



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

Proposal Title: Phase 2 of the community assistance in 4 cholera priority communes (Cap-Haitien area) as part of the new United Nations approach to cholera in Haiti.	Recipient UN Organization(s): UNDP Haiti UNOPS Haiti																	
Proposal Contact: Mr. Fernando Hiraldo (UNDP Haiti) Mr. Felipe Munevar (UNOPS Haiti) E-mail: fernando.hiraldo@undp.org Felipem@unops.org	Implementing Partner(s) – name & type (Government, CSO, etc): Ministère de la Planification et de la Coopération Externe (MPCE)																	
Proposal Location (Departments): North Department Communes of Cap-Haitien, Quartier-Morin, Limbé and Dondon	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> <table border="1" data-bbox="815 1108 1386 1304"> <tr> <td>Women:</td> <td>220,140</td> </tr> <tr> <td>Girls:</td> <td></td> </tr> <tr> <td>Men:</td> <td>201,529</td> </tr> <tr> <td>Boy:</td> <td></td> </tr> <tr> <td>Total:</td> <td>421,669</td> </tr> </table>		Women:	220,140	Girls:		Men:	201,529	Boy:		Total:	421,669						
Women:	220,140																	
Girls:																		
Men:	201,529																	
Boy:																		
Total:	421,669																	
Project Description: <i>One sentence describing the project's scope and focus.</i> The objective of this project is to expand local consultations and community assistance to 4 cholera priority communes (20 Administrative Sections) in the North Department, providing material support to those Haitians and their communities most directly affected by cholera, under UN Cholera Response Track 2.	<table border="1" data-bbox="815 1304 1386 1715"> <tr> <td colspan="2">UN Haiti Cholera Response MPTF</td> </tr> <tr> <td colspan="2">Requested amount: US\$ 5.579.933,65</td> </tr> <tr> <td colspan="2">Other sources of funding of this proposal:</td> </tr> <tr> <td colspan="2">Government Input:</td> </tr> <tr> <td colspan="2">Total Cost for the Project: US\$ 5.579.933,65</td> </tr> <tr> <td colspan="2">Start Date: March 2019</td> </tr> <tr> <td colspan="2">End Date: September 2021</td> </tr> <tr> <td colspan="2">Total duration (in months): 30 months</td> </tr> </table>		UN Haiti Cholera Response MPTF		Requested amount: US\$ 5.579.933,65		Other sources of funding of this proposal:		Government Input:		Total Cost for the Project: US\$ 5.579.933,65		Start Date: March 2019		End Date: September 2021		Total duration (in months): 30 months	
UN Haiti Cholera Response MPTF																		
Requested amount: US\$ 5.579.933,65																		
Other sources of funding of this proposal:																		
Government Input:																		
Total Cost for the Project: US\$ 5.579.933,65																		
Start Date: March 2019																		
End Date: September 2021																		
Total duration (in months): 30 months																		

Endorsement of the DSRSG/HCRC for Haiti:

Name: *DR. MAMADOU DIALLA* - *12/03/2019*

Date: *Mamadou S. Dialla*

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



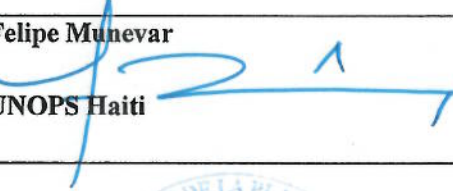

- Strategic Objective 1: PREVENTING and CUTTING** transmission in communities
- *Increase the number of trained rapid response teams*
 - *Rapid Identification and treatment of cases*
 - *Immediate actions to cut transmission*
 - *Revitalize public information campaign to better reach the public and achieve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

Recipient UN Organization(s)¹	
<i>Name of Representative</i>	Fernando Hiraldo
<i>Signature</i>	
<i>Name of Agency</i>	UNDP Haiti
<i>Date & Seal</i> 19/03/19	
Recipient UN Organization(s)	
<i>Name of Representative</i>	Felipe Munevar
<i>Signature</i>	
<i>Name of Agency</i>	UNOPS Haiti
<i>Date & Seal</i> 18/03/19	
National Government:	
<i>Name of Representative</i>	
<i>Signature</i>	
<i>Name of Agency</i>	
<i>Date & Seal</i>	

¹ 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)*

On August 2016, the Secretary-General of the United Nations announced a new approach by the United Nations to cholera in Haiti (A/71/620*). In his accompanying public statement he conveyed his deep regrets for the suffering endured by the Haitian people as a result of the cholera epidemic and that the United Nations has a moral responsibility to the victims and to support the Haiti overcome the epidemic. In November 2017, the Deputy Secretary-General and the Special Envoy for Haiti visited Haiti and reconfirmed the commitment of the new leadership of the United Nations to this approach.

The United Nations has been working since 2010, aligned with the National Cholera Elimination Plan, to support national efforts to cut the transmission including emergency response for outbreaks, providing vaccines against cholera and to improve access to water and sanitation. Concerted national and international efforts since then have resulted in a 99.5% per cent reduction in the number of suspected cases. However, new cholera cases are still identified, and recent outbreaks show the continued vulnerability of the population to the disease. The elimination of cholera in Haiti requires an integrated response to control ongoing outbreaks as well as long-term actions to improve water and sanitation systems. Support for those most affected by cholera will help communities and families get back on their feet, ease their plight and better their lives.

The new UN approach to cholera in Haiti launched by the SG includes two tracks. While **Track 1** 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.

In April 2017, UNDP started implementing a **symbolic pilot project in Mirebalais**, the commune where cholera started in Haiti, under the Track 2 modality. The project represents a concrete and tangible expression of the UN's regret for the suffering that the Haitian people have endured because of cholera. This project has up to date carried out a mapping of key stakeholders intervening in the 18 cholera priority communes most affected by cholera; the development of a consultation methodology and its application; the creation of local platforms allowing for consultations with the affected communities in centre ville and 4 communal sections, leading to the selection of priority projects for the communities. These projects are currently being implemented and include the rehabilitation of a water system in Gascogne and Sarazin, the installation of drinking water supply systems in three localities of Grand Boucan, the construction of the Mina Market in the section of Crête Brûlée and the development of a project in Mirebalais centre ville.

Considering that a large number of individuals have been ill with cholera since 2010, there are many categories/definitions of victims. These include those who were ill themselves, those who have lost or cared for an ill household member or relative, or who were indirectly affected by the epidemic. During consultations, a narrow definition of "victims" or "survivors" would likely create

tensions among those who are not recognized as victims and subsequently would not receive assistance.

The implementation of the symbolic track 2 project in Mirebalais provides important lessons that will be capitalized to feed into the scale-up of this initiative and expand the community approach to Phase 2. Lessons learned from the pilot phase, as well as experiences of human rights organizations and researchers suggests that there are three key conditions that must be met in order for consultations with victims of violence to be meaningful. First, the consultations must be systematic and broadly inclusive, so that they do not give voice to the opinions of some groups over others. Second, the consultations must be seen as legitimate and impartial, and must include follow-up dialogue with communities to discuss decisions made as a result of the consultations. Finally the consultation must be conducted in a transparent and sensitive manner that allows survivors to speak openly and comfortably about their views.

These three key conditions will underpin this Track 2 program—a community approach will be used that promotes consultations with broad groups of victims and prioritizes the implementation of projects based on priorities established in consultation with victims, their families and the wider community.

This first phase of expansion will be implemented in the communes of Cap-Haitien, Quartier-Morin, Limbé and Dondon, in the North Department of the country.

Prioritization of this geographical area results from applying a layered system of filtering. The first screening was based on 4 separate epidemiological criteria (according to UNICEF datasets on cholera), which can each individually be considered to be independent concentric circles:

1. Total # of suspected cases by commune
2. Incidence by commune (# of suspected cases/population of the commune)
3. Gross Mortality by commune
4. Death Rate by commune

From this first epidemiological screening, out of the total 140 cholera hotspots, a list of 70 priority communes emerged, to which additional filters have been applied:

- Rural vs. Urban vs. Peri Urban
- Capitalizing on Synergies
- Geographical Clustering

Finally, the most heavily urban areas have been removed from the list, with the exception of Gonaives and Cap-Haitien. Heavily urban areas will be prioritized in later phases of the track 2 expansion. The area is seen as particularly suitable considering that IDB will be implementing a large-scale WASH program in Cap Haitien and in the surrounding area—particularly in the southern corridor of Cap-Haitien, which will allow the project to work in synergy with and to capitalize on investments being made in the region. After applying these filters and the geographical clustering on top of the epidemiological filters, the following 13 priority list of communes is proposed: Quartier-Morin, Limbe, Saint Michelle D'Atalaye, L'Estère, Pilate, Gonaives, Cap Haitien, Ennery, Plaisance, Borgne, Milot, Dondon, Caracol.



Fig. 1. Selected geographical area after epidemiological and strategic screening

To this final list, an operational/resources optimization and cost effectiveness filter was applied, resulting in the following 4 priority communes selected for phase 2: **Cap-Haitien, Quartier-Morin, Limbé and Dondon.**

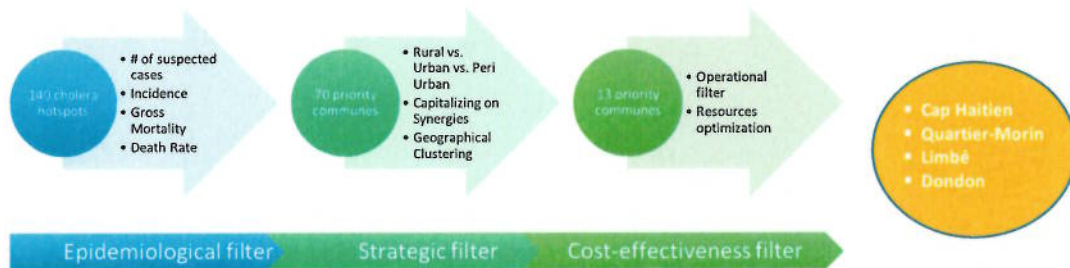


Fig. 2. Layered system of communes' prioritization

The project will be implemented jointly by UNDP and UNOPS, as UN Responsible Parties for this action. UNDP has previous expertise and experience in working with communities and will be leading local consultations in the 4 communes (SOFT component) while UNOPS will be leading the implementation of the community projects (HARD component) selected by the administrative sections, infrastructure projects and procurement being its specialty. Scaling-up the community approach implemented in Mirebalais will require both UN agencies to work closely together to deliver sustainable and rapid results, in close coordination with Local government and other partners on the ground, such as IDB, the WB, UNICEF and their implementing partners.

UNDP will lead community-led consultation in the **4 cholera priority communes**, which belong to the North Department of the country and are composed of their 4 Centre villes (CV) and corresponding 16 Administrative sections (CS), as described in the table below:

Communes	N. in the Priority List/70 hotspots	Population ²	Women	Men	N. of SC and CV	Surface	Department
Cap-Haïtien	20	274,404	146,903	127,501	4	54 km ²	Nord
Quartier-Morin	4	27,359	13,428	13,931	3	60 km ²	Nord
Limbe	5	85,302	42,843	42,459	7	1126 km ²	Nord
Dondon	49	34,604	16,966	17,638	6	120 km ²	Nord
4		421,669	220,140	201,529	20		

Table 1. List of communes selected for Phase 2 pilot

UNDP will implement the community approach as established in the Mirebalais project in the **20 administrative sections**, and will ensure the participation of victims as well as all relevant stakeholders in each community during the whole process. UNOPS will provide technical support during consultations, especially at the time of identification and selection of community projects: it will facilitate the discussion by guiding the participants on the indicative costs of the infrastructures and support the prioritization of the projects that will remain in the short list resulting from the consultations. It has been agreed, based on the Mirebalais experience and by taking available funding into consideration, that each administrative section will be allowed to select a community project up to an amount of 150,000 US\$.

Once the participatory consultations with victims and their communities have been completed and community projects prioritized, UNDP and UNOPS will carry out an inspection visit to the Communal Sections for a quick pre-feasibility assessment to the selected sites, which will result in the further filtering of the short list. This list is expected to be at this stage just one or up to a maximum of three proposals per administrative section. The final option/s will be finally validated by the platform in a participatory manner, ensuring that all parties, especially victims and their families, agree with the final choice.

At this point, UNOPS will take the lead in the implementation stage, while UNDP will continue to engage in terms of social support and management of the relations with the platforms and local government. UNOPS will manage the implementation of works according to the following steps at each phase of the project: (1) Planning (consultations) (2) consultation and approval of relevant government actors (2) Works implementation - design, procurement, construction, supervision - (3) Administration of the Defect Notification Period (DNP). UNDP will work in close collaboration with UNOPS and will provide technical assistance to the administrative sections to ensure sustainable management of the community projects. For example, in the case of the construction of a market infrastructure, while UNOPS will be responsible of ensuring the sustainability of the infrastructure (staff training, maintenance and operational procedures, etc.), UNDP will work on

² Population totale, population de 18 ans et plus, ménages et densités estimés en 2015, IHSI, March 2015.

capacity development of the institution in charge of the market management system (tax fee system, post assignments, services provision, management structure etc.).

Once the infrastructure is finished, UNDP and UNOPS will carry out a one-year monitoring to ensure the sustainability of the process (both hard and soft) for each community project. UNDP and UNOPS will work to ensure that, to the extent possible, all interventions are linked to local development plans and that initiatives are implemented with local institutions, both from the public and private sectors, as well as civil society. Where communities choose water and sanitation projects, national standards and regulations will be followed and DINEPA/OREPA actively engaged. This will require capacity building at the local level, support in the implementation of project activities and reinforcement of the governance structures.

The project is a concrete and tangible expression of the United Nations' regret expressed to cholera victims, their families and communities and aims to alleviate the suffering caused by cholera at the community level. While the projects identified by the communities may not be directly linked to cholera they may respond to other development needs as articulated by the SDGs such as chronic poverty, poor sanitation infrastructure, limited access to safe drinking water, poor housing conditions and/or lack of basic health services. The victims and their families will be at the centre of the community approach. The community projects will be selected and designed through a transparent process involving consultation with the victims and their representatives or groups. Victims will be the main actors and beneficiaries of the community approach and this initiative aims primarily to address their suffering. Victims will be consulted from the time of the first visits to the community, they will be members of the community platform that will be created to lead local consultations, and one of the main criteria for the prioritization of community project will be the benefit for households directly affected by cholera.

The **overall objective** of the intervention is to expand local consultations and community assistance to the other 4 cholera priority communes (20 communities among the Centre villes and Administrative Sections) in the North Department, providing material support to those Haitians and their communities most directly affected by cholera, under UN Cholera Response-MPTF Track 2.

This project aims to achieve four main **results**:

1. **Local consultations** in 4 priority communes selected for Phase 2 and their 20 Centre villes and Administrative Sections with cholera victims and their families, affected communities, including local representatives, formal and informal leaders and vulnerable groups.
2. **Participatory community assessment** for the selection of the community projects and elaboration of Local Priorities Documents.
3. **Implementation of the community projects** identified during the consultations and selected according to the selection criteria defined by the Cholera team.
4. **Capacity development for sustainable management** of community project.

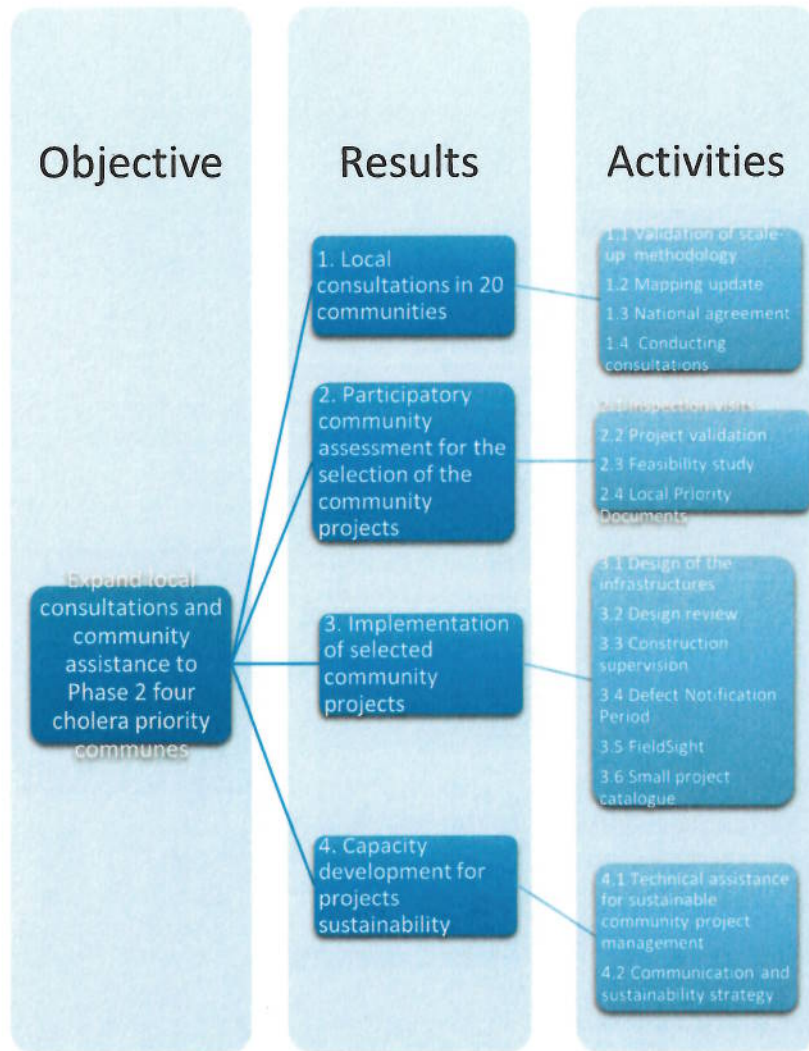


Fig 3. Intervention logic scheme

UNDP and UNOPS will work in close collaboration during the implementation of all actions, promoting the coherence and continuity of the processes of local consultation and project implementation carried out in the communities. That said, at the programmatic level, in the first and second results areas, UNDP will have a leading role and UNOPS will provide technical support, while in the third result area, UNOPS will have the leading role and UNDP will provide social support to infrastructure and liaison with local communities and their representatives. To ensure sustainability of the project, UNDP and UNOPS will have a shared responsibility for result 4.

The proposed **activities** for each result are described more in detail in the section below.

R1. Local consultations in the 4 priority communes and their 20 Centre Villes and communal sections with cholera victims and their families, affected communities, including local representatives, formal and informal leaders and vulnerable groups.

Activity 1.1 Validation of UNDP / UNOPS community approach methodology with MPCE and MICT

Based on the experience of the Mirebalais pilot, UNDP will apply the existing consultative methodology to expand the community-led consultations in the Phase 2 pilot cholera priority communes: Cap-Haitien, Quartier-Morin, Limbé and Dondon.

As a general rule, to refine the community approach and scale-up the methodology to the 20 priority administrative sections, the following principles will be considered:

- Capitalization of best practices and lessons learned from the Mirebalais experience;
- Ensure widest participation possible and inclusion of cholera victims and affected families in the consultations;
- More visibility to the engagement of victims and relatives of victims;
- Close coordination between UNDP and UNOPS to ensure coherence with the implementation phase;
- Consistency with national plans and policies, especially with the Ministry of Planning and External Cooperation and the Ministry of Interior and Territorial Communities strategies and legal frameworks as well as DINEPA where appropriate;
- Use the results of the stakeholders mapping to have a more comprehensive vision of the role and participation of the key implementing actors and their capacities in the 4 remaining cholera priority communes;
- Ensure involvement of and close coordination with other UN agencies and relevant partners (especially UNICEF, Inter-American Development Bank and World Bank), to ensure the coherence and complementarity with their strategic plans and ongoing activities.

Once this project is approved by the Advisory Committee, final validation will be sought from MPCE and MICT. Validation is expected to present no further challenges, as the pilot methodology has been approved by MPCE.

Activity 1.2 Mapping update

The database and actors' maps produced in the framework of the Mirebalais project will be updated and used to provide a comprehensive vision of the role and participation of the key implementing actors and their capacities in the 4 cholera priority communes, especially UNICEF, IDB and WB.

This mapping will be used to identify potential synergies and cooperation activities with other donors and implementing agencies operating in the area.

Activity 1.3 National engagement

In close collaboration with the Office of the Special Envoy, UNDP and UNOPS will promote a transparent and mutually beneficial relationship with the Haitian government to align the intervention with national and local priorities and facilitate its involvement in the intervention at all levels.

Activity 1.4 Conducting community-led consultations

UNDP will conduct community consultations in priority communal sections with cholera victims and their families, communities and key stakeholders in the 20 centre villes and communal sections of the 4 selected communes. UNDP will ensure the inclusion and participation of all relevant community representatives, such as local authorities (Mayors, CASECs, ASECs), formal and informal leaders, such as priests, head of cooperatives, private sector representatives, doctors, teachers, and other vulnerable groups, such as, women associations representatives, youth, elderly, or persons with disabilities.

UNDP will provide to the communities a platform to engage openly and honestly so they may define the support that they themselves identify as most meaningful. As the UN has declared a moral responsibility to the victims of cholera in Haiti and to their families and communities, the pilot experience shows that the creation of community platforms has played an important role in allowing victims to express their grief, regret, and frustrations and provides them with an opportunity to be heard by the UN.

During the consultation stage of each project cycle, UNOPS will support UNDP in the consultations with the community, mobilizing technical experts to facilitate the decision on the scope of work for the infrastructure. Pre-feasibility studies will be undertaken in parallel of the consultation process to manage the expectations of the communities and ensure the sustainability of the future infrastructures.

R2. Participatory community assessment for the selection of the community project/s and elaboration of Local Priorities Documents

Activity 2.1 Inspection visit of the selected projects

The consultation process will result in the identification of one or more key local priorities for each communal section. UNDP and UNOPS will conduct a joint inspection visit to the communal section to verify technical pre-feasibility. After this first screening, only the realistic and feasible project/s for each community will remain in the very short list.

Activity 2.2 Project validation by the community

The final short list of feasible project/s for each community will be selected in a participatory manner, together with cholera victims, their families and community's representatives, according to their specific needs and following proposed criteria, among others:

- 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 impacts
- Cost-benefit analysis.

The prioritization process will result in projects valued at max. 150,000 USD, with visible and tangible impacts for the communities.

Activity 2.3 Feasibility study of the selected project

As first work package for works implementation UNOPS will carry out feasibility studies, environmental and social impact assessments and investigative studies where appropriate to serve as a base for the design for each project selected by the communities.

During this phase, UNOPS will affirm the business case for the infrastructure proposed by the community, establishing that the scope of the works is financially and legally viable. Site investigations, and environmental and risk assessments will be carried out in preparation of the initial design brief.

2.4 Elaboration of Local Priority Documents

All the participatory community-consultation process will be documented and systematized into brief Local Priorities Documents, that will be used to provide quality information for monitoring progress and for communicating results, but also to legitimate and demonstrate the transparency and wide participation of the communities and victims during consultations.

This Local Priorities Documents will describe the consultation process carried out in each community as well as the participatory assessment process that led to the selection of the specific project.

The Local Priorities Documents will list the additional local priorities identified by the community that are beyond the scope and capacity of this project. The document of community priorities will be shared with the development actors and donors identified in the mapping exercise so as to facilitate a multiplier effect.

R3: Implementation of the community projects identified during the consultations and selected according to the selection criteria defined by the Cholera team.

3.1 Design of the infrastructure

As previously stated during the pilot phase, community platforms ruled out individual payments in favor of infrastructure projects that benefited the entire community. Assuming communities in this expansion phase also request infrastructure projects, and depending on the scope and context, UNOPS will procure the design through a local or international consultant; draw on a long-term agreement with a previously approved consultant; carry out the design in house; or a combination of these options. Design outcomes will meet high sustainability, gender and environmental criteria within established in house international standards. A social and environmental plan will be established, monitoring the following indicators:

- Requirement management (management of beneficiaries' expectations);
- Architectural impact;
- Impact on local ecosystems;
- Archeology and cultural heritage impact;

- Air quality;
- Water quality;
- Energy management;
- Impact of construction activities;
- Selected construction materials;
- Waste management;
- Access and transportation;
- Emergency plan;
- Social impact;
- Impact on local economy.

Sustainability will be incorporated into practice from the planning phase until after the handover, making sure that the infrastructure is safe and functional, and maximizes positive impacts. This means ensuring that it is long-lasting and best serves the needs of the local population.

In planning its operations, a particular attention will be given to ensure that infrastructure environmental sustainability measures are used. This leads to more durable buildings that use fewer resources. UNOPS will also focus on gender mainstreaming, applying its internal standard on gender in infrastructure to help ensure that every specific design and build considers the differing needs of all end users, including women, during construction and after. It will also enable men and women to benefit from equitable income generating opportunities during infrastructure construction phase (operation and maintenance – if applicable) as well as from equitable access to the infrastructure once it has been completed.

The planning phase will confirm the optimal breakdown of contracts, establish target works budgets and tightens the scope of works within the set tolerances. Local contractor capacities and rates will be established, along with contacts and inputs from all relevant government departments in coordination with UNDP. The proportion of labor component in the infrastructure project will be included as a criterion for the selection of projects by the communities.

Activity 3.2 Design Review

All prepared sets of design and specifications, for each specific project selected by the communities, will go through UNOPS Design Review process to be double checked and ensure compliance with the approved standards, verify the performance proposed vs. the sustainability criteria and do value engineering on the design.

If early visible progress is required and the overall programme can be foreshortened, smaller work packages (such as bulk earthworks and preliminary works) can be bid, awarded and undertaken within the design period.

Once all pre-construction activities are completed major bids for works are let, evaluated and awarded in line with UNOPS rules and regulations. UNOPS flexible contract modality allows it to offer various contracts, including UNOPS own contracts and FIDIC³ contracts, to best address the local practices in measure, pay and price escalation.

³ FIDIC: Fédération Internationale des Ingénieurs-Conseils (International Federation of Consulting Engineers) - <http://fidic.org>

The preferred methodology for implementation of construction will be direct execution (e.g. contracting the design and construction company) using UNOPS' administrative and financial procedures.

UNOPS will provide full time supervision and contract management. High supervision standards ensure local capacity development, leaving behind higher skills and quality practices for future works. Focus will be put on raising the national capacity, using local contractors and setting international standards. Labour-based works and support to local contractors will help improve local economies and provide livelihoods in the areas of implementation.

Activity 3.3 Construction Supervision

UNOPS will mobilize experienced Construction Managers to assist the infrastructure process from project identification, preparation, appraisal and start-up to implementation and completion.

Once the selected contractor is mobilized on site, UNOPS will control quality, cost and time frame by posting a team of construction engineers on site, with a maximum of 4 sites to supervise per engineer, reporting to a senior engineer, ensuring regular monitoring and quality assurance visits, and regular progress reports through Fieldsight (see below).

Considering the social context and challenges of construction in Haiti, particularly in very dense informal urban areas, and to make sure that the community is properly involved in the construction process after the consultation, UNOPS will work with the UNDP-hired community mobilization officers (one for 4 sites). These social mobilization team will particularly focus on the direct social environment of the constructions to facilitate the interface between the contractors, the community and UNDP-UNOPS.

Some of their core functions will be the following:

- Introducing the contractors and their team to the communities
- Acting as a mediator for all discussions and negotiations between contractors and communities
- Establishing a formal agreement between contractors and communities on the rules for the works (numbers of workers, time of works, payments, minimum wages, etc.)
- Facilitating the selection and hiring of workers from the communities by the contractor and ensuring a fair process for both sides

Activity 3.4 Defect Notification Period

Upon practical completion and after joint inspections, UNOPS will hand over the infrastructure to the municipalities. During a defect notification period (DNP) of 12 months, UNOPS will inspect the works and, if they are deemed defect free, will release retention fees and make final payments. Warrantee period services for proprietary items are carried out and monitored by UNOPS.

In case defects are reported to or identified by UNOPS, proper follow-up will be done with the contractor to ensure that the work is corrected as required.

Activity 3.5 FieldSight

FieldSight is a new platform that uses the technology of standard smart phones and the mobile network, which are increasingly available in even the most remote parts of Haiti, to conduct monitoring, supervision, and quality assurance.

FieldSight is a comprehensive platform that supports all stages of the monitoring and supervision process and will be used to:

- Develop Custom Monitoring Protocol – Develop custom forms that collect up to eighteen different kinds of data, including multiple-choice, text, numerical, photograph, audio, video, and GPS. Organize forms according to how often and at what stages they need to be completed throughout a project.
- Organize work into a common hierarchy that matches the project structure.
- Collect Data in the Field, using the FieldSight app.
- Review Field Submissions and Communicate with Team Members – Approve, flag, or reject submissions from the field as they come in and send notes and guidance on issues or problems back to field-based staff.
- Provide Support Materials – Share documents and materials that help explain the project and key processes, including specific guidance on forms and overall site plans and blueprints.
- Monitor through Dashboards and Reports.

Activity 3.6 Catalog of small-scale infrastructure projects

UNOPS will draft a catalogue of small-scale infrastructure projects, based on most frequent options in Haiti according to their experience, the Mirebalais pilot and the result of all consultations. This brief repertory will indicate an approximate cost of all these most frequently asked options (up to 150,000 US\$), and it will be updated and refined during the implementation of the project, according to the implemented community projects.

It will be a useful reference to guide future local consultations and to better manage community expectations. At the same time, it will become an interesting knowledge tool to share as a good practice of the project. It must be noted that communities will in no way be limited to these projects. This catalogue will just facilitate the consultation process with the communities with a view to ensure that they are aware of standard reference costs of typical projects and avoid requests that clearly fall outside of the scope of \$150k

R4. Capacity development for sustainable management of community project

Activity 4.1 Technical assistance to institutions responsible for sustainable project management

An amount of 150,000 US\$ is allocated for each community project, so they are expected to be small-scale infrastructure projects, which will be planned and developed within a short timeframe. They respond to the needs expressed by local communities and are symbols of UN regret for cholera in affected communities. It is expected to cover a wide range of programmatic activities such water or filtration systems, schools, health centers or markets rehabilitation, access to basic

services, electrification, productive community infrastructure, provision of tools or equipment's to support SME, etc. within the limits of the available budget.

Each one of the small projects will need tailored technical assistance to ensure its sustainability once the infrastructure is terminated. UNDP will support local actors including local authorities, non-governmental and grassroots organizations to build their management capacities to ensure institutional, organizational, technical and financial sustainability of the action. The technical assistance will range from creating Water Management Committees, Market Management structures, Business plans, depending on the project subject and the local context of each community.

Activity 4.2 Communication and sustainability strategy

UNDP and UNOPS will draft a Communication Strategy for this project in coordination with the offices of the SE, the SRSG and the RC Office. This communication strategy will address what information the UN should communicate, how it will communicate it, to which audiences it should be targeted at and what channels it will use to ensure information delivery.

The strategy will promote active partnerships with the national government, local authorities and communities, other UN Agencies and development partners. It will place specific emphasis on building a sustainable relationship with the media, proactively identify key stakeholders and address their information needs. It will be essential to communicate constantly project activities, concrete progress and achievements to its partners, both at the community, national and international level, and the positive impact of the project on beneficiary communities. Effective communication will be a key component of the payments process as it should communicate at all stage clearly and effectively that this intervention is a concrete expression of the regret of United Nations for the suffering of Haitian cholera victims.

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 and UNOPS 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. UNDP and UNOPS will complement and reinforce the interventions of other UN Agencies on the ground to support this community development action in the 4 priority communes.

A strong harmonization with other relevant actors will be promoted, especially with the IDB and World Bank to avoid duplication and ensure proper coordination of intervention at the community level.

The project will be promoting coordination and harmonization at different levels:

- UN Office of the Special Envoy for Haiti and MPTF Office
- Government of Haiti
- Haiti Thematic group "Drinking water and sanitation" (EPA) composed of representatives of public institutions, IDB, WB, PAHO-WHO and UNICEF, bilateral partners, NGOs and civil society active in the sector.

- Local authorities and all relevant stakeholders at the community level

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, including a community-led model that has been implemented in Mirebalais.

UNOPS is a service provider, a technical advisor and an implementer of projects. Its areas of expertise are infrastructure, procurement, project management, financial management and human resources. UNOPS provides integrated solutions that improve speed, reduce risks, boost cost-effectiveness and increase quality in delivering projects. UNOPS has supported the Government of Haiti and development partners in the country since 2004. UNOPS services aim to build national capacity and improve living conditions throughout the country through the successful implementation of projects in a range of sectors such as health, education, transport, energy and the environment. Since the 2010 earthquake, UNOPS has provided continuous support to Haiti, from early recovery and reconstruction to disaster risk reduction and sustainable development, and has a strong local knowledge and experience to deliver sustainable projects to target communities.

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 proposed organigram for this project reflects its complex governance structure. Although this will be strategically and programmatically implemented as a joint project by UNDP and UNOPS, it will be operated by the two agencies as separate projects, each of them following its own rules and regulations, policies and procedures.

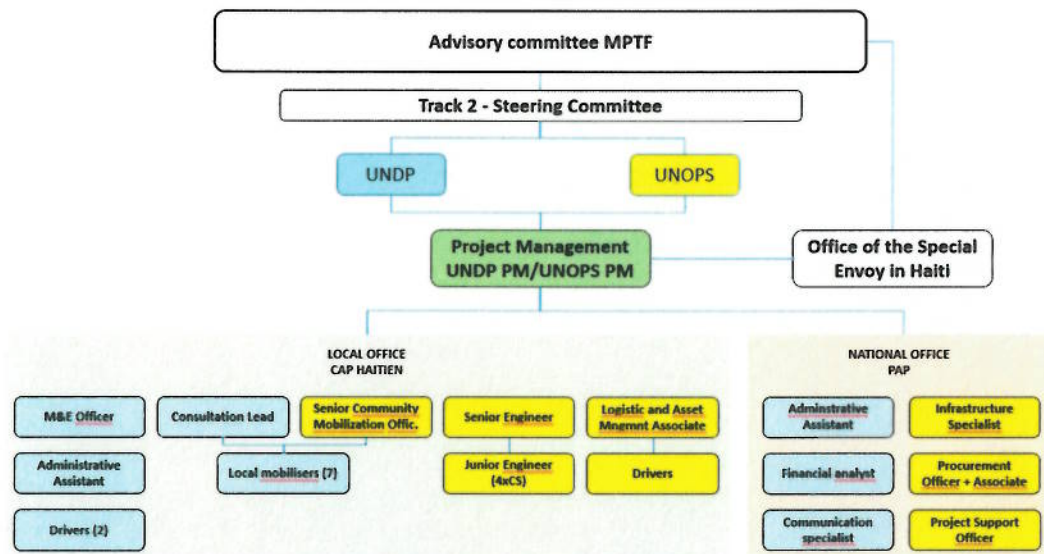


Fig. 4. Project organigram

MPTF Advisory Committee

The UN Haiti Cholera Response MPTF **Advisory Committee** is the organ that provides guidance to the Co-Chairs in the management of the UN Haiti Cholera Response Fund. The Advisory Committee also serves as a forum for discussing strategic issues and sharing information on funding coverage.

The Advisory Committee consists of the following members: the UN Secretary-General’s Special Envoy for Haiti and the Director of the Sustainable Development Unit of the Executive Office of the Secretary-General (as Co-Chairs), the Deputy Special Representative of the Secretary-General/UN Humanitarian Coordinator/UN Resident Coordinator (DSRSG/HC/RC) for Haiti, UNICEF, PAHO/WHO, UNDP and other UNCT members as appropriate and several donors. The Government of Haiti, represented at the level of the Permanent Representative to the UN in NY, has observer status. The MPTF Office will serve as ex-officio member of the Advisory Committee.

Track Two Steering Committee (TTSC)

The TTSC will serve as Direction mechanism of the project in Haiti and will consist of the following members: DSRSG/RC/HC, OSE in Haiti, UNDP Haiti and UNOPS Haiti, Representatives of Haitian Government (MICT, MPCE, Prime Minister Office), Local Authorities and donors.

The Steering Committee will meet at least twice a year and its mandate is to provide the overall strategic direction of the project to ensure that the activities are on track to achieve the expected results and objectives; examine progress of the project against planned objectives and discuss major developments and challenges; responsible for reviewing and approving key project deliverables and changes: Annual Operational Plans, Annual reports, Project and Budget revisions.

Recipient UN Organizations

The UN Recipient Organization in charge of implementing funds are **UNDP Haiti** and **UNOPS Haiti**. Each Agency will undertake specific activities and functions under the framework of this Proposal, implementing the action as two administratively separate projects, according to the rules and procedures of each recipient organization. The UN Haiti Cholera Response MPTF will allocate resources to both UNDP and UNOPS, according to the agreed amounts specified in the Budget Proposal.

Both Agencies will implement this project under Direct Implementation (DIM) modality, so UNDP and UNOPS will assume overall management responsibility and accountability for project implementation, according to the functions specified in their respective operational plans. Accordingly, UNDP and UNOPS will follow all policies and procedures established for its own operations.

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

Project Management

Each Agency will have a Project Manager (PM) who will be responsible for delivering the project outputs. Project Managers will lead and manage UNDP and UNOPS teams to run the project on a day-to-day basis and deliver expected results. The **two Project Managers** will coordinate closely their respective projects to ensure coherence of the intervention, joint decision-making on strategic issues and manage cohesively risks and challenges. UNDP will be leading the first consultation phase of the project, while UNOPS the second implementation phase. The Office of the Special Envoy will monitor implementation of the project throughout all phases, including with frequent visits to the communities.

UNDP and UNOPS management support teams

UNDP and UNOPS will establish a common **Local Office (LO) in Cap Haitien**, that will be managed by UNDP.

Both UNDP and UNOPS will also have a **central operating unit based in Port-au-Prince**, with a small national support team.

A UNDP-hired International Project Manager will be in charge of supervising local staff during the first 6 months, while a UNOPS-hired International Project Manager will be in charge in the following period of the project. Also, during the first six months of implementation, community mobilisers will lead community consultations under UNDP supervision, while during the one-year project implementation, the same UNDP-hired mobilisers will work with UNOPS in the subsequent phase. While UNDP will continue to administer the mobilisers, UNOPS will work closely with UNDP to ensure effective management and supervision. This arrangement will ensure consistency of the intervention and time and cost effectiveness.

Timeline

The duration of the project will be of **31 months**, as described in the table below.

Phase	Months																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Initiation ph.																																
Consultations																																
Design																																
Procurement																																
Construction																																
DNP																																

October 2019 – current end date of the UN Haiti Cholera Response MPTF

- 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	Severity of risk impact	Mitigating Strategy (and Person/Unit responsible)
Project highly politically sensitive	High	High	The community approach will aim to manage community expectations. The project will secure adherence and ownership at the highest level of decision making. The project will develop a solid communication strategy.
Uncertainty on definition of cholera victim	Medium	Medium	The project will apply collective payments for supporting victims and will use a conflict sensitive approach.
Election in October 2019	High	Medium	Build a good relationship with civil society and engage communities to participate. Build a good communication strategy to reduce risks of politicization of the project.
Fund raising strategy still not clear. Phasing-funding could prevent most affected communities to benefit from the programme	Medium	High	A solid Fund raising strategy will be an essential component of the Preparatory Phase. UNDP and UNOPS will work together with the SE Office to build an effective Fundraising strategy. It is suggested to create a Donors-Round Table as one of the mechanisms to this end.
Two UN Agencies joint management	Low	Low	UNDP and UNOPS will work in close coordination since the Preparatory Phase, presenting this United Nation Project and the 2 Recipient Agencies as a unique front. Project will be designed jointly and managed by 2 PMs that will work in close coordination.
Sustainability of community project	Medium	High	A double effort UNOPS/UNDP will be provided to local stakeholders to promote and ensure community project sustainability. A forth result of the intervention is dedicated to sustainability.
High complexity and sensitivity of the project	Medium	Medium	It has been planned a one-month Initiation Phase to promote partnership-building and national agreements to reduce risks
Local capacities are very weak	Medium	Medium	UNDP and UNOPS will train and assist local implementing partners in all the project cycle management
Failure of local businesses (design and construction)	High	High	High quality procurement process Capacity development and support to enterprises

			Permanent pressure on delivering
Failure of communication with the community	High	High	Social mobilization and good communication strategy is at the heart of the project
Theft / degradation of materials and equipment	High	Medium	Security delegated to contractor
Unsuccessful management of workers' recruitment	Medium	High	Social mobilization and good communication strategy
Supply shortage	Medium	High	Delegation to contractor and suppliers list regularly updated
Requests for change	Medium	High	Document quality control
Increase in construction costs (excluding change)	Medium	High	Exchange rates monitoring
Geotechnical hazards	Low	High	Geotechnical studies
Natural disaster	Low	High	Security and safety prevention Plan on Work sites
Construction accidents	Medium	Medium	Security and safety prevention Plan on Work sites
Degradation of materials and equipment / Premature wear	Medium	Medium	Quality assurance
Degradation of the access road	Medium	Medium	Regular monitoring Contingency fund
Socio-political conflicts/disorders	Medium	Medium	Social mobilization and awareness
Government disengagement	Medium	Medium	Constant communication with national partners

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 will be responsible for project monitoring and evaluation and communication. Each Agency will be responsible for the collection and analysis of data, according to the results and activities under their responsibility, and UNOPS will provide relevant information to UNDP for Reporting consolidation, when requested.

Each Agency will put in place its project monitoring and evaluation system, according to its internal rules, tools and procedures, but they will also consolidate information for the MTPF monitoring and reporting System, as requested.

PROPOSAL RESULT MATRIX

Proposal Title: Community assistance in Phase 2 pilot cholera priority communes within the new United Nations approach to cholera in Haiti.						
Strategic Objective to which the Proposal is contributing⁴ <i>Strategic Objective 5: Proposing a package of material ASSISTANCE AND SUPPORT to Haitians most directly affected by Cholera</i>						
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline In the exact area of operation	Target	Means of verification	Responsible Org.	
Support to victims, families and communities affected by cholera in 4 selected communities for Phase 2 pilot is provided	Cap Haitien, Quartier-Morin, Limbé, Dondon	No material assistance and support has been provided by UN	Community projects prioritized through local consultation are implemented	Project reports, field monitoring missions report,	UNDP Haiti UNOPS Haiti	
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.	
1. # of local consultations in the 4 priority communes	Cap Haitien, Quartier-Morin, Limbé, Dondon	60 local consultations (3 consultations x 40 people x 20 sections) 2.500 attendees to local consultations carried out in the 20 administrative sections of the 4 communes	See details in table below	Methodology documents Project reports Mission reports	UNDP (lead) UNOPS	
Planned activities						
1.1 Validation of scale-up methodology						
1.2 Update mapping						
1.3 National agreement						
1.4 Consulting consultations						

⁴ Proposal can only contribute to one Strategic Objective

Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.
2. # of final reports on the consultation process for the selection of the community project	Cap Haitien, Quartier-Morin, Limbé, Dondon	20 final reports on the consultation process	See details in table below	List of selected projects for each community Local Priority documents shared with partners Feasibility studies Project Reports Mission reports	UNDP (lead) UNOPS
Planned activities					
2.1 Inspection visits 2.2 Project validation by the community 2.3 Feasibility study of selected projects 2.4 Elaboration of Local Priority Documents					
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.
3. # of design packages completed % of delivery for construction sites	Cap Haitien, Quartier-Morin, Limbé, Dondon	20 design packages 100% of delivery for construction sites	See details in table below	Project reports, Mission reports	UNOPS (lead) UNDP
Planned activities					
3.1 Design of the infrastructure 3.2 Design review 3.3 Construction supervision 3.4 Defect Notification period 3.5 FieldSight 3.6 Small scale projects catalogue					
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.

<p>4. Technical assistance trainings for sustainable management of infrastructures Sustainable management maintenance for each community project.</p>	<p>Cap Haïtien, Quartier-Morin, Limbé, Dondon.</p>	<p>Each project has its own Operational Maintenance Committee 20 projects active after 1 year of infrastructure terminated</p>	<p>See details in table below</p>	<p>Project reports, Mission reports</p>	<p>UNDP (lead) UNOPS</p>
<p>Planned activities</p>					
<p>4.1 Technical assistance to institutions responsible for project management for the sustainability of projects</p>					
<p>4.2 Communication and sustainability strategy</p>					

Project budget by UN categories

UN Haiti Cholera Response MPTF - PROJECT BUDGET			
CATEGORIES	Amount Recipient Agency UNDP	Amount Recipient Agency UNOPS	TOTAL
1. Staff and other personnel (include details such as description of budget lines, titles of staff, unit costs, quantities, etc)	506,816.74	824,700.00	1,331,516.74
2. Supplies, Commodities, Materials (include details as described above)	162,150.00	32,455.00	194,605.00
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details as described above)	153,360.00	105,750.00	259,110.00
4. Contractual services (include details as described above)		3,000,000.00	3,000,000.00
5. Travel (include details as described above)	33,696.00	73,962.00	107,658.00
6. Transfers and Grants to Counterparts (include details as described above)			
7. General Operating and other Direct Costs (include details as described above)	59,921.59	262,079.93	322,001.52
Sub-total Project Costs	915,944.33	4,298,946.93	5,214,891.26
8. Indirect Support Costs (7%)	64,116.10	300,926.29	365,042.39
TOTAL	980,060.43	4,599,873.22	5,579,933.65

Schedule of project funds contribution:

Project funds will be released in two instalments as follow:

#	Date of instalment	UNDP	UNOPS	TOTAL	%
1	First instalment will be due upon signature of project agreement	980,060.43	3,249,873.22	4,229,933.65	76%
2	Second instalment will be due 7 months after signature of project agreement	0.00	1,350,000.00	1,350,000.00	24%

First instalment will allow Local consultations (Result 1), Participatory community assessments (Result 2) and Capacity development (Result 4) for all 20 communal sections targeted, and will allow for the Implementation of the community projects identified (Result 3) for 11 communal sections on the 20 targeted.

Second instalment will allow Implementation of the community projects identified (Result 3) for the remaining 9 communal sections targeted.

Second instalment must be received 7 months after project start date, at the end of the consultations, to allow UNOPS to proceed with design and construction for all 20 communal sections as per project planning.