



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

<b>Proposal Title:</b> Preventing and cutting cholera transmission in the Ouest department	<b>Recipient UN Organization(s):</b> <b>UNICEF</b>			
<b>Proposal Contact:</b> Gregory BULIT Address: 17 rue Debussy, Pacot Telephone: (509) 4893 7064 E-mail: gbulit@unicef.org	<b>Implementing Partner(s) – name &amp; type (Government, CSO, etc):</b> DINEPA – Government Int. NGOs: Solidarites Int.			
<b>Proposal Location (Departments):</b> West  <b>Project Description:</b> Addressing the urgent need to maintain the cholera alert-response mechanism in 2018, while strengthening DINEPA capacities.	<b>Beneficiaries targeted by the proposal</b>			
	<table border="1"> <tr> <td><b>Women:</b></td> <td align="right">81,682</td> </tr> </table>	<b>Women:</b>	81,682	
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	<table border="1"> <tr> <td><b>Girls:</b></td> <td align="right">64,178</td> </tr> </table>	<b>Girls:</b>	64,178	
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<table border="1"> <tr> <td><b>Men:</b></td> <td align="right">78,478</td> </tr> </table>	<b>Men:</b>	78,478		
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<b>Total:</b>	<b>286,000</b>			
<p><b>UN Haiti Cholera Response MPTF Requested amount: US\$ [1,010,900]</b></p> <p>Complementary funding to this proposal over the period 2016-2019:</p> <ul style="list-style-type: none"> <li>-<b>The Government of Japan</b> already supports coordination, epidemiological surveillance, rapid responses (track 1a) and wash activities (track 1b) until February 2019, through US\$ 2.6 million allocated to UNICEF in February 2017. The current balance is US\$ 1.6 million.</li> <li>-<b>The Government of Canada</b>, supports coordination, surveillance, rapid responses for 2 years (2017-2018) with a grant of US\$ 1.5 million. The current balance is US\$ 850,000.</li> <li>- <b>UNICEF HQ</b> contributes with a loan of US\$ 2 million, while <b>UNICEF Regional Office and National Committees</b> contributes up to US\$ 1.3 million.</li> </ul> <p><b>Total Cost for the Project in 2018 including all contributions for UNICEF and partners: US\$ [11,710,000]</b></p>				
<p><b>Start Date: 30 March 2018</b>  <b>End Date: 29 March 2019</b>  <b>Total duration (in months): 12</b></p>				
<b>Endorsement of the DSRSG/HC/RC for Haiti :</b> Name: _____ 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 centres, 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 Represent</i>	
<i>Signature</i>	
<i>Name of Agency</i>	
<i>Date &amp; Seal</i>	
<b>National Government:</b>	
<i>Name of Representative</i>	
<i>Signature</i>	
<i>Name of Agency</i>	
<i>Date &amp; Seal</i>	

<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

### a) Context and objective

Since 2010, Haiti, which had never before reported cases of cholera throughout its history, faces a particularly severe cholera epidemic, responsible for an unprecedented 816,312 suspected cases and 9,748 deaths in seven years (Source: MSPP/DELR, epidemiological bulletin, week 2, 2018). Despite significant progress, Haiti's vulnerable population is not able to deal alone with the thousands of cases reported each year. This battle requires sustained 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 American countries, several countries in West Africa and even Madagascar, after suffering an epidemic wave in the early 2000s.

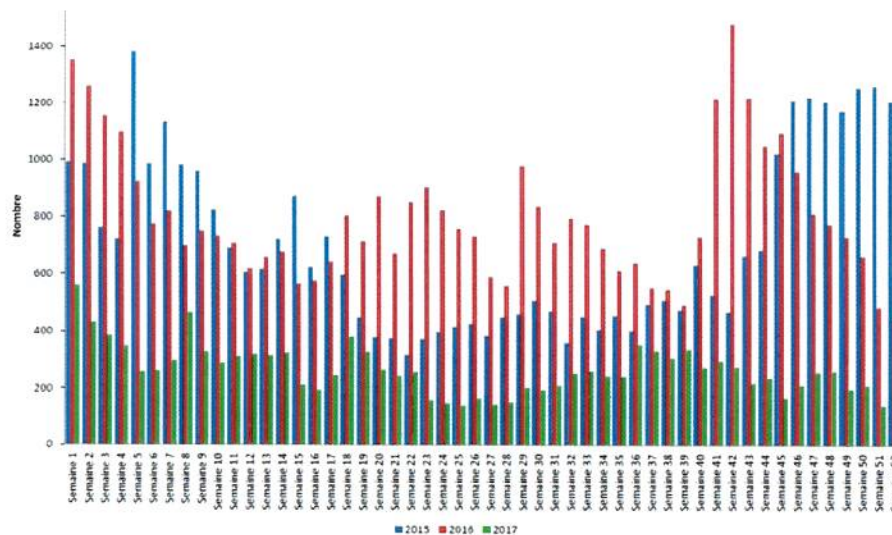
In 2017, there were 13,747 suspected cases and 159 deaths, according to government figures<sup>2</sup>. While this indicates considerable progress relative to previous years, cholera remains active in Haiti with a high risk of sudden localized outbreaks at any time anywhere in the country. **The main objective of this project** is therefore to sustain the observed decrease of cholera cases through improved control, while complementing with programmes to address long-term water and sanitation issues, with the ultimate aim to completely and definitively block the transmission of the disease. In the long-term, the project will also enable greater government ownership and responsibility in the control of cholera and other waterborne diseases.

In line with the Haitian Government's Medium-term Plan for the Elimination of Cholera, this action targets the Ouest department with a capacity to intervene in others departments in the event sudden uncontrolled outbreaks.

### b) Rationale of the project

2017 has been the first year, since cholera introduction in 2010, to have seen a control of the epidemic throughout the year. 3 departments have concentrated almost 80% of all suspected cases: West (31%), Artibonite (29%) and Centre (19%). Even though there have been a few outbreaks (weeks 8 and 18 in West departments, weeks 36 to 41 in Artibonite and Centre, weeks 47-48 in North West), they have been controlled rapidly thanks to early detection and addition of supplementary teams. This allowed to never have more than 3 consecutive weeks with suspected cases increase. The high impact operation, « *coup de poing* », from July to December under MoH & DINEPA leadership, aiming at reinforcing the surveillance & response in the Ouest department has conducted to an exceptional low number of suspected cases in this department and contributed to avoid a national upsurge such as those observed in past years.

Figure 1. Suspected cases of cholera 2015-2017, updated Epidemiological week 52-2017 Ministry of Public Health and Population (MSPP)



<sup>2</sup> Ministry of Public Health and Population data,



To limit the risk of widespread outbreaks such as those witnessed in the past three years, the current strategy has been to increase prevention-type activities (awareness raising campaigns in areas of high population such as markets, bus stations and with local actors, community based organisations and city councils) in the most populated departments, especially in the Ouest during the so-called “low transmission” period (until October 2017). The objective was to reduce the incidence rates to the lowest level possible before the beginning of the “high transmission” period (cyclonic season). The interventions have led to positive results with the Ouest department showing very low weekly incidence until January 2018. However, two unexpected outbreaks in the Centre and Artibonite have resulted in the spike observed in week 36. UNICEF and MSPP have further strengthened the response in the last quarter of 2017 by temporarily redeploying Ouest department teams to control such outbreaks. UNICEF has had to use part of the funds planned for 2018 in order to cover for the cost of such reinforced operations.

The further control and elimination of the disease depends on two factors as shown in 2017:

- A control of the disease during the dry season, i.e. the low-transmission period, to reach the high-transmission period (September) with the lowest number of cases possible to limit the risk of major upsurge,
- A capacity to quickly reinforce local response nationwide with additional teams coming from others departments

The project will address both needs. Without this additional funding, there will be a huge reduction of teams from the second quarter of 2018 and a very limited capacity to deploy teams across the country when sudden localized outbreaks occur.

UNICEF proposes to focus this additional funding in the Ouest department, which is the most populated department of Haiti (37 per cent of total population) and one that plays a key role in the transmission of the disease in the event of an uncontrolled outbreak. Its geographic location also allows to set-up flexible teams, as it is centrally located, enabling nationwide deployment to reinforce local response as it has been done recently in Artibonite and Centre.

This contribution would complement the current contribution from the Government of Japan to ensure rapid response in the departments of Centre and Artibonite until end of 2018, as this is combined with longer-term Water and Sanitation actions in those same departments.

## **c) Project activities**

### *Strengthening surveillance and coordination*

In order to strengthen coordination at national and departmental level, UNICEF and WHO/PAHO are supporting the MSPP national cholera coordination. While this coordination is already in place, it requires further support to enhance the capacity of surveillance and decision-making of the National Technical Committee Against Cholera (MSPP and National Division of Water and Sanitation [DINEPA]).

At the departmental level, this project will allow UNICEF to maintain one officer in support of the Ouest health department directorate, to assist MSPP in ensuring the quality of the surveillance system and alerts responses by partners.

The proposed action will also allow UNICEF to continue its support to DINEPA national coordination cell composed of two persons in charge of linking with and advocating to the Regional Offices of Water and Sanitation (OREPA) to ensure proper chlorination of water systems in outbreaks areas and to contribute to rapid response through their Communal Water and Sanitation Technicians.

### *Sustaining rapid response to alert*

The 65 per cent reduction in suspected cases in 2017 compared to 2016, is the result of improved surveillance, coordination and rapid response. It is important to note that in April 2016, when the number of teams was reduced by 40 per cent due to budget decreases, the number of cases increased from 500 weekly to 900 weekly in the space of two months, as less than 40 per cent of cases reported received an adequate response. In 2017, 95 per cent of all notified cases have received a response with 92 per cent of them achieved within 48 hours. To maintain this response level, at least 60 rapid response teams in support of the 13 MSPP teams need to be maintained.

Currently, 17 rapid response teams of the MSPP (EMIRA) supported by 57 UNICEF partners' NGO teams, are ready and provide rapid response. This mechanism must be maintained throughout 2018. **This project will contribute to maintaining active 12 NGO teams in the Ouest department in 2018.**

#### *Linking emergency needs to long-term capacity development*

In line with the Medium-term Plan for the Elimination of Cholera, which stipulates the need to balance the number of international NGO teams and Governmental teams with a view to move progressively towards a full control of the response by the Government resources. **The proposed action will also support the creation of three mixed NGODINEPA teams, in order to strengthen and maintain national response capacities.** These teams will primarily work in the West Department, complementing the work of others teams with a specific task of controlling water systems chlorination but will be ready and able to be deployed immediately anywhere in the country in the event of sudden outbreaks. The main goal is that, after this transitional period, given adequate equipment and training of DINEPA staff, these teams would be able to manage cases by themselves by 2019, under the assumption that current efforts are maintained and result in reduced cholera incidence throughout the country.

#### **d) Coherence with existing projects**

As mentioned, at national level, this project complements other contributions (Japan, Canada) targeting longer-term water and sanitation solutions (track 1b), and will contribute to maintaining the ongoing winning strategy. UNICEF ensures the presence of at least one NGO in support of each Health Departmental Directorate and OREPA, supporting epidemiological surveillance (collection and analysis), and providing rapid response consisting in a “*cordon sanitaire*” around the affected household and community response<sup>3</sup>.

#### **e) Proposal management and project monitoring**

The UNICEF emergency section is composed of a Manager (international), a Cholera Specialist (international), a Monitoring and Evaluation Specialist (international), and one Cholera Officer (National). The team is responsible for overseeing the implementation of planned activities on the ground, and for advancing all procedures related to the operation.

NGO partners are requested to report their activities on a dedicated google drive managed by UNICEF. Each NGO has its own username and password and cannot access another NGO's page. Actions undertaken during the past months are analysed by UNICEF Specialists and discussed during monthly meetings with all partners. These meetings have been taking place since 2014 – UNICEF and WHO/PAHO initiated a monthly coordination meeting with all NGO partners (Health NGOs included). These meetings enable the continuous monitoring of the situation and follow up by adapting the strategy when and if needed.

In addition, UNICEF emergency team members undertake regular field visits to monitor activities undertaken by partners. Finally, each NGO partner has its internal monitoring and evaluation in place, which feed into the overall monitoring and evaluation of the project.

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<sup>3</sup> The cordon sanitaire aims to ensure comprehensive response and prevention: the first response chain is at household and neighbourhood level to cut and prevent the transmission of cholera in surrounding homes, the second response chain consist of reactive chains of actions in communities, and the third chain consists of coordination, surveillance and investigation.

## PROPOSAL RESULT MATRIX

Proposal Title: Preventing and cutting cholera transmission in the West department						
SO# 1: PREVENTING and CUTTING transmission in communities						
Strategic Objective to which the Proposal is contributing <sup>4</sup>						
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline <sup>5</sup> In the exact area of operation	Target	Means of verification	Responsible Organisation	
% of suspected cases adequately responded to Weekly incidence of the disease	Ouest	80% 100 suspected cases	90% <50	MSPP database and NGOs reporting	UNICEF	
SO # 1						
Output Indicators	Geographical Area	Target <sup>6</sup>	Budget	Means of verification	Responsible Organisation	
# departments where coordination of the alert-response is strengthened	Ouest	1	36,000	Field monitoring visit DINEPA report	UNICEF	
# DINEPA staff supported within the National Cholera Coordination Cell	National	2	54,000	MSPP report NGO report		
# NGO teams supporting MSPP rapid response teams in Ouest	Ouest	12	612,000			
# joint mobile DINEPA-NGO teams activated	National	3				
# of deployment weeks in others department done by the joint teams	National	Depends on outbreaks	72,000			

<sup>4</sup> Proposal can only contribute to one Strategic Objective

<sup>5</sup> If data are not available, please explain how they will be collected.

<sup>6</sup> Assuming a ZERO Baseline

<b>UNICEF Haiti Cholera Response MPTF - PROJECT BUDGET</b>			
<b>CATEGORIES</b>	<b>Unit</b>	<b>Unit cost</b>	<b>Total</b>
<b>1. Staff and other personnel</b>			<b>109,200</b>
1 Department cholera officers (nat.) – 50%	12	3,000	36,000
1 Cholera specialist (int) - 10%	12	1,100	13,200
1 M&E specialist (int.) - 20%	12	2,000	24,000
1 Administrative assistant (nat.) – 50%	12	1,500	18,000
1 Emergency supplies manager (nat.) – 20%	12	1,500	18,000
<b>2. Supplies, Commodities, Materials</b>			<b>15,000</b>
Cholera response WASH supplies	1	15,000	15,000
<b>3. Equipment, Vehicles, and Furniture</b>			<b>70,000</b>
Vehicles for DINEPA teams	2	35,000	70,000
<b>4. Travel</b>			<b>6,000</b>
Field monitoring: US\$ 120 * 50 days	120	50	6,000
<b>5. Transfers and Grants to Counterparts</b>			<b>648,500</b>
DINEPA cholera coordination cell (12 months, 45%)	12	4,500	54,000
Joint DINEPA-NGO teams activation (training, equipment) and support for operational costs (3 teams*12 months, 30%)	36	2,000	72,000
NGO Rapid Response Teams in the Ouest	55	9,500	522,500
<b>6. General Operating and other Direct Costs</b>			<b>96,066.36</b>
Operational costs			<b>96,066.36</b>
<b>Sub-Total Project Costs</b>			<b>944,766.36</b>
7. Indirect Support Costs			66,133.64
<b>TOTAL</b>			<b>1,010,900.00*</b>

\*This includes 1% Admin Agent fee



UNICEF Haiti Cholera Response MPTF - PROJECT BUDGET					
CATEGORIES	Unit	Unit cost	UNICEF	MPTFO	Total
<b>1. Staff and other personnel</b>			<b>109,200</b>	<b>0</b>	<b>109,200</b>
1 Department cholera officers (nat.) – 50%	12	3,000	36,000		36,000
1 Cholera specialist (int) - 10%	12	1,100	13,200		13,200
1 M&E specialist (int.) - 20%	12	2,000	24,000		24,000
1 Administrative assistant (nat.) – 50%	12	1,500	18,000		18,000
1 Emergency supplies manager (nat.) – 20%	12	1,500	18,000		18,000
<b>2. Supplies, Commodities, Materials</b>			<b>15,000</b>	<b>0</b>	<b>15,000</b>
Cholera response WASH supplies	1	15,000	15,000		15,000
<b>3. Equipment, Vehicles, and Furniture</b>			<b>70,000</b>	<b>0</b>	<b>70,000</b>
Vehicles for DINEPA teams	2	35,000	70,000		70,000
<b>4. Travel</b>			<b>6,000</b>	<b>0</b>	<b>6,000</b>
Field monitoring: US\$ 120 * 50 days	120	50	6,000		6,000
<b>5. Transfers and Grants to Counterparts</b>			<b>648,500</b>	<b>0</b>	<b>648,500</b>
DINEPA cholera coordination cell (12 months, 45%)	12	4,500	54,000		54,000
Joint DINEPA-NGO teams activation (training , equipment) and support for operational costs (3 teams*12 months, 30%)	36	2,000	72,000		72,000
NGO Rapid Response Teams in the Ouest	55	9,500	522,500		522,500
<b>6. General Operating and other Direct Costs</b>			<b>86,619</b>	<b>10,109</b>	<b>96,728</b>
Operational costs			86,619	10,109	96,728
<b>Sub-Total Project Costs</b>			<b>935,319</b>	<b>10,109</b>	<b>945,428</b>
7. Indirect Support Costs			65,472		65,472
<b>TOTAL</b>			<b>1,000,791</b>	<b>10,109</b>	<b>1,010,900</b>