



**EBOLA RESPONSE MULTI-PARTNER TRUST FUND
CONCEPT NOTE**

Proposal Title : Strengthening the Community Recovery and Resilience in Post Ebola in Guinea	Total duration (in months): 6 months
Amount requested from Ebola MPTF: USD 748,728 Other sources of funding of this proposal: USD 464,966 UN Agency core or non-core resources: Government Input: 0	Recipient UN Organization(s): UNDP Guinea UNFPA Guinea Sub-grants to Implementing Partner(s): - Ministry of Health - CSOs / CBOs
Duration: Start date: 1er October 2015 End date: 31 March 2016	Proposal location provinces: Three major Ebola epicenters and most affected regions: Conakry, Kindia and N'zerekore
<p>RECOVERY STRATEGIC OBJECTIVES (RSOs) to which the proposal is contributing. For reporting purposes, each proposal could contribute to one RSO. For proposals responding to multiple RSO please select the primary RSO to which the proposal is contributing to.</p> <p> <input type="checkbox"/> Health, Nutrition, and Water, Sanitation and Hygiene (WASH) <input checked="" type="checkbox"/> Socio-Economic Revitalization <input type="checkbox"/> Basic Services and Infrastructure <input type="checkbox"/> Governance, Peacebuilding, and Social Cohesion </p>	

Recipient UN Organizations	Management Committee Chair:
UNDP <i>Lionel Laurens, Country Director</i> <i>Signature</i> <i>Date & Seal</i>	Dr. David Nabarro <i>Signature</i> <i>Date:</i>
UNFPA <i>Dr Aboubakar Cissé, Representative a.i.</i> <i>Signature</i> <i>Date & Seal</i>	

a. Context analysis:

With the great efforts by both international and local partners in the fight against Ebola Virus Disease, the number of new infections in Guinea have significantly decreased today. Regions like the Forest Region where the disease struck for the first time in December 2013 have successfully managed to stay at zero case, and the road to zero continues in other places as well. The recent shifting of the outbreak towards the Lower Guinea and Conakry areas, showed once again how hard it can be to contain the spread of such a deadly virus without a comprehensive plan that involves full participation and collaboration of all stakeholders, especially local communities. It was demonstrated that the virus was quickly contained in areas where communities collaborated better with the response teams contrary to other regions whereas cases of reticence hampered the efforts and subsequently delayed the eradication of the virus.

On the other end, there is a general feeling that most affected communities want to move forward in their recovery process. Socio-economic activities have slowly resumed despite many challenges that include: uncertainty that the virus is gone for good and will not strike again, lack of support and accompaniment in the process, absence of basic services, recurring cases of stigmatization of EVD survivors and their families by the rest of community members, inexistence of strong action plans towards a successful socio-economic revitalization and social cohesion in the affected communities. These communities do not only want to stay at zero case, but also and most importantly to go beyond zero in order to achieve a full recovery from all forms of sequels caused by the Ebola outbreak. The response to the Ebola outbreak was coordinated in a context of emergency where setting action plans was somehow impossible or marred with gaps. The recovery process must not fall under the same category and must involve beneficiary communities. This project aims at supporting EVD survivors/victims in their affected communities at playing a pivotal role in their recovery process. This project will enable UNDP and UNFPA Guinea to provide support, technical guidance and any needed accompaniment to affected communities with respect to their respective priorities. Those needs may differ from one context to another depending on past experiences and current realities. This will solely be done in full consultation with communities at the grassroots level. This is the only way to ensure that affected communities are playing the maximum role in their recovery process through community consultations and action planning.

b. Rationale for this project:

As outlined above, the economic activities in Guinea were negatively affected by the Ebola outbreak. This situation exposed the already fragile health system and overall health service delivery. It also created severe negative socio-economic effects on the most vulnerable populations, thus increasing their poverty level while also undermining other aspects of life. The Ebola outbreak and psychosis it generated have completely changed the dynamics of development in Guinea. Indeed, when the country aims to build on the achievements of recent years to accelerate growth and trigger structural transformation of its economy, it has faced an unprecedented shock (closure of borders, delay of several investment projects, public and private, departure of expatriates etc.), with considerable consequences on investment, growth and employment as well as on the livelihoods of populations.

On the economic front, agriculture, transport, tourism and the hotel industry and trade are among the most affected areas, mainly due to disturbances on the production and marketing systems. In the industrial sector, several companies have suffered the consequences of Ebola virus disease, which resulted in temporary shutdowns and / or staff reduction due to the decrease in activity. According to data collected from a sample of companies in the private sector in September 2014, because of the Ebola epidemic, employment had declined (compared to the situation in 2013) by about 8.6% in the hotel industry, 3% in transport and 22.9% in public works (building, roads, public constructions).

Moreover, the epidemic affects women (53%) more than men (47%), an indication of increased vulnerability as they provide care to their families and communities.

In addition, the epidemic has revealed weaknesses in the health system. The supply of the public health system is very limited: according to the WHO, Guinea had only 3 beds per 10,000 inhabitants (WHO, 2014). Essential health services, such as maternal, newborn and child health have been severely hit (Oxfam, 2014). The need for

antenatal services, safe deliveries and postnatal care is important: only 45% of deliveries are assisted by qualified staff between 2010 and 2013. Expenditures of the Guinean health system (2014) amounted to USD 20 per capita, an amount well below the minimum threshold recommended by the WHO of USD 60. The WHO (2014) estimates that the country suffers from a deficit of 21,400 medical health personnel to provide essential services.

Without an efficient international response, the Ebola Virus Disease could be the start of a vicious cycle with a prolonged social and economic crisis, affecting access to sustainable health services. Thus, poor communities, including those living in areas affected by Ebola and the border with the Manu River will greatly suffer from this situation. The support to Guinean vulnerable population in affected zones to cope with the socio economic impacts of the Ebola outbreak and to ensure seamless transition to early recovery is critical to prevent the country from sliding back to vulnerabilities by ensuring the socio-economic revitalization and delivery of basic services.

Therefore, no one can talk of recovery without addressing the main causes and negative effects that resulted from the Ebola outbreak. Building resilience among communities, empowering local populations towards a community-driven recovery scheme are some of the steps proposed by this project which also aims at strengthening the capacity of local communities, in particular the most vulnerable groups, to rebuild their confidence and trust levels in order to prepare them to successfully cope with future crises. The fight against Ebola required extra efforts and practices unfamiliar to the Guinean culture and beliefs, which created mistrust among some communities but also towards response teams. Thus restoring and strengthening the social cohesion between fragmented communities is a key step toward achieving a full recovery.

Taking into account the national priorities as prescribed in the Guinea National Strategy for Recovery and post Ebola Resilience, this project proposes to support the Government of Guinea in its efforts to rebuild the nation in all aspects. Particular attention will be given to the most affected communities by assisting them in the improvement of their lives by creating temporary jobs and also by providing basic services to the most vulnerable.

The project will be jointly carried out by UNDP and UNFPA and will cover major Ebola epicenters in the three most affected regions of Conakry, Kindia and N'zerekore. The particularity of this project is to promote an inclusive participatory planning approach which will help community members to think for themselves. In addition to financial support to initiatives by community groups (EVD survivors' included), longer term community recovery actions plans will be developed as a result from a series of community consultations. UNDP and UNFPA jointly agree that enhancing resilience requires empowering communities and assisting them to stand on their own feet by providing them access to resources and knowledge on how to successfully move on. Hence the project will involve affected communities in the identification of problems and search for suitable solutions. It will assist them in the assessment of needs and priorities geared toward long term recovery strategies. It will in the end promote and reinforce the grassroots collaborative problem-solving spirit in each beneficiary community. Consultations with senior government and prefectural officials will also be held in order to set priorities that are aligned with the National Strategy for Recovery and post Ebola Resilience.

This is a pilot project which intends to help affected communities to design their specific recovery plans, set goals and priorities that will guide them throughout the post-Ebola rebuilding process. To start, a total of 3 most affected regions will benefit from this project in the beginning, and when separate funds become available, it will be expanded to other regions as well. The choice of localities is based on the budget size, the current situation of the Ebola virus disease, the presence of UNDP/UNFPA to minimize operational costs, and finally the extent to which those regions have been affected by the epidemics. Two community groups including one women's survivors will take part in this project and will benefit from small grants to promote or support their income-generating activities. A total of 10 most affected communities will be identified in those three regions as follows: 4 communities in Conakry area, 3 in Kindia and 3 in N'zerekore region. Each community will be eligible up to two community recovery grants to promote at least two community recovery projects which aim to revitalize the socio-economic conditions of EVD survivors and rest of community members through income-generating or job generating activities. Community business-oriented short training opportunities will also be developed in some communities to equip beneficiaries with basic business and financial management tools and skills. The earned income will enable EVD survivors and their families to improve their living conditions and

achieve their financial autonomy. Additionally, UNDP and UNFPA will avail some basic services within existing community health facilities. This will give easy access by affected communities to health care and social protection. It is anticipated that at least 20 community groups will get financial support of up to USD 10,000 each to generate income and create few jobs in their communities. UNDP will specifically carry out activities like community consultations, vocational training, financial management, business planning, recovery action planning, while UNFPA will provide basic services like prenatal and postnatal services, reproductive health, family planning, community thematic training sessions on gender and gender based violence, HIV and healthy communities in the post-crisis context.

UNDP and UNFPA have the required human resources and expertise to carry out those activities. They were both actively involved in the Ebola response alongside the Guinean Government, and have a significant field presence throughout the country which will facilitate the implementation of this project. In addition, UNDP was recently entrusted with the management of another MPTF Quick Impact Project Fund to continue the financial support to Ebola response activities in the field. UNDP and UNFPA will appoint their respective project managers who will be coordinated by UNDP. Where needed, implementing partners will also be mobilized to help with community driven recovery, community action planning and thematic training related activities. The project team will assist affected communities in setting up local recovery advisory committees to oversee the recovery and resilience efforts in their respective communities. The project will request the establishment of Community Recovery Committees based on existing elderly councils who are expected to assist the project team to better comprehend local needs from local voices, before strategically planning for activities and solutions. UNDP and UNFPA greatly value the principles of national ownership, inclusiveness and gender balance.

C. Project result matrix

Proposal Title: Strengthening the Community Recovery and Resilience in Post Ebola in Guinea						
Strategic Objective to which the Proposal is contributing ¹	Contribute to the socioeconomic recovery and resilience, and strengthen the economic capacity of affected communities.					
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline ² In the exact area of operation	Target	Means of verification	Responsible Organizat	
Number of communities whose socio-economic conditions have improved	Conakry, Kindia and N'zerekore	N/A- Data to come from NERC and prefectural administration	18	UNDP annual reports CPAP final evaluation	UNDP	
RSO <input type="checkbox"/> ³						
Output Indicators	Geographical Area	Target ⁴	Budget	Means of verification	Responsible Organisat	
Output 1: 20 most EVD affected communities or 1,000 individuals in three regions to improve their living conditions, have the financial autonomy to support their family members through income generating activities, training opportunities on business and financial literacy, and creation of job opportunities	Conakry, Kindia and N'zerekore	450 households /1,000 individuals	356,350	Project reports Evaluation by local authorities, and community advisory committees	UNDP	
<u>Indicators:</u>						
☞ Number of affected households economically reintegrated through an income generating activity		450		Site visits Project Reports Site visits and physical existence of such initiatives Proof of fund remittance Proof of purchase and physical evidence of		
☞ Number of community recovery initiatives launched		20				
☞ Number of grants or equipment issued to community groups		20				

¹ Proposal can only contribute to one Strategic Objective

² If data are not available please explain how they will be collected.

³ Project can choose to contribute to all MCA or only the one relevant to its purpose.

⁴ Assuming a ZERO Baseline

<p>☞ Number of community consultations and orientation sessions on the post recovery strategies and community action planning</p>		<p>20 sessions/1000 persons</p>		<p>equipment Community recovery plan in each community Reports from consultants Attendance lists Trainers' reports Training modules Attendance lists</p>	<p>UNDP</p>
<p>☞ Number of thematic training sessions on income generating activities, business and financial literacy, creation of jobs</p>		<p>20 sessions/1000 persons</p>			
<p>RCO <input type="checkbox"/></p>					

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Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Organization
<p>Output 2: Most vulnerable populations, especially those in rural areas have access to reproductive health service, family planning and social protection plans</p> <p>Indicators:</p> <ul style="list-style-type: none"> ☞ Percentage of pregnant women who conducted four antenatal visits, including one in 9th month; ☞ Number of breastfeeding women who made the post-natal consultation. ☞ Number of health workers trained on health related topics like reproductive health, VIH, Ebola Virus Disease, Gender-based violence, family planning etc. ☞ Number of health facilities equipped by the project 	Conakry, Kindia and N'zerekore	6,000 women have access to care and services	258,500	Project report Health district reports	UNFPA
☞ Coordination Fees ⁵			84,896		
☞ Staffing (Project Coordination, Management and support)					
☞ Data collection					
☞ Equipment & Supplies			48,982		
☞ Indirect Cost max 7 %					
Total Project Cost in USD			748,728		

Project cost and funding: The total estimated budget is 1,213,694 \$US from which 748,728 \$US is requested from MPTF. The difference of 464,966 \$US will be supported by Human security Fund to whom a concept note has been submitted. The resources requested from MPTF will fund the activities in major Ebola Epicenters in three regions while the additional fund expected from Human Security Unit will allow the extension of activities to other affected communities across the country.

⁵ Should not exceed 20% including the indirect cost

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MPTF PROPOSAL BUDGET (ESTIMATED)

CATEGORIES	UNDP	UNRPA	TOTAL
1. Staff and other personnel costs	72,296	12,600	84,896
2. Supplies, commodities, materials	30,000	200,000	230,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation (Office equipment and supplies)	9,600	6,000	15,600
4. Contractual services: <ul style="list-style-type: none"> • Small grants to community recovery initiatives 10,000 \$US x 20 groups • Identification and training costs • Creation of job opportunities with high intensity labor 	302,750	40,000	342,750
5. Travel (project monitoring and evaluation)	14,000	12,500	26,500
6. Transfers and Grants to Counterparts (include details)	-	-	-
7. General Operating and other Direct Costs	-	-	-
Sub-Total Project Costs	428,646	271,100	699,746
8. Indirect Support Costs * 7%	30,005	18,977	48,982
TOTAL	458,651	290,077	748,728

The rate shall not exceed 7% of the total of categories 1-7, as specified in the Ebola MPTF onse 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.