



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

Proposal Title: Maintaining essential service capability for UN Medical Clinics in Guinea	Recipient UN Organization(s): UNDP – On behalf of whole UN System
Proposal Contact: Eloi Kouadio IV UNDP Country Director a.i Email: eloi.kouadio.iv@undp.org +224 624 617 671	Implementing Partner(s) – name & type (Government, CSO, etc): UN Medical Clinics in Guinea
Proposal Location (country): Please select one from the following <input checked="" type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Common Services	Proposal Location (provinces): Conakry (Guinea)
Project Description: <i>One sentence describing the project's scope and focus.</i> Funding for the UN clinics in Guinea to maintain the required medical capacity and level of preparedness until the end of 2015 to ensure UN system's duty of care to its personnel (and families).	Requested amount: USD \$608,518 Other sources of funding of this proposal: Other sources (indicate): Government Input: <hr/> Start Date: ASAP End Date: 31 December 2015 Total duration (in months): 6 months+

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MISSION CRITICAL ACTIONS to which the proposal is contributing. For reporting purposes, each project should contribute to one SO. For proposals responding to multiple MCAs within 1 SO, please select the primary MCA to which the proposal is contributing to.

- Strategic Objective 1 MCA1: **Identifying and tracing of people with Ebola**
- Strategic Objective 1 MCA2: **Safe and dignified burials**
- Strategic Objective 2 MCA3: **Care for persons with Ebola and infection control**
- Strategic Objective 2 MCA4: **Medical care for responders**
- Strategic Objective 3 MCA5: **Provision of food security and nutrition**
- Strategic Objective 3 MCA6: **Access to basic services**
- Strategic Objective 3 MCA7: **Cash incentives for workers**
- Strategic Objective 3 MCA8: **Recovery and economy**
- Strategic Objective 4 MCA9: **Reliable supplies of materials and equipment**
- Strategic Objective 4 MCA10: **Transport and Fuel**
- Strategic Objective 4 MCA11: **Social mobilization and community engagement**
- Strategic Objective 4 MCA12: **Messaging**
- Strategic Objective 5 MCA13: **Multi-faceted preparedness**

Recipient UN Organization(s)¹	Management Committee Chair:
<i>Name of Agency:</i> UNDP Guinea <i>Date & Seal:</i> <i>Name of Representative:</i> Seraphine Wakana <i>Signature</i>	<i>Dr. David Nabarro</i> <i>Signature</i> <i>Date:</i>

NARRATIVE (Max 2 Pages)

a) **Rationale for this project:** *This section summarizes briefly why this project is the best way to achieve/contribute to the relevant Strategic Objective (SO) and the associated mission critical actions (MCA).*

With local resources directed towards fighting Ebola, the already frail healthcare infrastructure in all three countries has been put under pressure and has largely collapsed, leaving tremendous gaps in the availability of services. UN Primary care clinics under the supervision of the country teams have been augmented in each of the countries. Secondary and tertiary healthcare services mentioned above, that would normally be available to treat UN personnel and their families are limited, with quality of care often compromised.

While not all UN personnel on the ground are on the frontlines of treating EVD, they too are delivering critical services in the areas of security, humanitarian and development assistance to the affected countries. It is imperative that UN personnel continue to have consistent and reliable access to quality health care, given their high-risk operating environment. The United Nations has a duty of care responsibility to its personnel and their families' and providing access to quality health care is fundamental part of that duty of care.

With this clear gap in health care services, the project intends to contribute to Strategic Objective 2, Medical care for responders. The intention is to continue to fund the consistent quality primary level care in Conakry. Location was chosen due to their high number of UN and international humanitarian personnel, access to airport in case of medical evacuation, as well as their proximity to essential infrastructure.

¹ If there is more than one RUNO in this project, additional signature boxes should be included so that there is one for every RUNO.

The clinic provide services to the staff and dependents of the UN system (totalling approximately 2,200 in Guinea). In addition to this, each of the clinics provides services to international personnel of embassies, NGOs and other aid response partners, including British High Commission, Save the Children, embassies of Ireland, Germany, Japan and the EU. Oxfam, Israel Aid, COOPI and the Tony Blair foundation have had preliminary discussions about access to the clinics.

From May 2014 to May 2015, the clinic in Guinea delivered 3284 consultations, the preponderance of those after the scale-up of operations from October onwards.

The continued funding of the UN Clinics will ensure consistent and reliable non-Ebola medical care to United Nations personnel, their recognized dependents, international humanitarian personnel, UN contractors and any other persons designated by the UN. These clinics are also delivering healthcare to the international community, such as embassy staff and some response partners. The funds will cover personnel required to safely maintain 24x7 availability of medical services, and to staff isolation/holding and safe use of PPE should a patient present with Ebola-like symptoms, (until the patient can be safely moved).

Timeframe: Until the end of December 2015.

- b) Coherence with existing projects:** *This section lists any of the projects which are supporting the same SO or MCA in the same country or area of operation*

At this time, in-country non-Ebola medical facilities with access for international United Nations personnel has been provided by the UN clinics in Guinea and this has been funded through monetary and in-kind contributions from various sources, but primarily UNDP (\$3 million). UNDP have indicated that they are not in a position to continue to fund these essential activities. The goal is to secure funding for the period 1 July 2015 to 31 December 2015, when the situation will be re-evaluated.

- c) Capacity of RUNO(s) and implementing partners:** *This section should provide a brief description of the RUNO capacity in the Country, including the overall current emergency budget and the staff deployed. It should include its expertise in the targeted area of support. This section should also outline any additional implementing partners, including their role and experience and how the RUNO will provide quality assurance.*

Guinea

Baseline Budget (currently able to be funded by Country Team)

- P5 for 5 months
- P3 for 6 months
- 2 national doctors for 6 months (NOC)
- 3 national for 6 months (GS7)

\$568,708 additional Support is requested to maintain the Ebola Surge capacity at current staffing profile and skillmix, (P5 for one additional month - \$23,619, P4 for six months instead of P3 - \$28,816, 2x P3 international doctors instead of 2 National Doctors - \$185,609, and 3 international nurses instead of national nurses \$176,764 plus \$153,900 if nurses have to be paid DSA) This capacity enables the clinic to operate 27/7, and to maintain inpatients beds and an isolation/holding capacity.

It also avoids recruiting local doctors and nurses from within Guinea, at a time when medical workforce is critical to local response (particularly now with recent upsurge in malaria). Once the crisis is over, locally recruited health professionals are part of an acceptable model.

- a) Proposal management:** *This section identifies the oversight structure or mechanism responsible for the effective implementation of the project and for the achievement of*

expected results. If need be, an organogram can be included to help understand the structures.

The Project implementation and operations will be overseen by a Project Board comprising, at a minimum, the following UN membership:

- UN Resident Coordinator (or his or her designate) (Chair)
- the senior or chief medical officer
- a financial management/ administrative expert from the Country Team.
- Director Medical Services Division (Or her designate) (ex-officio if required for advice)

The project Board will meet at a frequency commensurate with the project phase, at the discretion of the Chair, initially monthly. The project Board will consider project implementation reports, cost reports, Clinical KPIs, complaints and clinical incident data, and corrective actions implemented by the UN Clinic. Minutes of these meetings will be maintained, and copies will be provided to the Director, Medical Services Division, New York.

b) Risk management: *This section sets out the main risks that may jeopardize project implementation, their likelihood, severity, and risk management, including responsibility for risk management/ mitigation.*

Table 5 – Risk management matrix

Risks to the achievement of SO in targeted area	Likelihood of occurrence (high, medium, low)	Severity of risk impact (high, medium, low)	Mitigating Strategy (and Person/Unit responsible)
EVD outbreak in Clinic	Low	High	As an infection control measure, the clinic must maintain a separate holding and isolation capacity for temporary isolation of any suspect Ebola cases until the patient's lab tests are confirmed.
Security breach*	Low	Low	The UN has the required security arrangements to safeguard the UN Clinic in cooperation and support from the Host Government.
Non-performance	Low	High	Regular consultation with designated Officials, regular reports with proactive problem solving

*The Security Level System (SLS) is a system designed to provide an objective description of the security environment of a particular area or location in which the UN must operate. It does so based on a structured analysis of the prevailing threat in an area or location, and is conducted in such a way as to reduce subjectivity. The SLS has 6 Levels going from 1 (least dangerous environment) to 6 (most dangerous environment). Each level has a specific name as follows: 1 – Minimal, 2 – Low, 3 – Moderate, 4 – substantial, 5 – High, and 6 – Extreme. The Medical Services Division has recommended that travel on official business to each of the three countries be restricted to essential travel only. Each travel request will be considered on criticality of the mission.

Note: The Ebola crisis does not affect the SLS.

c) Monitoring & Evaluation: *This section sets the M&E arrangements and responsibilities for the proposal, including who will be responsible for the collection and analysis of data required in the result framework.*

The clinics will provide reports on a monthly basis to the Director, Medical Services Division, and will be accompanied by a letter recommending or proposing solutions to any issues of concern that arose during the reporting period. The reports shall include, but not be limited to, the reports listed below:

- a. KPI performance report
- b. Workforce report
- c. Complaints report
- d. Clinical incident report

To ensure proper coordination, the Director, Medical Services Division and Chief/ Senior Medical Officer will communicate formally as noted above, on a monthly basis to ensure effective monitoring of the project activities. In addition, informal consultations will continue on an ongoing basis. The monitoring of the activities and the evaluation of progress will be ensured through the establishment of several control mechanisms:

- (i) Effective reporting system
- (ii) Effective financial monitoring system
- (iii) Employment and/or utilization of key human resources
- (iv) Experience sharing/ lessons learned

The following clinical incidents will be reported immediately to the Director, Medical Services Division, New York (medicaldirector@un.org).

- Any patient death
- Any error leading to worsening of a patients condition

Wg. TD -

PROPOSAL RESULT MATRIX [MSD]

Proposal Title: Maintaining essential service capability for UN Medical Clinics in Guinea			
Strategic Objective to which the Proposal is contributing²			
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline³ In the exact area of operation	Target
1. availability of non-Ebola medical services provided to UN personnel (with ambulance services)	Guinea (Conakry)	1. Medical service are available during standard working hours are from 8 am to 5 pm 2. 0% of cases are addressed in night hours	1. 24/7 medical services available through the duration of project 2. 100% of emergency after-hours cases are addressed by UN clinics
2. % of cases addressed by UN clinics within night hours			
MCA 14⁴			
Output Indicators	Geographical Area	Target⁵	Budget
- # Isolation/holding units fully functioning (in Guinea)	Guinea (Conakry)	1 observation unit continue functioning (in Guinea)	Guinea \$568,708
# of hours per week that clinic is open for routine care		40 hours	
# of hours per week that clinic is open for emergencies		168 hours	
Sub-Total Project Costs			\$568,708
Coordination Fees⁶			
<i>Staffing</i>			
<i>Data collection</i>			
<i>Equipment & Supply</i>			
<i>Indirect Cost max 7 %</i>			\$39,810
Total Project Cost in USD			\$608,518

² Proposal can only contribute to one Strategic Objective

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

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

⁵ Assuming a ZERO Baseline

⁶ Should not exceed 20% including the indirect cost

Project budget by UN categories

PROJECT BUDGET	
CATEGORIES	UNDP Guinea
1. Staff and other personnel (include details)	\$568,708
2. Supplies, Commodities, Materials (include details)	
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details)	
4. Contractual services (include details)	
5. Travel (include details)	
6. Transfers and Grants to Counterparts (include details)	
7. General Operating and other Direct Costs (include details)	
Sub-Total Project Costs	\$568,708
8. Indirect Support Costs*	\$39,810
TOTAL	USD\$608,518

* 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.

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