



UN Haiti Cholera Response Multi-Partner Trust Fund PROPOSAL

Proposal Title: Preventing and cutting cholera transmission on the four persistent departments	Recipient UN Organization(s): UNICEF											
Proposal Contact: Gregory BULIT Address: 17 rue Debussy, Pacot Telephone: (509) 4893 7064 E-mail: gbulit@unicef.org	Implementing Partner(s) -- name & type (Government, CSO, etc): MSPP – Government DINEPA – Government ACF, ACTED, OXFAM, Solidarites International, IFRC, CRF – NGOs											
Proposal Location (Departments): Ouest, Artibonite, Centre, Nord.	Beneficiaries targeted by the proposal <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Women:</td> <td style="text-align: right;">278,300</td> </tr> <tr> <td>Girls:</td> <td style="text-align: right;">238,728</td> </tr> <tr> <td>Men:</td> <td style="text-align: right;">268,517</td> </tr> <tr> <td>Boy:</td> <td style="text-align: right;">183,994</td> </tr> <tr> <td>Total:</td> <td style="text-align: right;">969,539</td> </tr> </table>		Women:	278,300	Girls:	238,728	Men:	268,517	Boy:	183,994	Total:	969,539
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Project Description: <i>One sentence describing the project's scope and focus.</i> The main objective of this project is therefore to support cholera control and contribute to stop the transmission of cholera in Haiti as soon as possible. The action focuses in the 4 persistent departments (Nord, Centre, Artibonite, Ouest) and is fully aligned with the government medium-term cholera elimination plan through its four main expected result listed below.	UN Haiti Cholera Response MPTF Requested amount: US\$ [500,000] Other sources of funding of this proposal: Other sources (indicate): Complementary with this proposal: <ul style="list-style-type: none"> ✓ The government of Japan, support coordination, epidemiological surveillance, rapid responses and other wash activities until 2019, February. 2,6MUsd, focused on 4 persistent department. ✓ CERF LOAN, support coordination, surveillance and rapid responses until 2017, December. 8MUsd, all country. ✓ The government of Canada, support coordination, surveillance, rapid responses for 2 years. 1,5MUsd, all country. However, these funds are not yet available. Government Input: National coordination salaries (unkown) Total Cost for the Project: for UNICEF US\$ [12,600,000]											
	Start Date: 04/01/2017 End Date: 12/31/2017 Total duration (in months): 09											

Endorsement of the DSRSG/HC/RC for Haiti :

Name: Mr. El-Mostafa Beniamin

Date:

STRATEGIC OBJECTIVES to which the proposal is contributing based on the new UN approach to Cholera in Haiti. For reporting purposes, each project should contribute to one Strategic Objective (SO). For proposals responding to multiple SOs please select the primary to which the proposal is contributing to.

TRACK 1a: Intensifying efforts to cut transmission of cholera and improve access to care and treatment

Strategic Objective 1: PREVENTING and CUTTING transmission in communities

- Increase the number of trained rapid response teams
- Rapid Identification and treatment of cases
- Immediate actions to cut transmission
- Revitalize public information campaign to better reach the public and achieve hygiene behaviour changes

Strategic Objective 2: IMPROVE health and reduce mortality

- Preventive care: Support for a wider cholera vaccination campaign together with water and sanitation interventions, with an emphasis on household water treatment
- Curative care: Strengthen national human resource capacity in acute diarrhoea treatment centers, and ensure the integration of cholera treatment into the health system

Strategic Objective 3: COORDINATION and operational **SUPPORT**

TRACK 1b: Addressing the medium/longer term issues of water, sanitation and health systems

Strategic Objective 4: Implementation of national WATER AND SANITATION Campaign

TRACK 2:

Strategic Objective 5: Proposing a package of material ASSISTANCE AND SUPPORT to Haitians most directly affected by Cholera

Recipient UN Organization(s)	
Name of Representative Signature Name of Agency: Date & Seal	Marc Vincent UNICEF
National Government: Name of Representative Signature Name of Agency Date & Seal	

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.

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)*

Since 2010, Haiti, which has never reported cases of cholera throughout its history, is facing a particularly severe cholera epidemic, responsible for 807,449 cases and 9,490 deaths in six years (Source MSPP/DELR, epidemiological bulletin week10, 2017). These figures, although probably far below the reality, make Haiti the country most severely affected by cholera this century. The still vulnerable population of Haiti is not yet able to deal alone with the thousands of cases reported each year. It requires now additional and continuous efforts to achieve the complete elimination of cholera. Many countries, including some of the poorest developing countries, have also suffered from severe cholera epidemics and have succeeded in eliminating the disease. This is the case, for example, of South America countries, several countries in West Africa and even Madagascar, after suffering an epidemic wave in the early 2000s.

The main objective of this project is therefore to support cholera control and contribute to stop the transmission of cholera in Haiti as soon as possible. The action focuses in the 4 persistent departments (Nord, Centre, Artibonite, Ouest) and is fully aligned with the government medium-term cholera elimination plan through its four main expected result listed below.

Reinforced departmental coordination

In order to reinforce the coordination at national and departmental level, UNICEF and WHO/PAHO have constituted a joined coordination cell embedded at Ministry of Health. Although already in place, this remains to be strengthened to increase the capacity of surveillance and decision-making of the National Technical Committee Against Cholera (MoH and DINEPA). At the departmental level, four UNICEF officers are being installed in support of the health department directorates and DINEPA in the above mentioned persistent departments.

Improved rapid response

One of the key component to reach elimination as quickly as possible remains the strategy of immediate response to all alerts. At present, any suspected case of cholera are responded within 48 hours. This approach, introduced gradually since the second half of 2013, largely explains the progress made in the control of cholera in Haiti over the last three years, despite a supposed decreasing natural immunity since 2014 and a still very vulnerability of most of Haitians. To date, 12 rapid responses teams of the Ministry of Health (EMIRA), supported by 70 UNICEF partners' NGO teams implement this strategy. The proposed action aims at strengthening the EMIRAs in the four persistent departments. These activities consist of material and logistical support, enabling greater efficacy of these teams. On the other hand,

Better control of water systems chlorination in the West department

Another key element for controlling cholera is ensuring drinking water chlorination in the West department. This department represents the main risk of national outbreak due to the dense population living in poor sanitary conditions. The project will strengthen the regional office of DINEPA (Direction Nationale de l'Eau Potable et de l'Assainissement) to ensure water systems chlorination control in key areas and restart private water trucks chlorination monitoring that has stopped due to lack of funding in 2016.

Increased communication to the public

Finally, greater public communication and sensitization is needed in this phase of the outbreak. Revitalizing public information to achieve hygiene behavior changes will be a key component of this project. A specific communication plan in these four prioritized geographical areas is being prepared but the health department directorate to increase mobilization and social awareness.

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

As stated above, at national level, this project fits fully into the government elimination plan. At the departments level, this project also supports the strategy set up by UNICEF, with at least one NGO in support of the health directorates and DINEPA, which support epidemiological surveillance (collection / analysis), rapid response including the establishment of sanitary ring around each suspected case house.

In addition, in these same departments, there is an ongoing co-ordination with WHO/PAHO and the World Bank in the field of healthcare support.

c) Capacity of RUNO(s) and implementing partners: *This section should provide a brief description of the RUNO capacity and 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.*

One crucial element for the success of the operation is field monitoring and support to partners. For that purpose, UNICEF have permanently one cholera/emergency specialist in the field. His/her role is not reduced to controlling the adequacy of the response with the situation, but to advise and strengthen our partners. Epidemiologists assist the emergency team in the regular analysis of the situation which is particularly important during the low-transmission period.

UNICEF works with 6 direct implementing partners (ACTED, ACF, CRF, OXFAM, Solidarites International, IFRC) and directly support the MSPP and DINEPA.

d) 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 UNICEF emergency section is composed of a Manager (International), a Cholera specialist (int.), a M&E Specialist (Int.), four cholera Officers (National). This team is dealing with all procedures related to the operation and to supervise the implementation of expected activities on the ground.

e) Risk management: *This section sets out the main risks (Social and Environmental, Financial, Operational, Organizational, Political Strategic) 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)
Hurricane season and floods	high	medium to high	Pre-position materials and supplies at department level Community-based response capacity development Training rapid responses teams
Socio-political issues	medium	Medium	Pre-position materials and supplies at department level Contact with local leaders, advocacy at central level to ensure response teams access Training rapid responses teams

f) 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*

NGO partners are asked to report their activities on a dedicated google drive that UNICEF is managing. Each NGO has its own username and password and cannot access other NGO page. However, actions undertaken during the past month are analyzed by UNICEF specialists and discussed during the monthly meeting with all partners. Indeed, since 2014, UNICEF and WHO/PAHO initiated a monthly coordination meeting with all NGO partners (Health NGOs included). This meeting allows to continuously follow the situation and adapt the strategy. In addition, UNICEF Emergency team members undertake regular field visits to monitor activities of the partners.

In the framework of the HACT system, programmatic visits are undertaken by the emergency team staffs. Each partners are officially monitored at least two times a year. Programmatic visits permit to compare the project implementation to the expected results and activities as per partner's logframe. They are followed by a report with operational recommendations which is shared with the partner.

Finally, each NGO partner has its internal monitoring and evaluation in place which adds up to the M & E performed by UNICEF.

PROPOSAL RESULT MATRIX

Proposal Title:						
<p>SO #1: PREVENTING and CUTTING transmission in communities</p> <ul style="list-style-type: none"> ➢ Increase the number of trained rapid response teams ➢ Rapid Identification and treatment of cases ➢ Immediate actions to cut transmission ➢ Revitalize public information campaign to better reach the public and achieve hygiene behaviour changes 						
<p>Strategic Objective to which the Proposal is contributing²</p>						
<p>Effect Indicators</p>	<p>Geographical Area (where proposal will directly operate)</p> <p><i>West, Centre, Artibonite, North National</i></p>	<p>Baseline³</p> <p>In the exact area of operation</p> <p>80% 300 suspected cases</p>	<p>Target</p> <p>90% <250</p>	<p>Means of verification</p> <p>MoH database and NGOs reportin</p>	<p>Responsible Org.</p> <p>UNICEF</p>	
<p>Output Indicators</p>	<p>Geographical Area</p> <p><i>West, Centre, Artibonite, North</i></p>	<p>Target⁴</p> <p>4 4 10 4</p>	<p>Budget</p>	<p>Means of verification</p> <p>Field monitoring visit DINEPA report MoH report NGO report</p>	<p>Responsible Org.</p> <p>UNICEF</p>	
<p># department where coordination of the alert-response is reinforced</p> <p># MoH Rapid Response Teams supported in the four Departments</p> <p># DINEPA chlorination agents supported in the West departments</p> <p># of communication plans implemented before July 2017</p>						

² Proposal can only contribute to one Strategic Objective

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

⁴ Assuming a ZERO Baseline

Project budget by UN categories

UN Haiti Cholera Response MPTF - PROJECT BUDGET			
CATEGORIES	Amount Recipient Agency	Amount Recipient Agency (if more than 1)	TOTAL
1. Staff and other personnel 1 department cholera officer for the West (nat.): 6,000 \$USD * 9 months	54,000		54,000
2. Supplies, Commodities, Materials WASH supplies	52,000		52,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation Vehicles hiring for MoH teams 120 \$US * 4 vhl * 90 days	43,200		43,200
4. Contractual services (include details as described above)			
5. Travel Field monitoring 120 \$US * 200 days	24,000		24,000
6. Transfers and Grants to Counterparts MoH – MSPP DINEPA NGOs		100,000 80,000 90,000	270,000
7. General Operating and other Direct Costs			24,090
Sub-Total Project Costs			467,290
8. Indirect Support Costs*			32,710
TOTAL			500,000

* The rate shall not exceed 7% of the total of categories 1-7, as specified in the Haiti Cholera 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.