



## UN Haiti Cholera Response Multi-Partner Trust Fund

### Project Proposal

<p><b>Proposal Title:</b> Strengthening Resilience, Health and Sanitation Systems in Haiti through community support</p>	<p><b>Recipient UN Organization(s):</b> UNDP Haiti</p>											
<p><b>Proposal Contact:</b> Mr. Fernando Hiraldo (UNDP Haiti) E-mail: <a href="mailto:fernando.hiraldo@undp.org">fernando.hiraldo@undp.org</a></p>	<p><b>Implementing Partner(s) – name &amp; type (Government, CSO, etc):</b> Ministère de la Planification et de la Coopération Externe (MPCE)</p>											
<p><b>Proposal Location (Departments):</b> 5 priority ‘sections communales’ in Haiti. (To be selected, at project start and after an up-to-date assessment of the overall context)</p>	<p><b>Beneficiaries targeted by the proposal</b> <i>This section indicates both the total number of beneficiaries, ensure inclusive participation and non-discrimination of the vulnerable and at-risk groups</i></p> <table border="1" data-bbox="807 1211 1487 1429"> <tr> <td><b>Women:</b></td> <td>20,000</td> </tr> <tr> <td><b>Girls</b></td> <td>6,000</td> </tr> <tr> <td><b>Men</b></td> <td>20,000</td> </tr> <tr> <td><b>Boys</b></td> <td>6,000</td> </tr> <tr> <td><b>Total:</b></td> <td>40,000</td> </tr> </table>		<b>Women:</b>	20,000	<b>Girls</b>	6,000	<b>Men</b>	20,000	<b>Boys</b>	6,000	<b>Total:</b>	40,000
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<p><b>Project Description:</b></p> <p>The objective of this project is to expand community and cholera victim assistance to 5 cholera priority communes in Haiti, providing material support to those Haitians and their communities most directly affected by cholera, under the Track 2 of the SG’s New Approach to Cholera. Providing material support in this way will help to build a more resilient Haiti that can respond to and stand up against not only cholera, but all infectious diseases, including COVID-19. The project also supports dialogue and partnerships with civil society organizations working towards the same goals.</p>	<p><b>UN Haiti Cholera Response MPTF</b> <b>Requested amount: US\$ 1,100,000</b></p> <p><b>Haiti cholera Multi Partner Trust Fund US \$ 1.100.000</b> Other sources of funding of this proposal: N/A Government Input: N/A <b>Total Cost for the Project: US\$ 1.100.000</b></p> <p><b>Start Date:</b> May 2021 <b>End Date:</b> April 2022 <b>Total duration (in months):</b> 12 months</p>											

**STRATEGIC OBJECTIVES** to which the proposal is contributing based on the new UN approach to Cholera in Haiti.

**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<sup>1</sup>

**Recipient UN Organization(s)**

Name of Representative: Stephanie Ziebell

Signature

Name of Agency

Date & Seal 20-May-2021

**Advisory Committee Co-chair or representative:**

Name of Representative: Ramsey Ben-Achour

Signature

Name of Agency: Office of the Special Envoy

Date & Seal: 17 May 2021

<sup>1</sup> These strategic objectives of the Haiti Cholera Response MPTF are set by this multi-donor's programme's implementing partners and stakeholders. As the project (described in this document) will however occur in the context of a continuing COVID-19 crisis, attention will necessarily be given also to strengthening communities' resilience with respect to the containment and impact response related to COVID19

## **A. Rationale for this Project**

To date, the outbreak of the cholera epidemic in Haiti has affected over 800,000 people and caused over 9,000 deaths.

Since the cholera outbreak, the United Nations has been working on three fronts, aligned with the National Cholera Elimination Plan, to support national efforts to eliminate cholera and to improve water and sanitation:

- Support to the emergency response to ensure that health teams respond within 48 hours to new cases of cholera. Through immediate treatment and action, transmission of cholera has now been halted.
- Provision of vaccines against cholera.
- Working with the Government and communities to improve health, sanitation and overall living conditions in the most affected communities.

To address this critical situation, the UN Secretary-General announced a new approach in 2016. This new UN approach to cholera in Haiti has two tracks, which include the following strategic objectives:

- Track 1A: Intensifying Immediate efforts to cut transmission of cholera and improve access to care and treatment;
- Track 1B: Addressing the longer-term issues of water, sanitation and health systems; and
- Track 2: Developing a proposal for a package of material assistance and support to Haitians most directly affected by cholera. It is important to consider that Track 2 represents a concrete and tangible expression of the Organization's regret for the suffering that the Haitian people have endured as a result of cholera. It is aimed at providing a meaningful - but necessarily imperfect - response to the impact of cholera on individuals, families and communities.

These efforts will include victims of the disease, their families and communities.

Under Track 2, the community approach promotes the implementation of projects based on priorities established in consultation with cholera victims, their families and communities.

Close to 400 communities are estimated to have been affected by the cholera epidemic. With the funding available, the Community Assistance project has so far expanded in two phases since 2018, and reached only 25 out of the hardest hit 136 communities: 5 in the Center department (Mirebalais, Crête Brûlée, Gascogne, Sarazin, Grand-Boucan) and 20 in the North department (Cap-Haitien, Quartier Morin, Limbé and Dondon). Only 25 communities have thus so far been receiving – or are currently receiving – support under the above Track 2. This project will allow another 5 priority communities to be assisted, to be selected, based on the most recent information available at that time.

This project will benefit from the valuable lessons learned from the previous and ongoing Track 2 response initiatives, also funded through the ‘Haiti Cholera Response MPTF’, and which thus inform the implementation strategy proposed for this project.

It has been demonstrated that important factors contributing to the morbidity and mortality rates of cholera, are closely linked to economic conditions and poverty levels, together with those associated with environment, climate, culture, and health management. It is thus necessary to strengthen community resilience (as is the case with respect now to the COVID-19 crisis) and to appropriately and adequately address structural causes and strengthen the capacities of affected communities to improve their livelihoods and quality of life. Strengthening the resilience of communities that were affected by the Cholera epidemic can indeed have a direct impact also on addressing other health emergencies such as in the current context of Covid-19 crisis

As stated by the UN Haiti Cholera Response Team, the support to those most affected must go beyond addressing the immediate health issue and also include a proposal for a package of material assistance and support those most affected by the disease. In this vein, UNDP will complement and reinforce the interventions which support this community development action.

It is expected that the implementation of the community approach will strengthen community capacities to proactively and sustainably address the conditions that vulnerability to epidemics, be they cholera, COVID-19 or chronic poverty, weak sanitation infrastructure, limited access to clean water, poor housing conditions, and lack of basic health services.

### **Examples of possible projects in response to community priorities**

1. Small community infrastructure:
  - Cholera eliminating measures, including filtration systems, local level sewage and other initiatives complementary to actions of track 1b
  - Upgrade of community centers
  - Repair of secondary roads
  - Environmental rehabilitation, including waste management, and risk reduction
  - Others
2. Basic services:
  - Education (school upgrade, provision of equipment, student grants, etc).
  - Health (clinics upgrade, staff training, equipment and supplies, health grants, etc.)
  - Access to electricity
  - Others
3. Livelihoods, employment and income generating activities:
  - Productive community infrastructure
  - Vocational training
  - Provision of tools and equipment
  - Support to micro, small and medium enterprises
  - Assistance to cooperatives or similar associations
  - Others

The project will target primarily cholera affected households within each community, and with a particular focus on women and other vulnerable groups and ensuring that the latter have a strong voice in project identification and prioritization. The project will also be implemented using a conflict sensitive approach given the potential for community conflict linked to the sensitivity of the topic and the high socio-economic needs of affected communities. It is imagined that initiatives related to small community infrastructure that require low-skilled human power will be implemented using Cash for Work schemes which will provide short term employment opportunities for households in each community. Community initiatives will aim to benefit the whole community, prioritizing benefits for households directly affected by cholera.

One of the biggest challenges to this approach will be to ensure the sustainability of initiatives, which will therefore be part of the criteria for selection. The approach will avoid undertaking initiatives that would present sustainability challenges unless these are sufficiently addressed. UNDP will work to ensure that, to the extent possible, all interventions are linked to local development plans and that initiatives are implemented by existing small local organizations or that NGOs work with local micro-enterprise to deliver the assistance. This will require capacity building at the local level, support in the implementation of activities and reinforcement of the governance structures at the communal level.

With the average community budget made available in targeted communities being approximately US\$ 150,000, a contribution of US\$ 1.1 million from the Multi-Partner Trust Fund will make it possible to extend the project to an additional 5 communities.

Building on the lessons learned from previous projects under the Track 2 funded by the MPTF and adapting to the new global context, it is now also imperative to add to the project a strong COVID-19 awareness and resilience building component, as the mostly isolated communities now suffer also, in addition to the cholera impact, from very limited capacities (including knowledge and protection equipment) to contain today's COVID-19 epidemic and ensure the continued availability of – and access to – basic services. The response to prioritized community needs will, in this context, thus also imperatively include such COVID-19 awareness, preparedness and resilience support.

The first project funded by the MPTF under Track 2, signed in 2017 at the start of the project, is was subsequently revised with an additional US\$5 Million budget input from the Fund to allow an expansion of the project to 25 communities in the Cap-Haitien area. This new project, following the Methodology developed in partnership with the Office of the Special Envoy, the Office of the DSRSG/RC/HC, and the UN Secretariat, will cover an additional five communities, an important and welcome increase in coverage but still below 25% of the total number of communities affected.

## **B. Coherence with Existing Projects**

This project comes under the direct coordination of the Resident Coordinator (and Deputy Special Special Representative), as such ensuring an objective prioritization of the activities; an efficient implementation in line with targeted results and expected impact; and appropriate synergies with other activities taking place in the same area as where this project will operate.

In addition, as part of the Integrated Strategic Framework (a joint prioritization and planning of projects and activities between the BINUH Mission and the UNCT), 6 priority goals and benchmarks have been set for the UN operations in Haiti. Each of these benchmarks are steered and monitored by Working Groups of Agencies, who also ensure effective coordination.

Finally, for the joint programmes operating in Haiti (in particular those funded by the Peace Building Fund; the One-UN Fund; and the Multi Partner Trust Fund) a dedicated coordination focal point has been assigned to contribute to the effective coordination of these programmes, both within when multiple agencies participate in their implementation, or with other partners implementing projects in the same thematic or geographical area.

Of particular importance in this respect is the specific community focus adopted under this project, and which is further explained hereunder. Coherence with other projects in the same area will thus include a particular effort to ensure a similar focus also being adopted by other projects (where their objectives and nature of activities sso permit) and thus contribute to an increasing participation in – if not straight ownership of – the coordination of external support by local communities, or at least the integration of external assistance in the local development plans formulated by local authorities in a consultative and participatory manner with those local communities.

This project consists indeed foremost of consultations with victims of cholera and their families, the broader communities, with the representatives of the communities and community leaders in a participatory process, in order to understand directly from them what they perceive as the main priorities of the community, and to which the project community response budget is then allocated. Taken together, the consultative process, followed by project implementation of community-identified priorities, represents the core of track 2 of the new UN approach to Cholera in Haiti — an apology from the United Nations for the moral responsibility for the role played in the cholera outbreak, and an attempt to provide meaningful support to those that have been hardest hit by cholera.

It mobilizes and engages victims and communities in order for them to be closely involved in decision-making processes and in the implementation of priority projects for their communities.

A very comprehensive step-by-step methodological approach is being followed under the project to ensure this participation and ownership, which can be provided to Advisory Committee members upon request

Communities targeted are in most cases extremely poor, isolated and lack access to basic services and infrastructure—in particular health, water, sanitation and energy. Moreover, these services and infrastructure are critical for cholera and COVID-19 containment and preparedness. As such, Phase 2 of the community support project has focused on infrastructure development in these areas.

While this is a legitimate approach, it does however suffer from a number of challenges. On the one hand, the costs of the infrastructure required to respond to the communities self-identified priorities are in most cases beyond the allocations made available by the projects for the community response. On the other hand, they take a comparatively long implementation time because of technical and contracting issues. Additionally, they do not always ensure ‘ownership’ by those most affected by the epidemic. Finally, by focusing on service and infrastructure deficits, they do not adequately address the communities’ priority concern about short-term livelihood

support, in particular for the most affected and the most vulnerable. In some cases, however, through the more creative use of the Cash-for-Work modality, both objectives of service availability strengthening and short-term income creation can be efficiently combined.

Under this Proposal, a particular effort will this be undertaken, without short-cutting the established Methodological Approach, to enrich the community consultations and responsiveness to more diverse community priorities, through the following:

**a. The need to be open to – and consider - a wider range of community priorities, in particular in the area of livelihoods creation and support**

Past experiences show the fundamental need to have a more open and flexible response towards the priorities expressed by the victims and communities. Lessons learned recommend not to limit the project only to infrastructure construction initiatives. This would imply a major and deeper involvement in the communities' needs assessments in order to identify all possible and meaningful projects that will be able to meet the real needs of victims. Projects could be also implemented therefore in 'new' – and particular livelihood areas - areas, such as micro-credit, economic recovery, informal business support; asset procurement for shared community use; community gardening; community solar energy center; etc.

This would also imply that rather than one larger budget (and thus infrastructure-oriented), a set of multiple smaller budget initiatives could constitute the community 'portfolio' and thereby impact positively on a larger number of victims within the community.

**b. Widen the partnerships for community project implementation (including direct community Implementation when/where appropriate)**

In order to meet the flexibility criterion mentioned above, the project must consider a large(r) choice of possible partners ensuring a more diverse partnership network, including UN Agencies, NGOs or other organizations, and this depending on the nature of the projects to be supported for their implementation, follow-up and sustainability. This pool will be fostered by the mapping of the actors already working in the areas of intervention. This will facilitate the identification of potential and promising partnership in the field.

And this, to further strengthen ownership and sustainability of the initiative, must include the systematic analysis of victims within the community (or community sub-group, such as women, youth or farmer same interest groups) management of the initiatives as the first option. This enhances ownership and thereby also sustainability.

**c. Shorten the time from initial community contact to project implementation**

The current infrastructure focus has inevitably led to a long project gestation period, in some case requiring almost two years from initial community contact to project realization.

The more diverse approach, and the – from a technical or engineering perspective – simpler portfolio of projects outlined above should allow this to be reduced to six months.

It will be ensured by having the community mobilizers interact intensively and daily with victims and the communities for two weeks at the start of the project; undertake a simplified community resource and needs mapping in full participation and transparency with the communities and community groups; and thus during this two-week window ensure full application of the established methodology up to the finalization of the portfolio of priority projects and the definition of implementation and management arrangements and responsibilities, in particular as far as the community or community groups participation in the implementation and management is concerned.

### **c. Capacity of Implementing Partner**

UNDP is present in Haiti since 50 years, and has been active in nearly all thematic areas or geographical zones.

At several occasions, it has chaired the Haiti Donor Group, and is thus particularly well placed to support the Resident Coordinator in coordination-related matter.

UNDP's operational capacity is strong, with a 100-staff in its Head and Project Offices and also called upon to provide common services within the UN System or particular services 'on demand' to other agencies.

Community focus is a growing emphasis in UNDP's programmes, in support of the decentralization objectives now being pursued by Haiti. This, and UNDP's prior involvement in Track 2 initiatives of the UN Cholera Response, allow it to be considered a strong implementing partner for this project, and with a known commitment and experience in partnering with others (communities, local authorities, NGOs, UN Agencies) in the implementation of projects.

### **d. Proposal Management**

#### **D1. Key Steps in Project Implementation**

##### **a. Selection criteria for intervention areas**

Prioritization of the most affected communities is based on a layered system of filtering, and will be done in Week 1 upon confirmation of project approval, and jointly with the Cholera Response Secretariat in NY and the Resident Coordinator's Office in Haiti.

The first screening is based on 4 separate epidemiological criteria (according to MSPP and UNICEF datasets on cholera), which can each individually be considered to be independent concentric circles: (1) Total # of suspected cases by commune; (2) Incidence by commune (# of suspected cases/population of the commune); (3) Gross Morbidity by commune; and (4) Death Rate by commune.

From this first epidemiological screening, a list of priority communes is defined. Following the initial epidemiological selection, other filters will be applied, in particular with a focus on rural vs urban vs peri-urban, as well as on the capitalization of synergies and geographic grouping.

Finally, a filter for optimizing operational resources will be applied by a field visit to the intervention area.

b. Community consultations

The key beneficiaries of the project are the victims of cholera, with identification and prioritization criteria defined under the Track 2 Response guidelines. The information available on cholera victims is not represented by section or by neighborhood. Therefore, to better carry out consultations with the victims in the communal sections, it is important to identify neighborhoods, localities or households in which there is a high concentration of victims. These mobilizations will make it possible to contact any person or entity who can provide information on the victims (e.g. existing victims groups, health workers, local development agents, community leaders, etc.). This will facilitate a more systematic and broadly inclusive consultation process.

This beneficiary identification; community consultation and organization; selection of project portfolio; and definition and agreement with the community of implementation and management arrangements, will take a two weeks of intensive community presence by the team of project community mobilizers, and will be continued with the appropriate intensity and focus throughout the project.

c. Project sustainability

This step consists of setting up a structure that can ensure the management and sustainability of projects carried out in the communities. It consists of identifying the required resources in the communities able to ensure the support of the projects' realization and their post-project management and sustainability. It is important to launch this stage before the actual start of the implementation of community projects, and thus from the point of project selection by the communities.

d. Social mobilization

The success of the project relies on consultations with victims in the target communities in all stages of the project, from the preparatory phase to the project closure. Thus, mobilization and awareness processes are to be continuous all along the project implementation. The inclusion of a social mobilization and communication capacity in the project team is thus particularly important.

e. Communication

Strengthening the communication strategy in order to popularize and publish the achievements of the project is of paramount importance since it will allow the victims, communities and other stakeholders or interested parties to better understand the objectives, the community focus and the methodology applied. Similarly, and in line with the community focus, very regular communication with communities (and sub-community groups) will be of paramount importance for project identification and prioritization; implementation support; 'trouble shooting' and contributing to project sustainability.

## **D2. Main Results Targets and Activities**

The targeted results and proposed activities for each result are as follows:

**R1.** Community consultation; mapping and prioritization of beneficiaries; and strengthening community ownership of the response initiatives and their management

**Activity 1.1** Information and sensitization of the communities about the project; its target beneficiaries; and the prioritization criteria

**Activity 1.2** Mapping and prioritization of beneficiaries

**Activity 1.3** Establishment of a community-wide project oversight forum

**R2.** Identification and implementation of a community portfolio of prioritized projects

**Activity 2.1** Solicitation of ideas of possible response initiatives from different groups of priority beneficiaries, and support to their formulation

**Activity 2.2** Finalization, through a participatory and transparent process by the community forum and in participation with the project team, of the final project portfolio

**Activity 2.3** Implementation of the project portfolio, drawing as much as possible on local implementation capacities, including from the communities and beneficiary groups themselves so as to enhance ownership and thus sustainability.

**R3.** Drawing 'lessons learned' and dialogue with civil society to inform a subsequent upscaled initiative

**Activity 3.1** Solliciting systematic feedback from the communities, the community groups and from individual beneficiaries on project relevance, efficiency and approach at regular intervals

**Activity 3.2** Organize an end-of-project workshop with the 5 communities to obtain their views on the project and what should possibly be done differently

**Activity 3.3** Formulate main conclusions and recommendation to inform an up-scaled follow-up programme

**Activity 3.4** Dialogue and partnership building with local civil society organizations working towards the same goals

### **D3. Project Governance, Oversight and Management**

#### **Stakeholders project oversight**

UNDP, with support and guidance from the RC/HC/DSRSG, the Office of the Special Envoy, the Haiti MPTF Secretariat, and the Executive Office of the SG and DSG, will be responsible of the implementation of the project. This will allow to provide the overall strategic direction of the project to ensure that the activities are on track to achieve the expected results and objectives; examine progress of the project against planned objectives and discuss major developments and challenges; responsible for reviewing and approving key project deliverables and changes: Annual Operational Plans, Annual reports, Project and Budget revisions.

#### **Recipient UN Organizations**

The UN Recipient Organization in charge of implementing funds is **UNDP Haiti** The Agency will undertake specific activities and functions under the framework of this Proposal, implementing the action administratively according to the rules and procedures of the organization. The Agency will implement this project under Direct Implementation (DIM) modality, so UNDP will assume overall management responsibility and accountability for project implementation, according to the functions specified in its operational plan. Accordingly, UNDP will follow all policies and procedures established for its own operations.

#### **Project Management**

UNDP will have a Project Manager (PM) who will be responsible for delivering the project outputs. The PM will lead and manage UNDP team to run the project on a day-to-day basis and deliver expected results.

#### **Dialogue with – and support to – Civil Society actors working with/for cholera victims**

Several civil society organizations have emerged to specifically support cholera-affected communities and victims. This project provides a small budget to support these organizations in strengthening their capacity in this area, and to be able to dialogue with other actors such as the UN to ensure effective coordination and synergies.

This project component will be guided (and, where required, implemented) by the Resident Coordinator's Office so that it is fully integrated in strategic goals and priorities pursued by the UN System in Haiti.

### **D4. Project Timeline**

The duration of the project will be of **12 months**, as described in the table below.

ACTIVITIES	MONTHS									10-12	
	1	2	3	4	5	6	7	8	9		
1. Communities awareness to the project											
2. Mapping and prioritization of beneficiaries											
3. Establishment of a community-wide project oversight forum											
4. Social mobilization											
5. Community consultations											
6. Community projects selection											
7. Community projects implementation											
8. End-of-project workshop with the communities											
9. Lessons learned and recommendations											
10. Support to communities for project management and sustainability										XXX XXX	

## B. Proposal Result Matrix

<b>Proposal Title:</b> Strengthening the Health and Sanitation System in Haiti – Cholera and COVID-19 Community Response					
<b>Strategic Objective to which the Proposal is contributing<sup>2</sup></b>	<i>Providing a package of material assistance and support to Haitians most directly affected by infectious diseases including Cholera, and strengthening community resilience</i>				
<b>Effect Indicators</b>	<b>Geographical Area (where proposal will directly operate)</b>	<b>Baseline</b> In the exact area of operation	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org.</b>
Improving support to victims, families and communities affected by cholera in 5 selected communities for Phase 3	5 areas of intervention	0	At least 20 consultations for each area of intervention leading to the implementation of the community prioritized projects  5 Community Platforms created to facilitate the implementation of the selected projects	Project reports, field monitoring missions report	UNDP Haiti
<b>Output Indicators</b>	<b>Geographical Area</b>	<b>Target</b>	<b>Budget</b>	<b>Means of verification</b>	<b>Responsible Org.</b>
1. Local consultations in the 5 priority communes	5 areas of intervention	At least 12 consultations for each	See details in table below	Methodology documents	UNDP

<sup>2</sup> Proposal can only contribute to one Strategic Objective

		<p>area of intervention leading to the selection of the community prioritized projects</p> <p>At least 8 consultations for each area of intervention leading to the implementation of the community prioritized projects</p> <p>5 Community Platforms created to facilitate the implementation of the the selected projects</p>		<p>Project reports</p> <p>Mission reports</p>	
<b>Planned activities</b>					
<p><b>Activity 1.1</b> Information and sensitization of the communities about the project; its target beneficiaries; and the prioritization criteria</p> <p><b>Activity 1.2</b> Mapping and prioritization of beneficiaries</p> <p><b>Activity 1.3</b> Establishment of a community-wide project oversight forum</p>					
<b>Output Indicators</b>	<b>Geographical Area</b>	<b>Target</b>	<b>Budget</b>	<b>Means of verification</b>	<b>Responsible Org.</b>
2. Implementation of selected community projects	5 areas of intervention	At least 5 projects selected by each community	US\$ 150.000 per community (portfolio of projects submitted)	List of selected projects for each community	UNDP (lead) Any other possible partnership depending on the

			by the communities)	Local Priority documents shared with partners Feasibility studies Project Reports Mission reports	nature of the project (UN Agencies, NGOs, etc.)
<b>Planned activities</b>					
<b>Activity 2.1</b> Solicitation of ideas of possible response initiatives from different groups of priority beneficiaries, and support to their formulation					
<b>Activity 2.2</b> Finalization, through a participatory and transparent process by the community forum and in participation with the project team, of the final project portfolio					
<b>Activity 2.3</b> Implementation of the project portfolio, drawing as much as possible on local implementation capacities, including from the communities and beneficiary groups themselves so as to enhance ownership and thus sustainability					
<b>Output Indicators</b>	<b>Geographical Area</b>	<b>Target</b>	<b>Budget</b>	<b>Means of verification</b>	<b>Responsible Org.</b>
3. Lessons learned identification for upscaling	5 areas of intervention	At least 5 projects fully executed	See details in table below	Project reports, Mission reports	UNDP
<b>Planned activities</b>					
<b>Activity 3.1</b> Solliciting systematic feedback from the communities, the community groups and frm individual beneficiaries on project relevance, efficiency and approach at regular intervals					
<b>Activity 3.2</b> Organize an end-of-project workshop with the 5 communities to obtain their views on the project and what should possibly be done differently					
<b>Activity 3.3</b> Formulate main conclusions and recommendation to inform an up-scaled follow-up programme					
<b>Activity 3.4</b> Dialogue and partnership building with local civil society organizations working towards the same goals					

## E. Risk Management

<b>Risks to the achievement of SO in targeted area</b>	<b>Likelihood of occurrence</b>	<b>Severity of risk impact</b>	<b>Mitigating Strategy (and Person/Unit responsible)</b>
Project highly politically sensitive	High	High	The community approach will aim to manage community expectations while showing responsiveness. The project will secure adherence and ownership at the highest level of decision making. The project will develop a solid communication strategy.
Uncertainty on definition of cholera victim	Medium	Medium	The project will define objective prioritization criteria for supporting victims and will use a conflict sensitive approach.
Election in October 2021	High	Medium	Build a good relationship with civil society and engage communities to participate. Build a good communication strategy to reduce risks of politicization of the project.
Fund raising strategy still not clear. Phasing-funding could prevent most affected communities to benefit from the programme	Medium	High	A solid Fund raising strategy will be essential to allow expanded coverage of affected communities.
Sustainability of community project	Medium	High	This will be though full transparency in project selection and maximum participation in project mplementation and management by local communities
Local capacities are very weak	Medium	Medium	The project will train and assist local implementing partners in all aspects of the project cycle
Socio-political conflicts/disorders	Medium	Medium	Social mobilization and awareness
Government disengagement	Medium	Medium	Constant communication with national partners

## **F. Monitoring & Evaluation**

UNDP will be responsible for project monitoring and evaluation and communication as well as for the collection and analysis of data, according to the results and activities under its responsibility.

A project monitoring and evaluation system will be put in place, according to UNDP internal rules, tools and procedures.

**Annex: Project budget by UN categories**

CATEGORIES	AMOUNT
1. Staff and other personnel Project Manager; 2 Community Mobilizers; Driver	100.000,00
2. Supplies, Commodities, Materials Essential Project Operating inputs	13,038,00
3. Equipment, Vehicles, and Furniture, incl. Depreciation (Vehicle; Office Equipment)	10.000,00
4. Contractual services (Implementation agreements for the projects included in the 5 community portfolios totalling 150,000\$ each)	750.000,00
5. Travel (Two missions to each of the communities covered per month)	15.000,00
6. Transfers and Grants to Counterparts (include details as described above)	N/A
7. Civil Society Organizations Dialogue and Capacity Strengthening	90.000,00
8. General Operating and other Direct Costs	50.000,00
Subtotal	1,028,038.00
9. Indirect Support Costs (7%) <sup>3</sup>	71,962.00
<b>GRAND TOTAL</b>	<b>1.100.000,00</b>

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<sup>3</sup>

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