



## UN Haiti Cholera Response Multi-Partner Trust Fund PROPOSAL

<b>Proposal Title:</b> Haiti Cholera Medical Response	<b>Recipient UN Organization(s):</b> Pan American Health Organization / World Health Organization										
<b>Proposal Contact:</b> Dr. Luis Codina Address: 295 Ave John Brown, Port au Prince, Haiti Telephone: +509 2814 3000 E-mail: codinalu2@paho.org	<b>Implementing Partner(s) -- name &amp; type (Government, CSO, etc):</b> MSPP (Government) Others to be determined.										
<b>Proposal Location (Departments):</b>  Haiti (whole country)	<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> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"><b>Women:</b></td> <td></td> </tr> <tr> <td><b>Girls:</b></td> <td></td> </tr> <tr> <td><b>Men:</b></td> <td></td> </tr> <tr> <td><b>Boy:</b></td> <td></td> </tr> <tr> <td><b>Total:</b></td> <td>30,000 expected cases</td> </tr> </table>	<b>Women:</b>		<b>Girls:</b>		<b>Men:</b>		<b>Boy:</b>		<b>Total:</b>	30,000 expected cases
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<b>Project Description:</b> <i>One sentence describing the project's scope and focus.</i>  With the aim of reducing the overall institutional mortality rate due to cholera, this project will focus on (1) ensuring quality medical case management to adequately treat suspected cholera cases and (2) supporting the epidemiological system to better respond rapidly to cholera alerts and notifications.	<b>UN Haiti Cholera Response MPTEF</b> <b>Requested amount:</b> US\$ 1,500,000.00  Other sources of funding of this proposal: Other sources (indicate): <ul style="list-style-type: none"> <li>• The government of Canada will support activities outlined in this project. US \$190,000</li> </ul> Government Input: <ul style="list-style-type: none"> <li>• Through the MSPP and PAHO/WHO, the World Bank will contribute to the procurement of supplies (medical, WaSH, and lab) and cover a part of the cost for coordination and quality of care. Estimated cost US \$891,408</li> </ul> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"><b>Total Cost for the Project</b></td> <td style="text-align: right;"><b>US\$ 2,581,408</b></td> </tr> </table>	<b>Total Cost for the Project</b>	<b>US\$ 2,581,408</b>								
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	<b>Start Date:</b> April 2017 <b>End Date:</b> March 2018 <b>Total duration (in months):</b> 12										

**Endorsement of the DSRSG/HC/RC for Haiti :**

Name: Mr. El-Mostafa Benlamlih

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 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

<b>Recipient UN Organization(s)<sup>1</sup></b>	
<i>Name of Representative</i>	Dr. Carlissa Etienne
<i>Signature</i>	
<i>Name of Agency</i>	Pan American Health Organization
<i>Date &amp; Seal</i>	MAY 11 2017

<sup>1</sup> 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)*

This project aims to support rapid response and begin the medium-term medical response to the cholera epidemic that has plagued Haiti since 2010. Though the magnitude of the epidemic has decreased significantly since its peak in 2011, there is still work to be done: the annual number of cases has risen since 2014 (from 27,392 suspected cases in 2014 to 41,421 suspected cases in 2016); and the institutional case fatality rate has also risen in the past two years (from 0.76% in 2015 to 1.30% as of the most recent data from the Ministry of Health or MSPP – from the 7<sup>th</sup> epidemiological week of 2017). This reflects both increases in foci of transmission and remaining deficiencies in the clinical management of cases, respectively. The most persistent and highest numbers of cases are coming from the 4 priority departments: Artibonite, Center, North and West departments.

Following Hurricane Matthew, systematic evaluations of cholera treatment facilities (including cholera treatment centers or CTCs, as well as acute diarrheal treatment centers or CTDAs – which are CTCs located within the confines of a health facility) have shown that the quality of care provided is not adequate to reduce transmission of the disease. While PAHO's quality assurance teams implemented immediate mitigating actions to reduce healthcare-associated transmission and ensure appropriate case management, work remains in strengthening the quality and safety of services provided.

In addition, the hurricane disrupted the timeliness of information generated by the surveillance system, delaying the activation of rapid response teams to address identified challenges with identifying sources of transmission, coordinating available of human resources and supplies, among others. Additional epidemiological support greatly facilitated the flow of information from the institutions to the departmental health directorates, which were shared at central level.

In order to prevent further deaths related to cholera and respond to the already identified gaps, PAHO/WHO aims to work on two levels: (1) to improve the quality of care provided in all CTDAs and of the CTCs and (2) to ensure the rapid detection of events, thus triggering more efficient and timely responses to cholera alerts.

**Improvement in quality of care:** PAHO/WHO Quality Assurance teams will jointly evaluate and monitor the quality of care in cholera treatment facilities with the MSPP and partners; and in coordination with UNICEF, PAHO/WHO proposes to evaluate the quality of actions pertaining to community response. Given the evaluation results, PAHO/WHO will implement (either through partners or directly) improvement measures related to respecting the standards of infection prevention and control ; patient flow; water, sanitation and hygiene (WaSH); correct maintenance of patient registers; and ensure availability of cholera supplies needed for hygiene and case management. To reinforce the staff's capacity to effectively and safely management patients, PAHO/WHO will train them on hygiene and institutional WaSH; differential diagnosis of diarrhea; and treatment of cholera among pregnant or breastfeeding women, children with malnutrition, and patients with other co-morbidities.

In order to address problems where the patients surpass the capacity of the staff, PAHO/WHO aims to implement strategies to expand emergency surge capacity to ensure the quality of management care, support integration of cholera into the normal health system, and also respond to other medical emergencies as needed.



To begin integrating cholera care into routine health centers, PAHO/WHO will evaluate the possibility of implementing a bundle of strategies, namely: physical integration of CTCs within the space of routine health facilities; conducting sensitization activities among the health staff who would be tasked with caring for cholera patients; undertaking an inventory of health centers which could have integrated facilities (for a future project); and rehabilitating the CTDA as much as possible based on available budget. PAHO/WHO also aims to advocate for integrating cholera management within the MSPP at local, departmental and central levels.

**Epidemiological support:** PAHO/WHO will provide support to the DELR/MSPP at the central level. PAHO/WHO also plans to maintain support to epidemiological surveillance activities conducted within the departmental health directorates through trainings and by maintaining epidemiologists at department level. The added human resource support can strengthen local data collection, monitoring, analysis and reporting, and provide real time information on "hot spots" of transmission. They can also support MSPP emergency response teams (EMIRA) on case investigation and identification of improvement measures if necessary which can be communicated to the Quality Assurance teams. PAHO/WHO aims to also provide training for laboratory staff and support timely transportation of specimen to the national laboratory using appropriate technologies (ex: drones, motorcycles, etc.).

In addition to this support, PAHO/WHO will create synergies with an on-going GAVI-funded project to train almost 500 polyvalent community health workers (ASCP) by training them in community-based surveillance as a complement to the existing system of detection of institutional cases.

**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*

The World Bank will support PAHO/WHO in procuring cholera supplies. PAHO/WHO will continue working with the MSPP and NGOs to ensure these cholera supplies are available for free country-wide and are well-managed. The MDM Consortium and Partners in Health will continue supporting the MSPP in medical case management of cholera through 2017 in different geographic areas. However, their geographic coverage does not extend through all priority departments. The government of Canada will provide additional support to all activities in this proposal. The World Bank expects to support other NGOs in cholera case management as well.

PAHO/WHO also supports preventive actions against cholera. As in previous years, PAHO/WHO will work with the MSPP and other health partners to implement cholera vaccination campaigns in 2017, which will target areas of cholera persistence and possibly also the prison of Port au Prince, pending approval of the Ministries of Justice and Public Health.

**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.*

PAHO/WHO is the UN specialized agency for health, which maintains a permanent regional and country presence, and maintains close ties with the MSPP. PAHO/WHO leads the Health Sector response for public health emergencies, and coordinates with other sectors such as water and sanitation. PAHO/WHO has experts who will provide regular supervision and coordination of medical response partner activities on the field. PAHO/WHO also has the mandate to define the standards related to medical case management and ensure their application.

- 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 project will be managed under the direct supervision of the PAHO Health Emergencies Programme in the Haiti country office. The rapid response team and emergency surge capacity will respond to a cholera alerts coordinator, for indications on when and where to deploy. The cholera alerts coordinator will ensure efficacy and efficiency to alert response and answers directly to the Emergencies Advisor. The epidemiologists will be managed both by the Advisor for Communicable Diseases and the Emergencies Advisor within the PAHO country office. The Quality Assurance field teams and a technical expert will respond directly to the Emergencies advisor in Port au Prince to collect data. An information manager and a project officer will be providing support to the reporting, analysis and project follow-up of all activities, as well as coordination between partners or other internal units. A technical advisor will be affected to the MSPP on a part-time basis in order to support them in the following the medium term plan and enhancing coordination between the MSPP, PAHO/WHO and partners. This advisor will respond directly to the Cholera Alerts Coordinator and the Emergencies Advisor.

- 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	high	High	Prioritize activities to cholera treatment facilities in solid structures Pre-position materials and supplies at department level
Socio-political issues	medium	Medium	Pre-position materials and supplies in the cholera treatment facilities
Other disasters	low	High	

- 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.*

Data collection for the project will be carried out by the field officers for quality assurance and epidemiology; data analysis will be carried out at departmental level and at Port au Prince by project technical officers, directly supervised by the Emergencies Advisor, as well as the MSPP personnel. Coordination at national level will also be undertaken by the cholera alerts coordinator and a technical advisor who will support the follow the implementation of the national medium-term plan for cholera elimination.



## PROPOSAL RESULT MATRIX

Proposal Title: Haiti Cholera Medical Response					
Strategic Objective to which the Proposal is contributing <sup>2</sup>	SO 2: Improve health and reduce mortality events				
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline <sup>3</sup> In the exact area of operation	Target	Means of verification	Responsible Org.
Reduced institutional mortality rate related to cholera	Entire country	1.30%*	Less than 1.0	MSPP/DELR report "Rapport du Réseau National de Surveillance Sites Choléra"	PAHO/WHO
SO 2 [Curative care: Strengthen national human resource capacity in acute diarrhoea treatment centers, and ensure the integration of cholera treatment into the health system] <sup>4</sup>	*Source : MSPP/DELR Rapport du Réseau National de Surveillance Choléra 7 <sup>e</sup> semaine épidémiologique 2017 (most recent data available at this time)				
Output Indicators	Geographical Area	Target <sup>5</sup>	Budget	Means of verification	Responsible Org.
Percentage of evaluated cholera treatment facilities that score over 75% in terms of quality assurance (green)	Entire country, especially the 4 priority departments of Artibonite, Center, North and West	80% cholera treatment facilities	US \$926,918	Evaluation results of each cholera treatment facility	PAHO/WHO
SO 2 [Curative care: Strengthen national human resource capacity in acute diarrhoea treatment centers, and ensure the integration of cholera treatment into the health system]					
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.
Percentage of cholera alert that receives a coordinated rapid response from MSPP, PAHO, and Partners	Entire country, especially the 4 priority departments of Artibonite, Center, North and West	90% cholera alerts	US \$474,950	Log of alerts and responses	PAHO/WHO

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

<sup>3</sup> If data are not available please explain how they will be collected.

<sup>4</sup> Project can choose to contribute to all MCA or only the one relevant to its purpose

<sup>5</sup> Assuming a ZERO Baseline