at the end of the project (final report)		MoHSS	\$1,000 Project Management
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Specify frequency (i.e., at least annually)	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	Project Committee WHO	\$1,000 Project Management

BUDGETED WORK PLAN (USD)

	Output/ Activity	Budget Description	Time-Frame		Funding Source	Budget	Revised Budget Reallocation- National Response plan
			2019	2020			
Output 1: Stakeholders enabled to implement and coordinate the response at national, regional, and municipality level							
1.1	Conduct a rapid assessment of the HEV Response nationally and regionally	International Flight, Consultant fees, local travel	15,000.00	-	JSB	15,000.00	230,000.00
1.2	Develop regional prevention response plans for the HEV outbreak in line with existing national plan	3-day national workshop for 50 pax 4 x 3-day regional cluster workshops x 25 pax Local travel	18,000.00	-	JSB	18,000.00	1.1 Activity- national response plan.
1.3	Develop manuals and provide training for trainers (ToT) and key regional stakeholders to support Community Led Total Sanitation (CLTS) implementation	Consultant fees International flight 5-day retreat x 35 pax Printing costs	50,000.00	-	JSB	50,000.00	UNICEF
1.4	Facilitate CLTS appraisals and document	Transport allowances refreshments	16,000.00	4,000.00	JSB	20,000.00	
1.5	Support supervisory visits to the regions to ensure timely and effective implementation of the national response plan for the HEV outbreak	Local travel for 3 staff, quarterly 1-week trips	4,000.00	1,000.00	JSB	5,000.00	Allocated to National Activity 1.3.3 "Support to Erongo"
1.6	Support Regional Response Coordination Meetings engaging stakeholders from all relevant sectors for prevention, surveillance and treatment.	1-day meetings x 25 pax, refreshments and travel	62,000.00	20,000.00	JSB	82,000.00	1.3.5 USD40,000 allocated; 22,000 UNICEF; USD 20,000 1.9 Activity.
1.7	Provide training on monitoring and reporting at national level for the HEV outbreak response	5-day workshop x 35 pax	26,000.00	-	JSB	26,000.00	UNICEF
1.8	Support national level to provide guidance, mentorship and supervision to regional and municipality levels in relation to the outbreak	Local travel x 60 days throughout year	10,500.00	3,500.00	JSB	14,000.00	Activity 1.5 USD 14,000 allocated.
Output 2: Improved access to sanitation							
	Procurement of innovative sanitation	50 water free toilets and washing facilities	36,000.00	4,000.00	JSB	40,000.00	1.
Output 3: Improved awareness of communities on how to prevent and control HEV infections							
	Regional based training of community members (10 sites) 2 days	10 x 2-day training x 35 pax Travel costs	25,000.00	-	JSB	25,000.00	163,720.51
	Produce and distribute risk communication materials for communities	Printing costs 10,000 packs	30,000.00	10,000.00	JSB	40,000.00	
	Prepare, print and provide job aids to regional workers	Design and printing 2,000 packs	30,000.00	1,000.00	JSB	31,000.00	
	Community sensitisation for committee members	Transport allowances	6,500.00	6,200.00	JSB	12,700.00	

Project Management	Monitoring, audit, HACT, project manager, equipment, project manager travel	56,250.00	18,770.51	JSB	75,020.51
		385,250.00	68,470.51		453,720.51
Monitoring and Reporting (2.2%)					9,981.85
GMS (8%)					36,297.64
Total Budget					500,000.00

VII. GOVERNANCE AND MANAGEMENT



Party	Responsibility/Role
MoHSS	<ul style="list-style-type: none"> • Governance of project with national Health Response • Main Implementing organisation • Convening of Project Steering Committee (PSC)
UNDP	<ul style="list-style-type: none"> • Member of PSC • Coordination of project • Technical backstopping • Quality Assurance
NHEMC	<ul style="list-style-type: none"> • PSC • Liaison of stakeholders and partners • Coordination • Monitoring analysis
Regional Committees	<ul style="list-style-type: none"> • Coordination of regional response • Monitoring reports to feed up chain

VIII. LEGAL CONTEXT

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of Namibia and UNDP, signed on 22 March 1990. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

This project will be implemented by the Ministry of Health and Social Services ("Implementing Partner") in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

IX. RISK MANAGEMENT

1. Consistent with the Article III of the SBAA, the responsibility for the safety and security of the Implementing Partner and its personnel and property, and of UNDP's property in the Implementing Partner's custody, rests with the Implementing Partner. To this end, the Implementing Partner shall:
 - a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
 - b) assume all risks and liabilities related to the Implementing Partner's security, and the full implementation of the security plan.
2. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the Implementing Partner's obligations under this Project Document.
3. The Implementing Partner agrees to undertake all reasonable efforts to ensure that no UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/ag_sanctions_list.shtml.
4. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).
5. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.
7. The Implementing Partner will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, responsible parties, subcontractors and sub-recipients in implementing the project or using UNDP funds. The Implementing Partner will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.
8. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to the Implementing Partner: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. The Implementing Partner agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.
9. In the event that an investigation is required, UNDP has the obligation to conduct investigations relating to any aspect of UNDP projects and programmes. The Implementing Partner shall provide its full cooperation, including

making available personnel, relevant documentation, and granting access to the Implementing Partner's (and its consultants', responsible parties', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with the Implementing Partner to find a solution.

10. The signatories to this Project Document will promptly inform one another in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where the Implementing Partner becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, the Implementing Partner will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). The Implementing Partner shall provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

11. UNDP shall be entitled to a refund from the Implementing Partner of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the Implementing Partner under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail the Implementing Partner's obligations under this Project Document.

Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

12. Each contract issued by the Implementing Partner in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from the Implementing Partner shall cooperate with any and all investigations and post-payment audits.
13. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.
14. The Implementing Partner shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to each responsible party, subcontractor and sub-recipient and that all the clauses under this section entitled "Risk Management Standard Clauses" are included, *mutatis mutandis*, in all sub-contracts or sub-agreements entered into further to this Project Document.

X. ANNEX

1. **Social and Environmental Screening Template** [English][French][Spanish], including additional Social and Environmental Assessments or Management Plans as relevant. (*NOTE: The SES Screening is not required for projects in which UNDP is Administrative Agent only and/or projects comprised solely of reports, coordination of events, trainings, workshops, meetings, conferences, preparation of communication materials, strengthening capacities of partners to participate in international negotiations and conferences, partnership coordination and management of networks, or global/regional projects with no country level activities*).

ANNEX [1]. SOCIAL AND ENVIRONMENTAL SCREENING

Project Information

<i>Project Information</i>	
1. Project Title	Improving health response system to contain Hepatitis E Virus (HEV) outbreak in endangered health districts in Namibia
2. Project Number	N/A
3. Location (Global/Region/Country)	Namibia

Part A. Integrating Overarching Principles to Strengthen Social and Environmental Sustainability

QUESTION 1: How Does the Project Integrate the Overarching Principles in order to Strengthen Social and Environmental Sustainability?

Briefly describe in the space below how the Project mainstreams the human-rights based approach

The human right to water and sanitation is recognized through Resolution 64/292 of the United Nations General Assembly, which also acknowledges that clean drinking water and sanitation are essential to the realization of all human rights.

Through dealing with a disease that is a consequence of poor sanitation, this project is directly aimed at the above resolution. One impact of the project is expected to be long-term sustainable improvements in sanitation in the target sites.

Briefly describe in the space below how the Project is likely to improve gender equality and women's empowerment

HEV posts highest risk to Pregnant women, people with chronic medical conditions or those with underlying liver conditions are at particular risk of encountering sudden, severe, and life-threatening symptoms, resulting from Hepatitis E infections. The unborn fetus is also at risk due to vertical transmission from the pregnant mother. By taking the Community Led Total Sanitation (CLTS) approach, communities will be empowered to engage in their own solutions to sanitation issues in their communities. Focusing on strengthening community capacity and establishing systems for increased knowledge and data flow provides sustainable and community owned processes which can be maintained after the outbreak is controlled and will act as preventative measures in future. By their nature, these measures will engage and empower the most vulnerable such as poor and pregnant women to effect long-lasting change in their communities.

Briefly describe in the space below how the Project mainstreams environmental sustainability

The project will support the introduction of innovative sanitary solutions to avoid open defecation and other unhygienic sanitary practices. This includes waterless toilets which will provide a low cost, low maintenance and environmentally friendly technological solution to sanitary concerns.

Part B. Identifying and Managing Social and Environmental Risks

<p>QUESTION 2: What are the Potential Social and Environmental Risks? <i>Note: Describe briefly potential social and environmental risks identified in Attachment 1 – Risk Screening Checklist (based on any “Yes” responses). If no risks have been identified in Attachment 1 then note “No Risks Identified” and skip to Question 4 and Select “Low Risk”. Questions 5 and 6 not required for Low Risk Projects.</i></p> <p>Risk Description</p>	<p>QUESTION 3: What is the level of significance of the potential social and environmental risks? <i>Note: Respond to Questions 4 and 5 below before proceeding to Question 6.</i></p> <p>Impact and Probability (1-5)</p>	<p>Significance (Low, Moderate, High)</p>	<p>Comments</p>	<p>QUESTION 4: What is the overall Project risk categorization? Select one (see SESP for guidance)</p> <p>Low Risk <input type="checkbox"/></p> <p>Moderate Risk <input checked="" type="checkbox"/></p> <p>High Risk <input type="checkbox"/></p>
<p>Risk 1: Natural occurrences, particularly flooding exacerbates the outbreak (particularly in Northern Regions)</p>	<p>I = 4 P = 3</p>	<p>High</p>	<p>Effects:</p> <ul style="list-style-type: none"> Logistics are hampered by reduced access to flood-prone areas Sanitation is affected increasing HEV risk 	<p>HEV outbreaks are a new phenomenon in Namibia and there is little historical response data/experience on how to deal with the outbreak at local level. This increases the risk of unforeseen events.</p>
<p>Risk 2 Surveillance resources from government and partners are insufficient</p>	<p>I = 4 P = 3</p>	<p>Moderate/High</p>	<p>Effects:</p> <ul style="list-style-type: none"> Outbreak is not properly monitored for effective response Early detection of new outbreaks is missed 	<p>Ensure HEV remains a high priority for Health Sector throughout outbreak response</p>
<p>Risk 3: The outbreak is evolving and may change over time in unpredictable ways</p>	<p>I = 5 P = 2</p>	<p>High</p>	<p>Effects:</p> <ul style="list-style-type: none"> Geographic focus may need to change Greater levels of financing may be required to achieve results The response may be logistical challenged to control new outbreaks 	<p>Ensure partner engagement and effective monitoring from the earliest opportunity.</p> <p>Ensure reports from as yet unaffected regions are provided</p>

QUESTION 5: Based on the identified risks and risk categorization, what requirements of the SES are relevant?

Check all that apply		Comments
<i>Principle 1: Human Rights</i>	<input checked="" type="checkbox"/>	SDG 6: Water and Sanitation for all is a key component of this project
<i>Principle 2: Gender Equality and Women's Empowerment</i>	<input checked="" type="checkbox"/>	Focusing on vulnerable populations including pregnant and post-partum women and children, the success of project will promote human rights.
<i>1. Biodiversity Conservation and Natural Resource Management</i>	<input type="checkbox"/>	
<i>2. Climate Change Mitigation and Adaptation</i>	<input checked="" type="checkbox"/>	Increasingly unstable weather patterns have led to increased uncertainty and risk regarding flooding in Namibia.
<i>3. Community Health, Safety and Working Conditions</i>	<input checked="" type="checkbox"/>	Lack of social acceptance of innovative sanitation solutions may increase the risk of the identified communities' health and further spread of HEV.
<i>4. Cultural Heritage</i>	<input type="checkbox"/>	
<i>5. Displacement and Resettlement</i>	<input type="checkbox"/>	
<i>6. Indigenous Peoples</i>	<input type="checkbox"/>	
<i>7. Pollution Prevention and Resource Efficiency</i>	<input type="checkbox"/>	

Final Sign Off

Signature	Date	Description
QA Assessor		UNDP staff member responsible for the Project, typically a UNDP Programme Officer. Final signature confirms they have "checked" to ensure that the SESP is adequately conducted.
QA Approver		UNDP senior manager, typically the UNDP Deputy Country Director (DCD), Country Director (CD), Deputy Resident Representative (DRR), or Resident Representative (RR). The QA Approver cannot also be the QA Assessor. Final signature confirms they have "cleared" the SESP prior to submittal to the PAC.
PAC Chair		UNDP chair of the PAC. In some cases, PAC Chair may also be the QA Approver. Final signature confirms that the SESP was considered as part of the project appraisal and considered in recommendations of the PAC.

SESP Attachment 1. Social and Environmental Risk Screening Checklist

Checklist Potential Social and Environmental Risks		Answer (Yes/No)
Principles 1: Human Rights		
1.	Could the Project lead to adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
2.	Is there a likelihood that the Project would have inequitable or discriminatory adverse impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups? ⁵	Yes
3.	Could the Project potentially restrict availability, quality of and access to resources or basic services, in particular to marginalized individuals or groups?	Yes
4.	Is there a likelihood that the Project would exclude any potentially affected stakeholders, in particular marginalized groups, from fully participating in decisions that may affect them?	Yes
5.	Is there a risk that duty-bearers do not have the capacity to meet their obligations in the Project?	Yes
6.	Is there a risk that rights-holders do not have the capacity to claim their rights?	Yes
7.	Have local communities or individuals, given the opportunity, raised human rights concerns regarding the Project during the stakeholder engagement process?	No
8.	Is there a risk that the Project would exacerbate conflicts among and/or the risk of violence to project-affected communities and individuals?	Yes
Principle 2: Gender Equality and Women's Empowerment		
1.	Is there a likelihood that the proposed Project would have adverse impacts on gender equality and/or the situation of women and girls?	Yes
2.	Would the Project potentially reproduce discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	Yes
3.	Have women's groups/leaders raised gender equality concerns regarding the Project during the stakeholder engagement process and has this been included in the overall Project proposal and in the risk assessment?	No
4.	Would the Project potentially limit women's ability to use, develop and protect natural resources, taking into account different roles and positions of women and men in accessing environmental goods and services? <i>For example, activities that could lead to natural resources degradation or depletion in communities who depend on these resources for their livelihoods and well being</i>	No
Principle 3: Environmental Sustainability: Screening questions regarding environmental risks are encompassed by the specific Standard-related questions below		
Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management		
1.1	Would the Project potentially cause adverse impacts to habitats (e.g. modified, natural, and critical habitats) and/or ecosystems and ecosystem services? <i>For example, through habitat loss, conversion or degradation, fragmentation, hydrological changes</i>	N/A
1.2	Are any Project activities proposed within or adjacent to critical habitats and/or environmentally sensitive areas, including legally protected areas (e.g. nature reserve, national park), areas proposed for protection, or recognized as such by authoritative sources and/or indigenous peoples or local communities?	N/A
1.3	Does the Project involve changes to the use of lands and resources that may have adverse impacts on habitats, ecosystems, and/or livelihoods? (Note: if restrictions and/or limitations of access to lands would apply, refer to Standard 5)	N/A
1.4	Would Project activities pose risks to endangered species?	N/A
1.5	Would the Project pose a risk of introducing invasive alien species?	N/A
1.6	Does the Project involve harvesting of natural forests, plantation development, or reforestation?	N/A

⁵ Prohibited grounds of discrimination include race, ethnicity, gender, age, language, disability, sexual orientation, religion, political or other opinion, national or social or geographical origin, property, birth or other status including as an indigenous person or as a member of a minority. References to "women and men" or similar is understood to include women and men, boys and girls, and other groups discriminated against based on their gender identities, such as transgender people and transsexuals.

1.7	Does the Project involve the production and/or harvesting of fish populations or other aquatic species?	N/A
1.8	Does the Project involve significant extraction, diversion or containment of surface or ground water? <i>For example, construction of dams, reservoirs, river basin developments, groundwater extraction</i>	N/A
1.9	Does the Project involve utilization of genetic resources? (e.g. collection and/or harvesting, commercial development)	N/A
1.10	Would the Project generate potential adverse transboundary or global environmental concerns?	N/A
1.11	Would the Project result in secondary or consequential development activities which could lead to adverse social and environmental effects, or would it generate cumulative impacts with other known existing or planned activities in the area? <i>For example, a new road through forested lands will generate direct environmental and social impacts (e.g. felling of trees, earthworks, potential relocation of inhabitants). The new road may also facilitate encroachment on lands by illegal settlers or generate unplanned commercial development along the route, potentially in sensitive areas. These are indirect, secondary, or induced impacts that need to be considered. Also, if similar developments in the same forested area are planned, then cumulative impacts of multiple activities (even if not part of the same Project) need to be considered.</i>	N/A
Standard 2: Climate Change Mitigation and Adaptation		
2.1	Will the proposed Project result in significant ⁶ greenhouse gas emissions or may exacerbate climate change?	No
2.2	Would the potential outcomes of the Project be sensitive or vulnerable to potential impacts of climate change?	Yes
2.3	Is the proposed Project likely to directly or indirectly increase social and environmental vulnerability to climate change now or in the future (also known as maladaptive practices)? <i>For example, changes to land use planning may encourage further development of floodplains, potentially increasing the population's vulnerability to climate change, specifically flooding</i>	No
Standard 3: Community Health, Safety and Working Conditions		
3.1	Would elements of Project construction, operation, or decommissioning pose potential safety risks to local communities?	No
3.2	Would the Project pose potential risks to community health and safety due to the transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	No
3.3	Does the Project involve large-scale infrastructure development (e.g. dams, roads, buildings)?	No
3.4	Would failure of structural elements of the Project pose risks to communities? (e.g. collapse of buildings or infrastructure)	Yes
3.5	Would the proposed Project be susceptible to or lead to increased vulnerability to earthquakes, subsidence, landslides, erosion, flooding or extreme climatic conditions?	Yes
3.6	Would the Project result in potential increased health risks (e.g. from water-borne or other vector-borne diseases or communicable infections such as HIV/AIDS)?	Yes
3.7	Does the Project pose potential risks and vulnerabilities related to occupational health and safety due to physical, chemical, biological, and radiological hazards during Project construction, operation, or decommissioning?	No
3.8	Does the Project involve support for employment or livelihoods that may fail to comply with national and international labor standards (i.e. principles and standards of ILO fundamental conventions)?	No
3.9	Does the Project engage security personnel that may pose a potential risk to health and safety of communities and/or individuals (e.g. due to a lack of adequate training or accountability)?	No
Standard 4: Cultural Heritage		
4.1	Will the proposed Project result in interventions that would potentially adversely impact sites, structures, or objects with historical, cultural, artistic, traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)? (Note: Projects intended to protect, and conserve Cultural Heritage may also have inadvertent adverse impacts)	N/A

⁶ In regards to CO₂, 'significant emissions' corresponds generally to more than 25,000 tons per year (from both direct and indirect sources). [The Guidance Note on Climate Change Mitigation and Adaptation provides additional information on GHG emissions.]

4.2	Does the Project propose utilizing tangible and/or intangible forms of cultural heritage for commercial or other purposes?	N/A
Standard 5: Displacement and Resettlement		
5.1	Would the Project potentially involve temporary or permanent and full or partial physical displacement?	N/A
5.2	Would the Project possibly result in economic displacement (e.g. loss of assets or access to resources due to land acquisition or access restrictions – even in the absence of physical relocation)?	N/A
5.3	Is there a risk that the Project would lead to forced evictions? ⁷	N/A
5.4	Would the proposed Project possibly affect land tenure arrangements and/or community-based property rights/customary rights to land, territories and/or resources?	N/A
Standard 6: Indigenous Peoples		
6.1	Are indigenous peoples present in the Project area (including Project area of influence)?	Yes
6.2	Is it likely that the Project or portions of the Project will be located on lands and territories claimed by indigenous peoples?	No
6.3	Would the proposed Project potentially affect the human rights, lands, natural resources, territories, and traditional livelihoods of indigenous peoples (regardless of whether indigenous peoples possess the legal titles to such areas, whether the Project is located within or outside of the lands and territories inhabited by the affected peoples, or whether the indigenous peoples are recognized as indigenous peoples by the country in question)? <i>If the answer to the screening question 6.3 is "yes" the potential risk impacts are considered potentially severe and/or critical and the Project would be categorized as either Moderate or High Risk.</i>	No
6.4	Has there been an absence of culturally appropriate consultations carried out with the objective of achieving FPIC on matters that may affect the rights and interests, lands, resources, territories and traditional livelihoods of the indigenous peoples concerned?	No
6.5	Does the proposed Project involve the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.6	Is there a potential for forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources?	No
6.7	Would the Project adversely affect the development priorities of indigenous peoples as defined by them?	No
6.8	Would the Project potentially affect the physical and cultural survival of indigenous peoples?	No
6.9	Would the Project potentially affect the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices?	No
Standard 7: Pollution Prevention and Resource Efficiency		
7.1	Would the Project potentially result in the release of pollutants to the environment due to routine or non-routine circumstances with the potential for adverse local, regional, and/or transboundary impacts?	No
7.2	Would the proposed Project potentially result in the generation of waste (both hazardous and non-hazardous)?	No
7.3	Will the proposed Project potentially involve the manufacture, trade, release, and/or use of hazardous chemicals and/or materials? Does the Project propose use of chemicals or materials subject to international bans or phase-outs? <i>For example, DDT, PCBs and other chemicals listed in international conventions such as the Stockholm Conventions on Persistent Organic Pollutants or the Montreal Protocol</i>	No
7.4	Will the proposed Project involve the application of pesticides that may have a negative effect on the environment or human health?	No
7.5	Does the Project include activities that require significant consumption of raw materials, energy, and/or water?	No

⁷ Forced evictions include acts and/or omissions involving the coerced or involuntary displacement of individuals, groups, or communities from homes and/or lands and common property resources that were occupied or depended upon, thus eliminating the ability of an individual, group, or community to reside or work in a particular dwelling, residence, or location without the provision of, and access to, appropriate forms of legal or other protections.