Programme des Nations Unies pour le Développement



Réf: PRO/30(/PNUD

RR/026/2016

The 8th of February 2016

Dear Mr. Amba ssador,

Request for no cost extension and re-orientation of funds for project "Emergency Support to Nat and Response to Ebola"

On behalf of U IDP, I would like to take this opportunity to thank the Government of Japan (GoJ) for its generous contribution to the project "Emergency Support to the National Response to Ebola", that amounts to USD 2,886,000 and started on 17 March 2015.

The purpose of this letter is to request your approval for a no cost extension from the current enc date of 16 March 2016 until 30 September 2016 with a reorientation of funds that

- (i) reflects the substitution of the planned acquisition of 30 autoclaves (which revealed to be no longer appropriate based on unsatisfactory pilot 1 3st results) with alternative activities deemed more relevant; and
- shifts unds from Output 1 to Output 2 to respond to the additional request for supporting the strengthening of community engagement that UNDF faced in the midst of the crisis.

As Annex 1 to this letter, you will find a detailed description of the project and the request for a no cost extension. In Annex 2, please refer to an overview of the project activitie; with the current financial spending and in Annex 3 the proposed budgetary re-o ientation.

We hope that cur request will be received favorably and we remain at your service to answ or any query you may have and to provide any additional detailed information you may require.

In the meantim :, I would like to thank you for our fruitful partnership with the Government of Japan and for your personal support.

Yours sincerely,

Lionel Laurens Country Director

His Excellency Hasama Hisanobu Embassy of Japan to Guinea Conakry

* Guinea

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Annex 1: Project description and request for no cost extension

Project background and status

The objective of the project is to support the national response to the Ebola Virus Disease (EVD) outbreak by strengthening coordination and monitoring mechanisms a nongst government line ministries, civil society, the international community, the national and regional Ebola Crisis Coordination Centers and the healthcare sec or. The project consists of two main outputs divided into four main results (please 1 efer to Annex 2), which have for the most part been implemented to date or are currently on the way of being implemented by 16 March 2016.

Request for no-cost extension

The request for a no-cost extension for the project concerns Output 1, Activity result 1.1. Capc city of health facilities to adequately manage hazardous waste strengthened for a total budget of USD 1,274,599 and which was meant to be achieved through the provision of autoclave systems for 30 hospital sites in Guinea in order to dest uct hazardous waste resulting from Ebola and other infectious diseases.

The request for eallocation of funds for the project concerns the shifting of funds from Output 1 to Output 2 and internal re-orientation of funds within Output 1, Activity result 1.

Output 1 Activity 1.1:

Under separate funding and at no cost to this project, a pilot phase was conducted in 2)15 where autoclave systems were installed in two hospital sites in Conakry (Kipe (nd Ignace Dien). However, when evaluated independently and objectively by (n expert hired by UNDP in November 2015, it was concluded that the autoclave systems did not provide an appropriate solution to meet the needs in Guinea regarding management of hazardous hospital waste. Several shortcomings and problems with the pilot autoclave systems were identified, including the following:

- Structural r roblems related to insufficient supply of water and electricity (which is a prerequisite for the functioning of the autoclaves) in 90 % of the proposed; tes;
- Heavy relic nce on diesel-run generators which causes a heavy ecological footprint at d inflates budget for management of the autoclaves;
- Insufficient numan resources available in hospitals to manage and supervise the running of the autoclaves (insufficient initial training);
- Incomplete treatment of waste as it does not provide a solution for final elimination and destruction of waste, resulting in frequent burning in open spaces tog other with domestic rubbish of waste having been treated by the autoclaves

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Furthermore, the evaluation revealed that several other Development Partners in Guinea were a so engaged in constructing and delivering competing waste management olutions, many of which are not working and which have resulted in a lack of overall coherence, poor collaboration amongst stakeholders and suboptimal utilization of donor funding.

In order to avo d waste of the GoJ's funds which could also have caused unintended reputational damage, UNDP and the Ministry of Health decided not to pursue the procurement of 30 similar pieces of equipment for installation in other facilities as intended under Output 1, Activity 1.1.

Subsequently, NDP's expert in close consultation with the Ministry of Health developed an alternative plan for the most appropriate manner to nonetheless reach the initia objective of the project; to strengthen the capacity of health facilities to ade quately manage hazardous waste.

Due to the lack of a clear and obvious prescribed technical solution for hazardous hospital waste nanagement in Guinea and because of the lack of coordination and consensus on the issue, UNDP resumed as co-chair the sub-group dedicated to Waste Manc gement (part of the Infrastructure Group at the National Coordination C ell) and also supported the Government to update nationwide mapping of exit ting equipment for the elimination of hospital waste.

Proposed re-ori entation

UNDP is proposing three alternative activities in lieu of the procurement of 30 autoclaves that have been cancelled. These activities have been developed together with, and endorsed by, the Ministry of Health that has requested UNDP's support in developing and implementing the national hospital waste management; riorities.

The three proposed activities are as follows:

A Nation II Workshop to be conducted in mid-February to discuss the national impleme itation: The Workshop will gather representatives from national and regional itation: The Workshop will gather representatives from national and regional itation: The Workshop will gather representatives from national and regional itation: The Workshop will gather representatives from national and regional itation: The Workshop will gather representatives from national and regional itation: The Workshop will gather representatives from national and interested its operation and other stakeholders to understand challenges related to hospital vaste management and to reach a consensus on a coordinated, coherent and efficient approach to manage hospital waste and its operation alization through a national programme. The implementation of this programme will not funded by this project. Specific resources will need to be sub sequently mobilized from the Government of Guinea and interested donors.



- One-off clean-up action of hospital waste generated throughout the Ebola crisis an I from the national vaccination campaign: Health center sites in Conakry are currently suffering from a very large volume of hospital waste originating from the clinical response to the Ebola crisis and also from the ongoing national vaccination campaign. The accumulation of highly hazardo is waste not yet destructed (e.g. stockpiles of safety boxes with sharp of jects and waste originating from safe and dignified burials) constitutes a very significant hazard for hospital staff, patients and the environr lent. Therefore, a dedicated one-time clean-up action in each hospital lite in Conakry will eliminate the hazardous waste and provide hospitals with a clean slate to start manage waste in a secure manner. As a first step, a detailed quantitative estimate of the hazardous waste stockpile (primarily safety boxes) per hospital site will be collected. UNDP is already in the process of obtaining the quantification of waste resulting from the safe and digr ified burials from the Red Cross. The hazardous waste will be safely collected and transported from each hospital site to the site for final elimination using a designated transportation company. The final elimination of the waste will be conducted using the large capacity incineral ors that were provided to equip the Ebola Treatment Centers in Guinea.
- restability of setting up a centralized structure for hospital waste manage nent serving all public and private hospitals in the Conakry region:

 UNDP's in dependent evaluation revealed challenges in terms of managing hazardor is hospital waste at individual site level. A more effective and efficient olution would be to manage hospital waste on a centralized level with one dedicated unit catering to all public and private hospitals in the Conakry egion. Prior to implementing this solution, it must be supported by a thorough feasibility study that will analyse the necessary prerequisites for the implementation of an economically viable centralized structure with the lowest possible environmental impact. The study will include the identification of suitable locations for the structure, transport solutions, governal ce arrangements and required equipment to be installed. This structure will not be funded by this project. Necessary resources will have to be mobil zed from the Government of Guinea and interested donors.

Output 2

Under Output 2 and thanks to the generous contribution of Japan, UNDP has provided support to at-risk populations in EVD-affected areas through community engagement a dommunity mobilization activities. The implementation of project activities has resulted in increased EVD-awareness among the population in affected areas who has been mobilized to take preventive measures against EVD.

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Further, the stic ma surrounding EVD has decreased in these areas and at-risk groups such as women and children have received support to prevent and manage the disease.

Because the N ational Coordination Cell terminated the Community Watch Committees (for which the project was determined to provide financing) in 2015, the project provided instead in kind support to local communities in the affected areas in a very project and very project and very positive views and feedback of the local stakeholders on the relevance and impact of the project, UNDP was requested to further expand its scope of activities to continue to strengthen the affected communities during the peak of the ep demic.

Given the urge and the situation and the critical state prevailing in the affected communities, it call and regional authorities advocated vigorously for UNDP to agree to expair at the scope of the project activities. The extreme urgency of the situation during the height of the epidemic required UNDP to reach a swift decision out its project mandate to provide emergency support to the Hence, as part of the community engagement activities, UNDP and swiftly authorized the enlargement of Output 2 through construction as tivities that both contributed to improved community engagement and also support the delivery of health and other basic services. The project health centers, which contributed to the local population gaining access to proper care, improving the health of the local community and its confidence in the health care system and also contributed to the destination of the disease.

The project also constructed a number of small critical community infrastructures identified by loc al populations such as market hangars in order to support the reopening of markets and enhance economic activity and empowerment. This particularly ber effect women (a group considered particularly vulnerable in the Ebola epidemic) who are often the main traders at the market and who suffered greatly from los of livelihood when markets closed due to the Ebola epidemic.

These urgent m casures that were deemed necessary during the height of the epidemic resulted in an exceptional overspending by an additional USD 301,977 (43,4% of increase of initial budget) to Output 2.

Therefore, UNDF would like to request the Government of Japan to approve a budgetary re-al ocation from Output 1 (activity 1.1) to Output 2 to cover the expanded scor e of the project activities under this specific component. Please see Annex 3 for details.

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Annex 2: Overv ew of project output and implementation status as of 25 January 2016

Output 1: Coorc	natio	n and delivery of essential health and other basic services strengthened				
Activity result strengthened	1: Capacity of health facilities to adequate manage hazardous waste					
Main Pla activities:	ned	Provide health facilities with healthcare waste treatment systems and conduct training on waste management to healthcare staff.				
Status:		Not yet implemented – request for no cost extension and re-orientation of funds (see below)				
Planned Budge		USD 1,274,599				
Spending to da		USD 50,000				
Activity result 1.1	Enho	anced capacity of national authorities to effectively respond to EVD				
Main Plai activities:	ned	Training of police and gendarmerie to provide security in Ebola- affected areas and procurement of equipment to ensure efficient security measures.				
Status:		Activities are in planning stage, to be implemented by March 2016.				
Planned Budget		USD 306,222				
Spending to dat		None yet				
Activity result 1. respond to EVD		anced capacity of national authorities and UNDP office to effectively				
Main Plar activities:	ned	Payment of salaries to ensure UNDP capacity to coordinate the response to EVD and payment of salaries for management and implementation of the project.				
Status:		Fully implemented				
Planned Budget		USD 394,901				
Spending to dat		USD 394,901				
		mmunity engagement, with a particular focus on vulnerable and at-risk				
groups such as v	omen	and youth				
Activity Result 2.1	At-ris	k populations have increased awareness of EVD, change behaviors and ertake preventive measures; stigma toward EVD-affected individuals				
Main Plar activities:		Community engagement activities in EVD affected areas, community mobilization in border areas and procurement of equipment to ensure an efficient community response to EVD.				
Status:		Fully implemented				
Planned Budget:		USD 696,500				
Spending to date		USD 998,477				
Total Budget mplementation programmatic activities:		USD 2,672,222				
UNDP support fee	:	USD 213,778				
Total project fund		USD 2,886,000				

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Annex 3: Propo ed budgetary re-orientation

Result indicator		Initial budget (USD)	Proposed new budget (USD)	Comments	
Output 1					
1.1. Capacity of facilities to adec manage hazard strengthened	uately	1,274,599	972,622	Reduction of USD 301,977 to be transferred to Output 2. Internal re-allocation within Activity 1.1:	
				Activity	USD
				2	amount
				1. National workshop	100,000
				2. One-time cleanup action	240,000
				3. Feasibility study	500,000
				4. Project management fees on cost-recovery basis	132,622
				Total:	972,622
1.2. Enhanced can national authorit effectively responded 1.3. Enhanced can be seen as a seen as	es to ad to EVD pacity of	306,222	306,222	No changes No changes	
national authorits UNDP office to e f respond to EVD Output 2					
2.1. At-risk popul rincreased aware EVD, change be and are mobilized undertake prevent measures; stigma EVD-affected incodecreased.	ness of aviors I to Itive toward	696,500	998,477	Re-allocating funds from	activity 1.