



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

Proposal Title: Strengthening the national response for the elimination of cholera in Haiti	Recipient UN Organization(s): OPS, UNICEF	
Proposal Contact: Antonio Marro, UNICEF amarro@unicef.org Mauricio Cerpa, PAHO cerpamau@paho.org	Implementing Partner(s) – name & type (Government, CSO, etc.): Ministry of Health (MSPP) central and departmental level, DINEPA, ACF, ACTED, Solidarites International, Haitian RC, NL RC, Plan International, ADRA, Caritas, Aloviye.	
Proposal Location (Departments): Haiti Nationwide	Beneficiaries targeted by the proposal <i>This section indicates both the total number of beneficiaries, ensure inclusive participation and non-discrimination of the vulnerable and at-risk groups</i>	
Project Description: <i>One sentence describing the project's scope and focus.</i> Reinforcement of the main components of Haiti's cholera response systems (surveillance, laboratory, alert-response, WASH, community engagement), that will allow for the certification of Haiti as cholera free, while building resilience against and ability to respond to other health threats, including Covid-19.	Women:	1,045,200
	Girls:	415,910
	Men:	964,800
	Boy:	438,019
	Total:	2,010,000
	UN Haiti Cholera Response MPTF Requested amount: US\$ [4,000,000] Other funding sources for the Project - The Government of Japan US\$ 3,645,933 (2020 – 2022) - The World Bank US\$ 168,000 (2020) - UNICEF National Committees US\$ 210,000 (2020) - Gates foundation funds US\$ 1.3 million (2020-2021) - PAHO HQ, National Office US\$ 0.3 million (2020) Total Cost for the Project US\$ [9,623,933]	
Start Date: 07 June 2020 End Date: 06 March 2022 Total duration (in months): 22		

Endorsement of the DSRSG/HC/RC for Haiti :

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

- *Support and expand rapid response teams*
- *Surveillance strengthening, rapid identification and testing capacity*
- *Immediate actions to cut transmission, including WASH programming*
- *Revitalize public information campaign to better inform the public of health risks and achieve behaviour changes*
- *Support case management and infection prevention and control*



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 diarrhea 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 Organizations	
<i>Name of Representative</i> <i>Signature</i> <i>UNICEF</i> <i>Date & Seal</i>	Maria Luisa Fornara  3 juin 2020 
<i>Name of Representative</i> <i>Signature</i> <i>PAHO</i> <i>Date & Seal</i>	Dr. Carissa F. Etienne, Director  26 June 2020
National Government:	
<i>Name of Representative</i> <i>Signature</i> <i>Name of Agency</i> <i>Date & Seal</i>	 MSPP 10/06/2020

NARRATIVE

a) Context and objective

This document is a joint proposal of UNICEF and PAHO, developed in close coordination with the Office of the Special Envoy for Haiti, for the continued funding of track 1a of the Secretary General's New Approach to Cholera. Under the framework of the Government's National Plan, this proposal will bolster Haiti's ability to achieve elimination status by 2022, while simultaneously strengthening Haiti's systems and infrastructure to build its resilience, not only against cholera but also other infectious diseases. This proposal builds off of significant investments already made by the UN system, totaling over \$134 million since 2010, as well as investments by the international community in Haiti's epidemiological, water and sanitation, health, laboratory testing and emergency response capacities.

These investments have led to positive progress. For the first time ever, Haiti has gone over 15 consecutive months with zero laboratory confirmed cases being reported. This is in comparison to over 18,000 suspected cases per week at its peak. This positive evolution indicates that the elimination of cholera in Haiti is not only an achievable goal but can be achieved by 2022 with targeted investments.

According to the Global Taskforce on Cholera Control (GTFCC) directives for cholera elimination, there are three prerequisites that must be met in order to declare cholera to be eliminated in a given country. Specifically, there must be i) evidence of the interruption of cholera transmission, with no locally acquired cases reported during the previous three years; ii) a proven capacity to prevent the re-establishment of cholera transmission and maintain the elimination status; and iii) the presence of a well-functioning surveillance and response system that is able to identify potential cases of cholera.

The first and second of the three criteria are currently taking place, as evidenced by a consistent and progressive improvement in annual trends in both incidence as well as rate of positivity. The third and final criteria requires additional support to meet global standards. By strengthening the MSPP's surveillance, alert-response system at the institutional and community level and increasing water, sanitation and hygiene (WASH) preventive measures, Haiti will be on track to be declared cholera-free by early 2022.

In addition to working towards the cholera eradication declaration, investments in cholera control systems are also having positive impacts on Haiti's abilities to respond to outbreaks of other infectious diseases. This is in line with the joint strategy of the Government of Haiti and the United Nations, that investments in the cholera response should be made with the additional aim to increase Haiti's resilience against and ability to combat other infectious diseases. With the appearance of COVID-19 in Haiti on March 19th, 2020, the government of Haiti and the international community can capitalize on these existing strengthened systems to mount a response to this new threat.

The overall objective of this project is to support the Government of Haiti's National Plan for Cholera Elimination (NPCE, 2013-2022) to achieve cholera elimination status by 2022, while bolstering the capacity of MSPP and DINEPA to prevent and respond to new cases of cholera, as well as other infectious diseases, such as the current COVID-19 challenge.

Rationale for this project: *This section summarizes briefly why this project is the best way to achieve/contribute to the relevant Strategic Objective (SO)*

Strategic Objective 1: Preventing and cutting transmission in communities.

- *Activity 1.1 - To strengthen the early warning and response system of the Ministry of Health (MSPP/DELIR) at the central and departmental level to detect, test and respond to cholera-related events and other infectious diseases, including COVID-19*

The project will reinforce two existing channels of information:

- Indicator-based surveillance system (IBS), in which aggregated data are routinely collected from sites and analyzed against baseline values to determine unusual epidemiological patterns.
- Event-Based Surveillance (EBS): in which mainly unstructured ad hoc information regarding health events will be collected, monitored and assessed. This information might be diverse in nature and originate from multiple sources, both official and unofficial, including rumors or ad hoc reports from informal networks. The detected events might be related to the community (e.g., an acute diarrhea outbreak in a rural area) or to a hospital setting (e.g. a physician receiving a case clinically compatible with cholera in a non-CTDA/Acute Diarrhea Treatment Centers). The epidemiology unit of the departmental health directorate will then verify, assess and investigate the information to timely detect and respond to potential cholera cases and other similar events.

The ability to investigate outbreaks and events related to cholera or other infectious diseases will be improved and the personnel in charge of field investigations will be trained and provided with useful tools and materials to complete the epidemiological investigations. The project will support MSPP at a decentralized level, through training of community health workers (ASCP) and through the mobilization of NGOs teams (the same teams engaged on community mobilization and awareness raising) to support epidemiologists surveillance activities (case tracing, investigation, etc.).

- *Activity 1.2 - To expand the nation-wide enhanced surveillance system for cholera and other infectious diseases.*

At present, cholera surveillance in Haiti relies on testing samples mainly from suspected cases admitted to the acute diarrhea treatment centers (CTDAs). However, the number of suspected cholera cases continues to decrease and as a result, fewer tests will gradually be conducted, reducing the country's capacity to detect toxigenic *Vibrio cholerae*. This project includes the implementation of a complementary surveillance system to assure the non-circulation of cholera. The proposed strategy will rely on approximately 35 institutions (sentinel sites) distributed across the country (8 in the Ouest and 3 per department in the remaining 9 departments (Artibonite, Center, Grand'Anse, Nippes, North, North East, North West, South, South East). An estimated 5,000 specimens from patients with acute watery diarrhea will be tested annually. All specimens collected for the pathologies under surveillance will be sent to the national laboratory for testing.

- *Activity 1.3 - To improve the technical capabilities of the national laboratory and the peripheral laboratories for the timely detection of *Vibrio cholerae* and other infectious diseases*

This project will allow institutional strengthening of lab diagnosis of cholera and other infectious diseases, including COVID-19, both at the central and peripheral level. Culture and antibiotic susceptibility testing of stool samples will be carried out in three sub-regional laboratories and two hospital laboratories, which will serve large regional areas. Training sessions for laboratory technicians, departmental epidemiologists, departmental technologists, surveillance nurses, specimen transporters, and labo-moto nurses will be organized, both with a focus on cholera, but also on COVID-19.

Given the importance of laboratory tests results, PAHO will work with the Public Health Laboratory to strengthen the Quality Management System and help promote global norms, standards, and guidelines to be implemented at the sub-regional laboratories.

- *Activity 1.4 - Carry out WASH emergency interventions at community level, to ensure minimal conditions for prevention of cholera and other infectious diseases (hand-washing stations, emergency repairing of water systems, chlorination, water treatment, trucking, etc.)*

Emergency WASH interventions will be carried out in close coordination with DINEPA at national and departmental level in the most vulnerable areas, following possible outbreaks of diarrheal or other infectious diseases. WASH emergency teams (EMO-EPAH) composed of DINEPA and NGO partners' staff will be deployed with this objective. Activities will include emergency repairing and chlorination of water systems, household water treatment, water trucking, etc.

In order to capitalize on cholera control efforts to support the COVID-19 response, these teams will be also mobilized to install handwashing stations in public spaces such as markets places, bus stations, etc. They may also support the installation of water and sanitation infrastructures in health centers (quarantine or case management) and in points of entry.

- *Activity 1.5 – Communication, community engagement and community-based interventions promoting hygiene practices, through the support of health community agents (ASCP) and emergency response teams*

Given the extraordinary circumstances surrounding the COVID-19 pandemic, this project will capitalize on existing and new capacity in the cholera response to engage with communities on COVID-19. Based on MSPP's Communication strategy and with the aim of informing 90% of the population, several activities will be put in place for advocacy and social mobilization to prevent stigmatization and myths and drive behavioral change for prevention. A set of messages is being developed, mainly based on information about the pandemic in Haiti, and actors deployed in the field will use them to step up communication efforts. Audio and visual tools are also being developed, in coordination with the radio and TV media, to amplify COVID-19 communication. The communication materials and messages produced at the national level (posters, flyers and others, in local language) are being disseminated through different means and channels, covering at least 50 municipalities (Communes, urban and rural) of the 10 departments including: sound-trucks, megaphone, door to door sensitization, community awareness groups, TV and radio spots, posters in key spots, etc.

Additionally, it is planned to repurpose existing cholera platforms and/or develop platforms for monitoring and dispelling myths and rumors regarding COVID-19, as well as for providing a feedback mechanism for women and children and other affected people to share their concerns and needs, and get appropriate information/ referral, and psychosocial support.

More than 15 UNICEF national and international NGO partners are being mobilized to carry out a nationwide mass communication, awareness raising and community mobilization campaign in close coordination with MSPP, the Directorate of Civil Protection and other governmental institutions. This is being done through partnering with local authorities, key influencers, community groups, religious leaders, women and youth groups, community health workers and community volunteers, as well as with the private sector, to build their capacities and ensure their engagement to raise the awareness of the population.

Simultaneously, at least 1,000 hand-washing stations will be installed in key points of communities, prioritizing spots with high concentration of people, at both urban and rural level, such as health institutions, markets, bus stations, water points, churches, etc. Effective handwashing and hygiene practices, along with social distancing and other changes in behavior, are key to slowing the transmission of the virus and combatting stigmatization. The aim is to strengthen information, knowledge and work on behavior change to enhance the application of all basic prevention measures (social distancing, use of masks, hand washing, etc.).

- *Activity 1.6 – Strengthen MSPP capacities for case management and infection prevention and control measures for patients related to cholera and other infectious diseases.*

During the epidemic, suspected cholera cases were managed in CTDAAs. Cholera lethality decreased and remained below 1% since 2015, mainly by ensuring the quality of care in CTDAAs (through constant trainings and evaluations), supplying medicines and WASH supplies, continuously improving infrastructures, and by implementing infection prevention and control (IPC) measures. As the number of suspected cholera cases continues to decrease, less and less CTDAAs will remain active. In this new phase, IPC measures must be strengthened in main health settings that may receive cholera cases or other epidemic diseases including COVID-19, around the country to ensure proper management and avoid nosocomial infections.

- *Activity 1.7 – Support coordination activities, both at national and departmental level among Health and WASH sectors*

Both agencies will continue supporting all coordination activities with Government institutions including MSPP and WASH sectors. Coordination remains a key action, both among the two sectors and among the national and the departmental levels. These activities, including meetings, field missions, support for communication and mobilization, etc., will ensure an effective and efficient implementation of prevention and response actions, allowing to consolidate the existing alert-response system, for cholera as well as for other diseases, including COVID-19.

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*

UNICEF - At national level, this project complements other contributions (Japan, Canada, CERF, USAID, WB, among others) and will contribute to maintaining the ongoing strategy in support of the government of Haiti.

PAHO - Strengthening the cholera surveillance system (MSPP, PAHO, CDC), funded by Gates Foundation through GTFCC.

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.*

The project will be implemented jointly by PAHO and UNICEF, with specific but complementary activities.

UNICEF: 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. UNICEF works with NGOs on the field that report their activities on a regular basis and UNICEF emergency and WASH teams undertake regular field visits to monitor their activities undertaken by partners.

PAHO: Most of the personnel under PAHO have already been hired or identified, and the positions will be maintained throughout 2020 and 2021.

The Health Emergencies department of PAHO in Haiti is staffed by 6 international professionals (1-unit chief of Disease Prevention and Control, 1-unit chief of Medical Emergencies, 1 project specialist, 3 epidemiologists), 8 national professionals (1 logistician, 2 data managers, 2 medical advisors, 1 WASH technician, 2 epidemiologists). Additional recruitment is not foreseen.

- 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.*

PAHO: PAHO's main office is in the capital of Port-au-Prince in the Ouest department. PAHO has participated in the National Cholera Response since the outbreak began in 2010. PAHO also has field teams in all in the departments to support local cholera response activities. Since October 2017, a network of field nurses ('labo-moto nurses'), located in six departments, visit CTDA's to assure prompt sampling and transportation of samples to support the National sample transportation system. PAHO also supports the MSPP's early warning system in all 10 departments through ten PAHO field epidemiologists who work closely with Departmental Health Directorates. These professionals, with transportation and logistics capacity, investigate every unusual event or outbreak.

UNICEF: UNICEF's main office is based in the capital of Port-au-Prince, Ouest department. UNICEF has participated in the National Cholera Response since the start of the outbreak in 2010. UNICEF also has two field offices (South and Artibonite departments) including field teams to support local cholera response activities.

- 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)
Social and environmental: Distrust of national and international institutions by part of the population may reduce support for the project, potentially hindering its successful implementation.	Low	High	Responsible: PAHO & UNICEF will meet with local authorities and relevant community leaders to facilitate the deployment of personnel and execution of the activities.
Financial: Improper oversight of disbursements and inadequate monitoring of operations may result in a shortage of funding, leading potentially to missed targets and/or poorer outputs.	Low	High	Responsible: PAHO & UNICEF will put in place and properly execute a rigorous control framework, which will include a financial management system with clearly defined procurement policies, reporting mechanisms, and monitoring and evaluation processes.
Operational: A lack of clarity regarding roles and responsibilities of involved stakeholders may lead to duplications of work or even a breakdown in procedures and collaboration.	Low	High	Responsible: PAHO& UNICEF will ensure that all parties involved have a clear understanding of implementation processes by sharing simplified standard operating procedures and creating clear communication channels.

Political: The country's volatile political situation may affect planned activities, increasing overall costs and delaying achievement of the strategic objectives.	High	High	Responsible: PAHO& UNICEF will continuously monitor the political situation and adjust the implementation of activities, as needed.
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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.*

To ensure the achievement of the project's objectives through the combination of different resources, the following will be taken into consideration:

- **Monitoring the performance of activities:** PAHO and UNICEF will monitor the progress of activities through a chronogram of activities, periodic reports based on the analysis of samples collected data, regular meetings at central and departmental level, quarterly statistical reviews, and selective and routine technical visits. A report form will also be used. The monitoring indicators to be used will be the activities carried out compared to those planned, the achievement of objectives, and sampling performance of sentinel institutions.
- **Supervision:** PAHO and UNICEF will conduct supervision through a data sheet that will be developed for this purpose. The results will be used to support subsequent decision-making. This will be done through periodic visits, technical standards and guides, activities (recording of data, reports of meetings), and a list of human resources (availability, skills, tasks to be performed, schedule of activities). The indicators to measure are the percentage of completion of activities and the participation of the institutions.
- **Assessment:** PAHO and UNICEF will conduct assessments to ensure that the objectives are achieved and will measure the effectiveness, results and impact of the activities. The assessment will be operational and epidemiological.

PROPOSAL RESULT MATRIX

Proposal Title: Strengthening the national response for the elimination of cholera in Haiti

Strategic Objective to which the Proposal is contributing ¹		Strategic Objective 1: Preventing and cutting transmission in communities.			
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline ² In the exact area of operation	Target	Means of verification	Responsible Org.
Maintain zero cholera infections among tested cases (Number of new confirmed cholera cases during the project period)	Haiti	0 (No positive cholera cases)	0 (No positive cholera cases)	LNSP database of cholera and other infectious diseases	PAHO
Output Indicators	Geographical Area	Target ³	Budget	Means of verification	Responsible Org.
Output 1: To strengthen the early warning and response system of the Ministry of Health (MSPP/DELR) at the central and departmental level to detect, test and respond to cholera-related events and other infectious diseases, including COVID-19					
Number of departments with an early warning and response system established, to investigate all alerts related to cholera and other infectious diseases, including COVID-19	Haiti	10 departments	US\$ 738,200	M&E reports, DELR surveillance database	PAHO
Output 2: To expand the nation-wide enhanced surveillance system for cholera and other infectious diseases.					
Number of AWD ⁴ stool specimens collected and transported annually to be tested for cholera	Haiti	>4,000 (80% of total expected samples)	US\$ 322,010	Labomoto reports of Sentinel sites, Reports SRN	PAHO
Number of molecular ⁵ tests performed among suspected COVID-19 cases.	Haiti	>2,000 PCR COVID-19 tests	US\$ 144,590	LNSP database	PAHO
Output 3: To improve the technical capabilities of the national laboratory and the peripheral laboratories for the timely detection of Vibrio cholerae and other infectious diseases					

¹ Proposal can only contribute to one Strategic Objective

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

³ Assuming a ZERO Baseline

⁴ Acute Water Diarrhea

⁵ Molecular diagnosis (real-time reverse transcription PCR: RT-PCR)

Number of functional laboratories with culture and AMR ⁶ capacity implemented to test cholera and other infectious diseases	Haiti	>4 labs	US\$ 212,790	LNSP database	PAHO
Output 4: Carry out WASH emergency interventions at community level, to ensure minimal conditions for prevention of cholera and other infectious diseases (hand-washing stations, emergency repairing of water systems, chlorination, water treatment, trucking, etc.)					
Number of hand-washing stations installed and functional (with water and soap) during at least 3 months	Haiti	1,000	US\$ 630,000	Mwater platform	UNICEF
Number of people who wash their hands in the installed hand-washing stations	Haiti	2,000,000	US\$ 450,000	Mwater platform	UNICEF
Output 5: Communication, community engagement and community-based interventions promoting hygiene practices, through the support of health community agents (ASCP) and emergency response teams					
Number of people receiving awareness raising messages for prevention of cholera and other infectious diseases, including of COVID-19	Haiti	2,000,000	US\$ 550,000	NGO Partners report	UNICEF
No. of health community volunteers (ASCP) trained to support surveillance and awareness raising at community level	Haiti	1,000	US\$ 340,000	M&E reports, DS and DELR reports	PAHO– UNICEF
Output 6: Strengthen MSPP capacities for case management and infection prevention and control measures for patients related to cholera and other infectious diseases.					
Number of health care workers (HCW) trained in the use of Personal Protective Equipment (PPE) for Cholera and/or COVID-19	Haiti	>500 HCW	US\$ 361,569	Reports of Use of EPP trainings & list of participants	PAHO

⁶ Antimicrobial Resistance

UNICEF and PAHO - Project budget by UN categories

UN Haiti Cholera Response MPTF - PROJECT BUDGET			
CATEGORIES	UNICEF	PAHO	TOTAL
1. Staff and other personnel (include details such as description of budget lines, titles of staff, unit costs, quantities, etc)	US\$ 198,000	US \$180,000	US\$ 378,000
2. Supplies, Commodities, Materials (include details as described above)	US \$ 300,000	US \$305,200	US \$ 605,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details as described above)	US \$0	US \$0	US \$0
4. Contractual services (include details as described above)	US \$0	US \$809,599	US \$809,599
5. Travel (include details as described above)	US \$72,000	US \$339,360	US \$411,360
6. Transfers and Grants to Counterparts (include details as described above)	US \$1,179,159	US \$0	US \$1,179,159
7. General Operating and other Direct Costs (include details as described above)	US \$120,000	US \$ 235,000	US \$355,000
Sub-Total Project Costs	US \$1,869,159	US \$1,869,159	US \$3,738,318
8. Indirect Support Costs*	US\$130,841 (7%)	US \$130,841 (7%)	US\$261,682
TOTAL	US \$2,000,000	US \$2,000,000	US \$4,000,000

* 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.