



RÉPUBLIQUE D'HAÏTI

**MINISTÈRE  
DE LA PLANIFICATION  
ET DE LA COOPERATION EXTERNE**

387, ROUTE DE BOURDON

Réf. .... **MPCE/SM/PNUD**  
No. .... **3993**

Port-au-Prince, le .....



**Madame Yvonne HELLE**  
**Directrice Principale**  
**PNUD**  
**En ses bureaux.-**

**Madame la Directrice Principale,**

Le Ministère de la Planification et de la Coopération Externe vous présente ses compliments et vous retourne dûment signé le projet intitulé « Assistance communautaire à Mirebalais dans le cadre de la nouvelle approche des Nations-Unies pour lutter contre le choléra en Haïti », reçu par courrier référencé REF : 17/136., en date du 10 Mai 2017.

Le Ministère de la Planification et de la Coopération Externe saisit l'occasion pour vous présenter, **Madame la Directrice Principale**, l'expression de ses salutations distinguées.

**Aviol FLEURANT**  
**Ministre**

**P.j : Projet Assistance communautaire**



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

<b>Proposal Title:</b> Community assistance to Mirebalais: new UN approach to cholera in Haiti	<b>Recipient UN Organization(s):</b> UNDP Haiti		
<b>Proposal Contact:</b> Yvonne Helle <b>Address:</b> MINUSTAH, Log Base (Zone 5) Blvd Toussaint Louverture & Clercine 18 B.P. 557 Port au Prince, Haïti (W.I.) <b>Telephone:</b> +509 4889 5141 <b>E-mail:</b> yvonne.helle@undp.org	<b>Implementing Partner(s) – name &amp; type (Government, CSO, etc):</b> UNDP Haiti Ministry of Health Partners in Health (Zanmi Lasanté) (tbd)		
<b>Proposal Location (Departments):</b> Commune of Mirebalais	<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>		
	<b>Women:</b>	43 973	
	<b>Girls:</b>		
	<b>Men:</b>	44 926	
	<b>Boys:</b>		
<b>Project Description:</b> <i>One sentence describing the project's scope and focus.</i> In December 2016, the Secretary-General apologized to the Haitian people for the role of the United Nations in the cholera outbreak and its spread in Haiti and presented his report on the United Nations' new approach to cholera in Haiti (A/71/620*). While Track 1 of this new UN approach focuses on reducing and ultimately ending the transmission of cholera, improving access to care and treatment, and addressing the longer-term issues of water, sanitation and health systems in Haiti, Track 2 involves developing a package that will provide material assistance and support to those Haitians and their communities most directly affected by cholera. Under Track 2, the community approach promotes the implementation of projects based on priorities established in consultation with communities, victims, and their families. This project represents a concrete and tangible expression of the UN's regret for the suffering that the Haitian people have endured as a result of cholera, proposes the implementation of a symbolic project in Mirebalais, the commune where cholera started in Haiti. The initiative includes three main components: 1) mapping of implementing actors active in cholera priority communes; 2) consultation in Mirebalais with	<b>Total:</b>	88,899 (49,128 <18)	
	<b>UN Haiti Cholera Response MPTFTF</b> <b>Requested amount:</b> US\$ 500,000		
	Other sources of funding of this proposal: Other sources (indicate): Government Input:		
	<b>Total Cost for the Project</b>	US\$ 500,000	
	<b>Start Date:</b> April 2017 <b>End Date:</b> October 2017 <b>Total duration (in months):</b> 6		

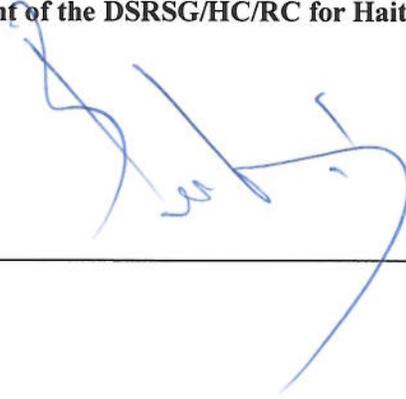
affected communities, including local representatives, formal and informal leaders as well as families affected by cholera and other vulnerable groups 3) implementation of community projects in Mirebalais identified during the consultations and according to the selection criteria defined by the team.

The project will be implemented in close coordination with national and local authorities by implementing partners present in the affected communities. Under the leadership of the RC/HC/RR, all actions will be coordinated with UNICEF, PAHO and IOM together with other relevant members of the UNCT and conducted according to UNDP rules and procedures to ensure transparency and accountability.

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

*Name:*

*Date:*

A handwritten signature in blue ink, appearing to be 'J. M. ...', is written over the signature and date lines.

**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**

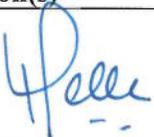
- Strategic Objective 1: PREVENTING and CUTTING** transmission in communities
  - Increase the number of trained rapid response teams
  - Rapid Identification and treatment of cases
  - Immediate actions to cut transmission
  - Revitalize public information campaign to better reach the public and achieve 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

<b>Recipient UN Organization(s)<sup>1</sup></b>		<b>UNDP Haiti</b>
Name of Representative		Yvonne Helle
Signature		
Name of Agency		
Date & Seal		
<b>National Government:</b>		<b>AVIOL FLEURANT</b>
Name of Representative		
Signature		
Name of Agency		
Date & Seal		

<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 why this project is the best way to achieve/contribute to the relevant Strategic Objective (SO)*

### Project background

To date, the outbreak the cholera epidemic in Haiti has affected over 800,000 people and caused over 9,000 deaths. Concerted national and international efforts since then have resulted in a 90 per cent reduction in the number of suspected cases.

The United Nations has been working on three fronts since 2010, aligned with the National Cholera Elimination Plan, to support national efforts to eliminate cholera and to improve water and sanitation:

- The UN supports the **emergency response** to ensure that health teams respond within 48 hours to new cases of cholera. With immediate treatment and action, transmission of cholera and deaths can be prevented.
- The UN is providing **vaccines against cholera**. Some 118,000 people have already received vaccinations in 2016 and a further 400,000 people will be vaccinated. An even larger vaccination campaign is under consideration for 2017 and future years.
- The UN is working with the Government and communities to **improve access to water and sanitation**. Haiti has the worst rates of access to water and sanitation in the Western Hemisphere, with currently only a quarter of the population having access to decent toilets, and half the population having access to safe water.

However, the numbers remain high, and recent outbreaks show the continued vulnerability of the population to the disease, which is preventable and treatable. In 2016, the reduction of rapid response teams during the first quarter of 2016 due to funding shortages, combined with a period of heavy and frequent rainfall in May, political instability, as well as the potential loss of natural immunity four years after the highest peaks, are producing adverse effects which has led to an increase in the number of cases compared to previous years. This has highlighted the critical need for sustained and adequate funding to respond to and ultimately eliminate cholera from Haiti.

The aim of the Government and its partners is to eliminate cholera transmission from Haiti by 2022. The United Nations is supporting these efforts. The elimination of cholera in Haiti requires both rapid response to ongoing outbreaks and long-term actions to improve water and sanitation systems and provide support for those most affected by cholera, helping communities and families get back on their feet, ease their plight and better their lives.

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. Within this framework UNDP is proposing this symbolic intervention in Mirebalais, the commune where cholera started in Haiti and which is still on Red Alert as per the updated analysis of the 'cholera hotspots' provided by the Ministry of Health.

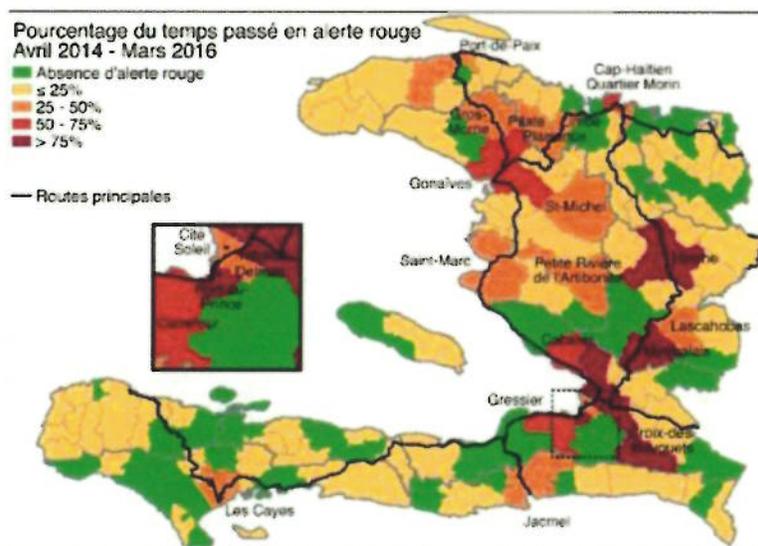


Figure 2 – Source: Ministry of Public Health and Population (MSPP), Epidemiological Department (DELR)

In fact, out of the 18 communes identified for the prioritization/targeting of prevention actions, Mirebalais is still among the 8 top priority communes (Type A), as shown below:

- 8 communes considered **type A** (communes which feature a minimum of 50% of the weeks per year in red alert since 2014) Hinche, Mirebalais, Gonaïves, Saint-Marc, Le Cap, Cabaret, Croix des Bouquets, Carrefour.
- 7 communes **type B** (red alert 25% to 50% of the year): Saint-Michel de l'Attalaye, Petite Rivière de l'Artibonite, Gros Morne, Limbe, Plaisance, Lascahobas, Arcahaie
- 3 communes **type C** (communes in red alert with 25 - 50% played less of a role as amplifiers prior to Hurricane Mathew): Jacmel, Les Cayes, Port de Paix.

## Communes prioritaires en Haiti – Persistances d’avril 2014 à mars 2016

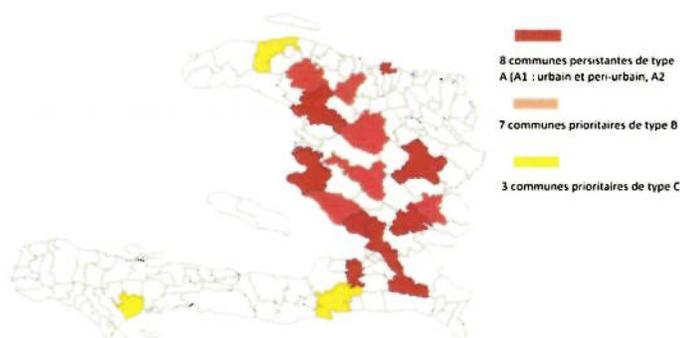


Figure 2 – Source: Ministry of Public Health and Population (MSPP), Epidemiological Department (DELR)

These priority areas are characterized by poor urban and peri-urban neighborhoods with low WASH development, located on main roads, with important market places and transport facilities which increase risks of the movement of the cholera vibrio. These urban and peri-urban zones have reported to be at red alert for up to 75% of the time in the last two years. UNICEF, PAHO/WHO are already implementing Rapid Response Actions as well as medium and long term interventions like vaccination and sanitation campaigns, and WASH programmes.

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. So, in order to eliminate cholera, it is also necessary to appropriately and adequately address its structural causes and strengthen the capacities of affected communities to improve their livelihoods and quality of life, and subsequently reduce the risk of cholera.

As stated by the UN Haiti Cholera Response Team, the support to those most affected must go beyond addressing the cholera outbreak to 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 of other UN Agencies on the ground to support this community development action, in order to support Haitian families directly affected by cholera in Mirebalais.

### Strategy

It is expected that the implementation of the community approach will alleviate the suffering caused by cholera at the community level and strengthen community capacities to proactively and sustainably address the conditions that increase cholera risk: chronic poverty, weak sanitation infrastructure, limited access to clean water, poor housing conditions, and lack of basic health services.

The community approach will be implemented by local NGOs and partners on the ground active in the cholera affected areas, together with civil society organizations, both with expertise and experience in working with communities and who have solid implementation capacity.

These different implementing partners will be coordinated and supported by UNDP as the UN Responsible Party for this action. UNDP, in accordance with the protocol and criteria established by the Cholera team, the entity providing guidance on the new UN approach to cholera in Haiti (Track 1 and Track 2), will lead the mapping of potential implementing partners (who, what, and where, nationwide), undertake capacity assessments, provide training, harmonize approaches and support partners with technical assistance as needed. UNDP will also ensure quality assurance, monitoring and evaluation, and reporting.

Other entities within the UN family will also play key roles. UN agencies, funds and programmes present in Haiti will provide support or implement activities according to their respective mandates, community presence and expertise. As a clear example, UNICEF will provide technical support and guidance on community projects on water and sanitation and ensure adequate links and complementarity with Track 1b.

The project will target primarily cholera affected households within each community, together with women and other vulnerable groups, and will 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: e.g. construction of a clinic requires doctors and nurses, funds to cover salaries, medicine and supplies, electricity, water, etc. Experience has shown that micro-projects or quick impact projects run the risk of having little impact if not embedded with or linked to larger regional and national development frameworks. 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.

The community approach will use the combined expertise and experience of the UN family. UN agencies, funds and programmes as well as other partners and stakeholders will use their expertise according to the different sectors of intervention: i.e. UNICEF on education, WHO on health, etc.

Once the participatory community consultation has been completed and community projects prioritized, the selected Implementing Partner will submit a work plan per communal section that will include expected outcomes, outputs, activities and budget. Work plans must include a risk assessment with mitigation measures.

Affected communal sections will be categorized depending on the impact of cholera they have suffered. This categorization that will be done according to a number of criteria

defined by the governing entities and will determine the volume of resources to be allocated per community.

This symbolic project is part of the new approach and its implementation is being undertaken by UNDP on behalf of the United Nations. Therefore, this is not a regular UNDP project which will be reflected in terms of coordination with the Cholera Team providing guidance. With regards to visibility, UNDP will use the logo provided by the Cholera Team and will make sure to emphasize in all relevant communications that this is a symbolic initiative in the context of the new UN approach to Cholera in Haiti.

## **Expected Results**

This project aims to achieve 3 expected results:

### **1. Mapping of implementing actors active in cholera priority communes.**

UNDP will design a mapping exercise that allows identification of the key implementing actors in the 18 cholera priority communes (Hinche, Mirebalais, Gonaïves, Saint-Marc, Le Cap, Cabaret, Croix des Bouquets, Carrefour, Saint-Michel de l'Attalaye, Petite Rivière de l'Artibonite, Gros Morne, Limbe, Plaisance, Lascahobas, Arcahaie, Jacmel, Les Cayes, Port de Paix) in order to better understand their competences, expertise and relational dynamics.

This mapping aims at identifying the role and position of these actors, from the public, private and social/civil society sectors, in the broader social, institutional and political framework of the 18 communes, as well as their strengths and weaknesses, which helps the analysis of their influences and recognition. The mapping will focus on the operating capacity already in the field, especially local and community based organizations, but will also consider international organizations or other actors that play a key role in that specific environment.

This activity will be coordinated with other UN agencies and will start from existing information, which will be systematized and complemented when necessary with other sources or first-hand consultation. If relevant, the analysis will include a first capacity assessment of the actors.

The mapping will result in a database and actors' maps which will provide a comprehensive vision of the role and participation of the key implementing actors and their capacities in the 18 cholera priority communes with a view to contribute to coordination improvement in the cholera elimination efforts.

### **2. Consultation in Mirebalais with affected communities, including local representatives, formal and informal leaders as well as families affected by cholera and other vulnerable groups.**

The community approach has two main elements: participatory consultation and project implementation. The team will set-up a structure to ensure engagement and ownership at three different levels:

- At the Communal Section Level (smallest administrative division in Haiti), UNDP will work with a national community engagement specialist to realize a participatory

and community-driven approach to identify the package of community programmes.

- At the Communal Level, UNDP will work with relevant authorities to ensure that the activities implemented under the programmes are included or aligned with the Communal Development Plan (CDP) where available (about 50% of the Communes have a CDP).
- At the National Level, UNDP will work with relevant ministries and other national institutions (including the water agency DINEPA) and international partners to ensure that activities are aligned with the National Coordination Framework for External Development.

#### *Participatory consultation at community level*

The methodological tools used for consultation in Mirebalais will be shared with other agencies, and relevant partners, to ensure the coherence of earlier gathered data, the perspectives of the most vulnerable groups, as well as complementarity with their action plans. Following the methodology already established to promote participatory community consultation, the implementing partner will lead discussions with focus groups, individual interviews, surveys and others.

Implementing Partners selected using the harmonized methodology and endorsed protocol, will conduct community consultations in Mirebalais with Haitians most directly affected by cholera, centered on the victims, their families, communities and different stakeholders in the communal sections:

1. Local authorities, including the mayors and the Administrative Committees of the Communal Section (CASECs) and the Communal Section Assemblies (ASECs).
2. Formal leaders, those individuals widely recognized as representatives of different interests of the community. These may include priests or heads of farmers' cooperative, for instance.
3. Informal leaders, such as private sector representatives, doctors, teachers, or others.
4. Other vulnerable groups, such as, women, youth, elderly, or persons with disabilities.

The community in Mirebalais will be asked to provide its views with regards to the short-, medium- and long-term future and what would be the different steps and key priorities to reach those goals. The methodology will allow the team to manage community expectations.

This information will be used to update existing Local Development Plans (LDPs) in the commune of Mirebalais or define simple ones in those communities without LDPs. The use of these planning tools is key to ensuring that this community approach contributes to improving the wellbeing of the households in the immediate term but also to ensure the sustainability of the interventions.

With this approach, the community will be able to define a realistic road map for the short-, medium- and long-term. Cholera related projects complementing any possible activity from Track 1b will be prioritized.

Community consultations will allow the team to collect information on households directly affected by cholera and their needs without raising unnecessary expectations.

**3. Implementation of community projects in Mirebalais identified during the consultations and according to the selection criteria defined by the Cholera team.**

UNDP will work with local partners already present in Mirebalais. The option of using the Micro Capital Grant as a financing tool will be considered as it allows the quick transfer of funds (up to 150,000 USD) to partners with demonstrated implementation and management capacity.

Taking into account the experience of similar programmes in Haiti and similar contexts, it is foreseeable that participatory community planning and Local Development Plans would prioritize activities that could be clustered in three main groups:

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 be selected in a participatory manner, together with the community's representatives, according to their specific needs and following the following proposed criteria:

- Benefit for households directly affected by cholera
- Sustainability of the action
- Complementarity with Track 1 interventions and initiatives from other UN Agencies and relevant partners
- Alignment with Local Development Plans
- Inclusion of most vulnerable groups
- Existing local capacity for implementation
- Expected impact
- Cost-benefit analysis

The prioritization process could result in one project of 150,000 USD or multiple small projects with visible and tangible impacts for the communities in one or several of the four communal sections of Mirebalais. The implementing partner, after wide consultation with the communities, will propose to UNDP a list of costed initiatives to be funded by the project. UNDP, after having informed the Cholera team, will make recommendations or endorse the proposed list as necessary.

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. Micro-grant capital will be used as a financing tool. To the extent possible, small local organizations or NGOs that work with local micro-enterprises will be prioritized as implementing partners.

Once the implementing partners in Mirebalais are selected, they will submit to UNDP a work plan by communal section that will include expected outcomes, outputs, activities, budget and a risk assessment with mitigation measures. UNDP project team will ensure capacity building at the local level, support in the implementation of activities and reinforcement of the governance structures at the communal level.

**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*

Project activities will be coordinated with existing and future engagements of relevant UN agencies, funds and programmes present in Haiti. UNDP will work in close coordination with UNICEF and PAHO/WHO that provide technical support and guidance on community projects on health, water and sanitation and ensure adequate links and complementarity with track 1b.

Partnership with local and community based organization will be prioritized for the implementation of the grants/quick impact projects.

In Mirebalais, UNDP will work in close coordination with UNICEF, whose work focuses on:

- Support to coordination of the alert and response mechanism
- Rapid response : 5 mobiles teams active in Mirebalais commune
- Sanitation campaign : two localities have been declared Open Defecation Free in Mirebalais commune, 25 localities are under process
- Specific actions plans for cholera exposed neighborhoods in Mirebalais urban areas: participatory process launched with the Municipalities and DINEPA, results expected by April

**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.*

UNDP is the UN agency leading sustainable development processes in some 170 countries and territories, helping to achieve the eradication of poverty, and the reduction of inequalities and exclusion. Its expertise focuses on developing policies, leadership skills, partnering abilities, institutional capabilities and build resilience in order to sustain development results.

UNDP's mission in Haiti is to support the Haitian Government to build a strong and resilient nation and institutions. The main UNDP areas of work in Haiti include poverty reduction and employment, democratic governance, environmental protection and climate change mitigation, disaster risk management and recovery. UNDP has developed effective strategies and tools for community development initiatives in Haiti to support long-term development processes along with strengthening emergency and recovery response capacities.

**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 implemented under the Direct Implementation (DIM) modality, so UNDP assumes overall management responsibility and accountability for project implementation. Accordingly, UNDP will follow all policies and procedures established for its own operations.

The responsibility for the execution of the DIM projects rests with UNDP. UNDP may identify Responsible Party/ies to carry out activities of micro-project implementation. All Responsible Parties will be directly accountable to UNDP in accordance with the terms of their agreement or contract with UNDP. Training and capacity building to Implementing Partners and Responsible Party/ies will be provided as needed to ensure that all activities meet quality standards and take into account possible risks.

Most project activities will be carried out in the Commune of Mirebalais, in the Plateau Central Department. Project management and technical and financial support will be coordinated from Port-au-Prince.

UNDP will work in close collaboration with the RC/HC/RR and other partners working on track 1 activities, as well as with the Cholera Team supporting the implementation of the new approach from the SGs office. As funding is to be provided through the MPTF, UNDP will follow the procedures as established by the MPTFO.

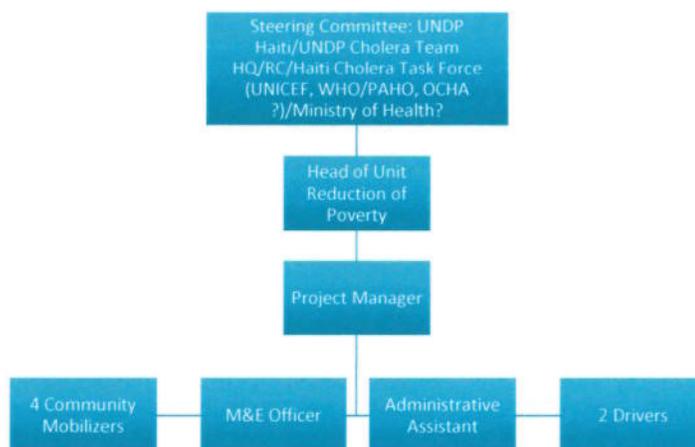
The UNDP project team will consist of 9 members, some on a full-time basis and others on a part-time basis:

- International Head of Unit – Poverty Reduction: Responsible for strategic guidance, quality assurance, strategic and technical inputs and direction to the project team in coordination with UNDP senior management and national project counterparts and for ensuring effective linkages with other similar initiatives and projects.
- National Project Manager: Responsible for day-to-day management of the project including timely and efficient delivery of the project technical, operational, financial and administrative outputs and substantive project inputs. He/she will be based in Port-au-Prince and will coordinate and supervise the field team.
- 4 National Community Mobilizers: Responsible for carrying out all activities on the ground in Mirebalais, coordinating local consultations and micro-project implementation. They will ensure proper assistance and monitoring of the quick impact projects and all the field activities.
- National Monitoring and Evaluation officer: Responsible for regular monitoring and reporting on the progress of the implementation of the project and supporting the

implementation of the project activities by undertaking research and analysis of relevant data and information. He/she will coordinate the mapping and will coordinate with UNDP Communication Team the elaboration of communication tools.

- National administrative assistant: Responsible for performing financial and administrative duties related to implementation of the project activities, assisting with organizing administrative processes for project needs and providing support to office maintenance including administering the project documentation and performing other finance related and administrative tasks.
- 2 National Drivers

The UNDP Project Team will coordinate with other relevant UN Agencies active in the cholera response, with the RC/HC/RR and with UNDP HQ who will support proper coordination and alignment with the UN new approach to cholera in Haiti.



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)

Project highly politically sensitive: risk of raising unrealistic expectations from communities, local authorities, media, etc, or falling short of existing expectations.	High	High	The community will be informed about the limited availability of resources as well as the clear, well defined and expected results of this project. The community will be asked during consultations to provide its views with on their short-, medium- and long-term needs and what would be the different steps and key priorities to meet those needs. The consultation methodology, which will be agreed with the RC and the Cholera Team, will aim to manage community expectations. The project will develop a solid communication strategy.
Difficulty to identify victims and families affected by cholera	Medium	Medium	The project will target cholera affected households, women and vulnerable groups within each community and will be implemented using a conflict sensitive approach. Methodology tools will be shared with other UN Agencies
Communities expectations are not met and some groups react violently against project staff or project activities.	Medium	High	Project activities will be implemented in accordance with security protocol and safety measures. Project implementation will be adapted as needed to promote the safety of the staff involved and sustainability of the interventions. The Cholera team and decision makers will be informed about risks associated to the project implementation.
Consultations with affected communities reveal an unexpected outcome which does not allow for the implementation of community projects.	Medium	Medium	The methodology for community consultations will be developed in coordination with relevant partners and agreed with the RC and the Cholera Team, including the elaboration of questionnaires, surveys, focus groups and individual interviews. The project team will support the implementation of community interventions prioritized according to the criteria defined and in consultation with the Cholera Team.
Environmental, climate or other external factors could deteriorate cholera outbreak	Medium	Medium	UNDP will work in close coordination with relevant national counterparts and with other UN Agencies to coordinate efforts on the cholera response
Local capacities are very weak	Medium	Medium	UNDP will train and assist local implementing partners in all the project cycle management

**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.*

UNDP Haiti will follow the principles, norms and standards established in the UNDP Result-based Management Guidelines regarding planning, monitoring and evaluation. The project is in line with national and international priorities, has established clear outputs and indicators to measure progress towards results.

The project will have a Monitoring and Evaluation Officer who will be responsible for project quality control, for collection and analysis of data, for measuring the progress against results and for preparing progress and final reports, according to UNDP standards and procedures.

## PROPOSAL RESULT MATRIX

<b>Proposal Title:</b> Community assistance to Mirebalais: new UN approach to cholera in Haiti					
<b>Strategic Objective to which the Proposal is contributing<sup>2</sup></b>					
<i>Strategic Objective 5: Proposing a package of material ASSISTANCE AND SUPPORT to Haitians most directly affected by Cholera</i>					
Result Indicators	Geographical Area (where proposal will directly operate)	Baseline <sup>3</sup> In the exact area of operation	Target	Means of verification	Responsible Org.
<p>% of execution of the 370,000 USD prioritized project as symbolic reparation to victims, families and communities affected by cholera in Mirebalais</p> <p>Number of victims, families and communities affected by cholera in Mirebalais reached by the reparation projects</p>	Mirebalais	No material assistance and support has been provided by UN	<p>100% of the 370,000 USD Community projects executed</p> <p>10,000 people among victims, their families and communities reached</p>	Project reports, field monitoring missions report,	UNDP Haiti
Output Indicator 1	Geographical Area	Target <sup>4</sup>	Budget	Means of verification	Responsible Org.
<i>Database and maps of key actors active in cholera defiance are elaborated for the 18 cholera priority communes</i>	18 cholera priority communes	Updated database and visual maps	49,330	Database files and visual material	UNDP Haiti
<b>Planned activities</b>					
<p>1.1 Existing information and data collection from other UN Agency, Haitian government and other relevant actors on the 18 communes</p> <p>1.2 Systematization, organization and validation of information, including with first end-instruments if necessary</p> <p>1.3 Elaboration of updated database and visual maps</p>					
Output Indicator 2	Geographical Area	Target <sup>5</sup>	Budget	Means of verification	Responsible Org.
<i>1 Commune and 4 community sections of Mirebalais have produced their Local Development Plans</i>	Mirebalais	5 Community development plans for 1 commune and 4 Communal Sections	69,330	Local Development Plans documents	UNDP Haiti
<b>Planned activities</b>					
2.1 Consultations in Mirebalais affected communities					

<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> Assuming a ZERO Baseline

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

2.2 Systematization of information and elaboration of Local Development Plans

Output Indicator 3	Geographical Area	Target <sup>6</sup>	Budget	Means of verification	Responsible Org.
Selected micro-projects are implemented by local partners	Mirebalais	Micro-project fully executed	394,330*	Micro-projects documents, progress and final reports	UNDP Haiti
<b>Planned activities</b>					
3.1 Selection of priority projects and implementing partners					
3.2 Support to design, implementation and monitoring of quick impact projects via micro grants					
3.3 Final assessment, feedback and lesson learned meeting with the community					

\* First phase of this project will have a total amount of 300,000 US\$, so Output 3 will have 195,000 US\$. If extra 212,990 US\$ will become available, they will be allocated to Output 3 and will be for community development projects based on the experience and lessons learned in Mirebalais.

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

**Project budget by UN categories**

<b>UN Haiti Cholera Response MPTF - PROJECT BUDGET</b>			
<b>CATEGORIES</b>	<b>Amount Recipient Agency</b>	<b>Amount Recipient Agency (if more than 1)</b>	<b>TOTAL</b>
1. Staff and other personnel (include details such as description of budget lines, titles of staff, unit costs, quantities, etc)	66,600 US\$		
2. Supplies, Commodities, Materials (include details as described above)	5,000 US\$		
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details as described above)			
4. Contractual services (include details as described above)			
5. Travel (include details as described above)	5,000 US\$		
6. Transfers and Grants to Counterparts (include details as described above)	370,000 US\$		
7. General Operating and other Direct Costs (include details as described above)	20,690 US\$		
<b>Sub-Total Project Costs</b>	<b>467,290 US\$</b>		
8. Indirect Support Costs*	32,710 US\$		
<b>TOTAL</b>	<b>500,000 US\$</b>		

\* 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.