

YEAR: 2018

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS**

**HAITI
UNDERFUNDED EMERGENCIES ROUND 1
MULTIPLE EMERGENCIES
2018**

18-UF-HTI-28

RESIDENT/HUMANITARIAN COORDINATOR	Mamadou Diallo
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REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After-Action Review (AAR) was conducted and who participated.

The After-Action Review (AAR) did not take place due to time constraints as January-February-March 2019 were busy with the finalization of the 2019 HRP, and some projects have requested a no-cost extension. The AAR did not take place too due to the social unrest context in the country with the Peyi lock movement in February which completely paralyzed the country for few days. However, the lack of AAR has been supplied by the mid-term review through the mid-term report that was conducted in September 2018 and with the recipient agencies sending their inputs directly to OCHA on the draft of the final report of the CERF.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES NO

Yes, the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) final Report on the use of CERF funds was presented and discussed in the Humanitarian Country Team during a HCT meeting on 14 May 2019. Previous HCT meetings were also held with the follow-up on the CERF UFE 2018 on the agenda to ensure a close monitoring by the HC and the HCT on the implementation of the CERF.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

Yes, and the published version will be circulated as well.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

In 2018, the CERF UFE funding was key in enabling the humanitarian community in Haiti to address the unmet needs of people affected by recent disasters and epidemics and to provide critical life-saving assistance and protection to the most vulnerable in the country. The CERF response, which initially targeted 1.2 million people, registered a resounding success by reaching more than 2 million people, as the final report has shown. The diverse humanitarian needs in Haiti were geographically spread across the entire territory with different levels of severity. The Humanitarian Country Team has therefore decided to prioritize the most affected departments of Nord-Est, Grand'Anse, Sud, Ouest, Centre and Artibonite. The departments of Sud, Grand'Anse and Nord-Est were the most affected by Hurricanes Matthew and Irma; Artibonite, Ouest and Centre were the departments remained significantly affected by cholera and diphtheria outbreaks.

The fund enabled multi-sectoral emergency assistance through in-kind and (conditional and unconditional) cash assistance while strengthening basic social services which, as the results achieved by CERF-funded projects illustrate, ultimately contributed to enhance the food and nutrition security, protection and shelter conditions, as well as access to agricultural inputs, water and health services.

Additionally, the CERF UFE funds helped the Humanitarian Country Team to address the protracted humanitarian situation of families affected by hurricane Matthew in 2016 by assisting them with highly needed repairs of their homes. In light of the serious lack of humanitarian funding in 2018, the CERF funds were nearly the sole available resource for the response to the cholera and diphtheria outbreaks, which were successfully controlled.

The CERF UFE 2018 allocation for Haiti was a clear example of what a multi-sectoral emergency assistance enabled by predictable and anticipated funding can achieve for the most vulnerable population that we serve. I reiterate my thanks and appreciation for this well implemented CERF UFE allocation.

1. OVERVIEW

18-UF-HTI-28521 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	252,200,000
FUNDING RECEIVED BY SOURCE	
CERF	8,985,177
COUNTRY-BASED POOLED FUND (if applicable)	N/A
OTHER (bilateral/multilateral)	24,407,479
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	33,392,656

18-UF-HTI-28521 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Allocation 1 – date of official submission: 09/03/2018			
Agency	Project code	Cluster/Sector	Amount
FAO	18-UF-FAO-009	Food Security - Agriculture	984,569

IOM	18-UF-IOM-008	Emergency Shelter and NFI - Non-Food Items	2,779,840
UNFPA	18-UF-FPA-012	Health - Health	497,717
UNICEF	18-UF-CEF-028	Health - Health	1,300,018
UNICEF	18-UF-CEF-029	Nutrition - Nutrition	699,977
UNICEF	18-UF-CEF-030	Water Sanitation Hygiene - Water, Sanitation and Hygiene	250,000
WFP	18-UF-WFP-018	Food Security - Food Aid	749,901
WHO	18-UF-WHO-011	Health - Health	1,723,155
TOTAL			8,985,177

18-UF-HTI-28521 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	4,888,793
Funds transferred to Government partners*	225,851
Funds transferred to International NGOs partners*	2,558,407
Funds transferred to National NGOs partners*	804,086
Funds transferred to Red Cross/Red Crescent partners*	508,040
Total funds transferred to implementing partners (IP)*	4,096,384
TOTAL	8,985,177

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

One year after the passage of Hurricane Matthew in 2016, nearly 1 million people were still in need of some form of humanitarian assistance in 2018. The humanitarian situation in Haiti, however, notably evolved in 2017: 1.32 million people were estimated to be living in severe food insecurity compared to the 1.5 million in the previous year, there was a 67% decrease in the total number of suspected cases of cholera in comparison with 2016, displaced persons living in camps since the 2010 earthquake reduced from 46,691 in 2016 to 37,667 in 2017 but the cumulative number of migrants deported or who spontaneously returned from Dominican Republic since July 2015 increased from 158,800 in December 2016 to 230,300 in October 2017. Two out of the ongoing humanitarian emergencies in Haiti were of main concerns in 2018: natural disasters and epidemics on vulnerable populations.

Natural Disasters

- The Post-Disaster Needs Assessment (PDNA) carried out after the passage of Hurricane Matthew, revealed that 103,967 houses were destroyed and 99,975 houses were severely damaged. The Shelter Coordination Working Group reported fifteen months after, that only 20,404 houses had received repair assistance and 3,365 houses had been reconstructed. This gap in assistance stems from a significant lack of funding in 2017. As of December 2017, 944,325 people were estimated to still need shelter assistance in Grand'Anse, Sud, Nippes, Nord-Ouest, Sud-Est and Ouest departments. Most of these people were still living with host communities pending when they can find a more durable solution while 230 households (1,150 individuals) continued to live in evacuation centers and make-shift shelters in camp-like settlements in Grande'Anse and Sud Departments. The long-term displacement has exacerbated their conditions of deprivation, forcing them to rely heavily on

external assistance and perpetuated their exposure to natural hazards, and in some cases violence and exploitation. Without immediate assistance, these people were more vulnerable during the 2018 hurricane season.

- The displacement tracking matrix (DTM) published in October 2017 revealed that over 39,000 IDPs were still living in 62 camps, evacuation centers and camp-like settlements in Ouest, Grand'Anse and Sud Departments. These persons, displaced by natural disasters were representing the most vulnerable who have been unable to relocate from the camps following their initial displacement. In a country where an estimated 35% of Haitian women don't have their family planning needs met (50% among girls aged 15-24 years) which in combination with the weak health system is contributing to nearly 64% of Haitian women not giving birth in health facilities, which in turn contributes to a high maternal mortality rate of 359 deaths per 100,000 live births, the condition of female IDPs (15-49 yrs) was the most precarious.
- The residual effects of the latest natural disasters - the 2015/2016 drought, 2016 Hurricane Matthew that mainly affected the departments of Grand'Anse, Sud and Nippes and 2017 Hurricanes Irma and Maria that principally affected the departments of Nord-Est and Nord-Ouest – were the main factors affecting the food security and nutrition situation in the country. Most of the irrigation infrastructures, crop production, stocking and processing facilities were still damaged and farmers were still not recovered from the losses of crops and livestock caused by these disasters. According to IPC (October 2017), 1.32 million people (18% of the rural population) were in a food crisis (phase 3), including 132,858 people in a food stress phase (phase 4). Among them, at least 792,000 people (60%) depended exclusively on agriculture, fishing and/or livestock and they need emergency agricultural assistance. The most affected departments in terms of severity were the Nord-Est (due to residual impact of droughts in 2015/2016 and Hurricane Irma) and Grand'Anse (as a result of the residual effects of hurricane Matthew). Without appropriate and timely assistance, the food security situation was projected to deteriorate between March and June 2018 in certain areas due to the upcoming lean season. Furthermore, communal SMART surveys conducted in August 2017 indicated that malnutrition levels were still of concern in Grande Anse with prevalence of global acute malnutrition above 10% (alert threshold) and/or prevalence of severe acute malnutrition above 2% in 6 out of the 12 communes of the department.

Epidemics

- For the first time since the beginning of the epidemic in 2010, cholera was under control throughout 2017, thanks to a reinforced strategy based on improved epidemiological surveillance, laboratory capacity, coordination, rapid response, support to cholera case management through CTDA supervisions and training of personnel as well as community engagement strategy. The number of cases decreased from 2016 (n= 41,421) to 2017 (n= 13,747), in 2017 86% of all suspected cases were concentrated in 4 departments West (31%), Artibonite (30%), Centre (19%) and Nord (6%), whose central geographical location and large population pose a risk for further spread to other regions of the country. In 2018, the case fatality rate remained at approximately 1%, similar to previous years. Efforts were essential to ensure the testing and reporting of all the suspected cases. As of 13 January 2018, 246 suspected cases were reported, with 0 death; despite a better situation than one year before, 1 cholera suspected death was reported in the Ouest department and 2 in the North during the last epidemiological week, showing a persistent risk of outbreaks throughout the most exposed departments and the need to maintain a strong surveillance and quick response capacity. Ouest, Centre and Artibonite, the departments with persistent suspected cases, were the three key departments that influence national cholera dynamics. With a potential further 11,000 new cases in 2018, a specific vigilance and joint wash-health response capacity was necessary to ensure response was effective in those departments

while accelerating longer term interventions to reduce the people exposure to the disease.

- Low vaccination coverage allowed a diphtheria outbreak, that have been increasing from sporadic probable cases to an important outbreak in recent years, 2014 (n=4), 2015 (n=76), 2016 (n=116), and 2017 (n=165). Among the 139 tested cases in 2017, 74 (53%) were positive. Even though the mortality rate among suspected cases decreased from 2015 and 2016 (27.6%, 27.4 respectively) to 9.7% in 2017; this remains high and affects mostly children (75% of cases affects the 0-10 years old age group). During 2017, 87% of the reported cases were concentrated in 4 departments (Ouest, Artibonite, Centre and Nord). Proper and immediate response to every probable case (through of early administration of anti-diphtheria serum and antibiotics) was likely to decrease the likelihood of death or severe disease. Immediate administration of prophylaxis to contacts (commonly schools), proper infection prevention and control measures in health establishments, could decrease the risk of transmission. Given the type of transmission of diphtheria, the lack of measures for infections prevention and control, the central geographical location of the cases and the large susceptible population in these departments, the risk of transmission to other departments was very high.

In 2018, the humanitarian community in Haiti, through the 2017-2018 HRP, primarily focused on food insecurity, epidemics, binational migration situation, IDPs who were still in camps, residual needs of people affected by recent disaster and the preparedness for possible natural disasters in 2018. The response strategy for the HRP was developed based on the analysis of humanitarian needs in the country. The strategy considered the diverse humanitarian needs in different parts of the country, the possible evolution of the needs and potential emergence of new needs.

The strategic objectives of the 2017-2018 revised HRP were: 1. Immediate assistance to people living in severe food insecurity; 2. Saving lives from epidemics; 3. Protection and integration of returnees and IDPs; 4. Respond to unmet urgent needs from recent hurricanes and disaster preparedness.

Through the aforementioned objectives, the HRP aimed to provide critical life-saving, protection and livelihoods assistance to 2.2 million Haitians out of an estimated 2.8 million people in need in 2018. The diverse humanitarian needs and resulting people in need were geographically spread across the entire territory with different levels of severity: Sud, Grand'Anse, Nippes, Sud-Est, Ouest, Nord- Ouest and Artibonite departments were the most affected by Hurricane Matthew; Nord-Est and Grand'Anse were the most affected by severe food insecurity; Artibonite, Centre and Ouest were the departments that currently make up the cholera belt; and the bi-national migration issue pertained mainly to the departments on Haitian-Dominican border (Nord-Est, Centre, Sud-Est and Ouest). The inter-sector severity of needs determined the prioritization of departments in 2018: Grand'Anse, Sud and Ouest with the highest priority; Artibonite, Centre, Nord-Est, Nord-Ouest and Nippes the second highest; Nord and Sud-Est the least priority. Further prioritization was done at sectoral response strategy level based on sector-specific severity of needs that took into account the geographical dynamics of individual sectors.

The main envisaged operational constraint in this emergency was about the humanitarian access. In the past years, the humanitarian community have relied greatly on United Nations Stabilization Mission in Haiti (MINUSTAH) for enabling access to affected communities, however with the closure of the Mission on 15 October 2017, the United Nations Mission for Justice Support in Haiti (MINUJUSTH) – the replacement of MINUSTAH – and Haitian National Police (HNP) had limited means and capacity to support humanitarian operations with security escorts, particularly in accessing hard- to-reach and high security-risk areas.

3. PRIORITIZATION PROCESS

The proposed CERF response was for most of the sectors and was anticipated as a kick off for humanitarian response activities in 2018 as some sectors didn't received funding in 2017 and others were underfunded. The HCT prioritised emergencies and subsequent response based on CERF UFE criteria (Lifesaving, underfunded and multi-sectoral).

Subsequent to the special HCT meeting convened by the HC on 18 December 2017 and the feedback from the CERF secretariat, the HC called for another HCT meeting on 2 February to prioritize the UFE grant allocated to Haiti. The prioritization meeting identified response to unmet needs from natural disasters and epidemics as priority humanitarian emergencies for the CERF response. Due consideration was given to the CERF-UFE criteria and projects proposed in the revised 2017-2018 Haiti HRP (launched in January 2018) that are critical (lifesaving) in light of the humanitarian situation were prioritized.

The consultation process for developing this CERF also involved a webinar between the CERF Secretariat and the stakeholders in Haiti involved. For the transparency of the process, all the sectors were invited to the webinar and technical meetings to discuss and submit a one-page outline of their needs and requests that fall under the CERF criteria.

Activities judged lifesaving, urgent given the severity of needs, quickly implementable with the implementation capacity available at that time, cost effective and with the most impact were prioritized in this CERF request. Existing frameworks or assessments were used as the basis for discussion. This includes the needs analysis in the 2017-2018 HRP, revised 2018 targets and adapted objectives, indicators & targets of the operational response plans and projects uploaded into OCHA online project system.

The proposed multi-sectoral CERF response was feeding into the strategic objectives of the 2017-2018 HRP and focusing on two of them as follows:

a. *STRATEGIC OBJECTIVE 2: Save lives from epidemics - Reduce mortality and morbidity due to cholera outbreaks and other waterborne diseases through the reduction of vulnerability, strengthening of epidemiological surveillance and ensuring of rapid and effective response.*

i. Health:

For diphtheria, the project specific objectives were:

1. To reduce the case fatality rate of the suspected cases, through immediate administration (<48hrs) of anti-diphtheria serum and antibiotics
2. Prevent the transmission of diphtheria to contacts (mostly in schools), through immediate contact tracing, administration of prophylaxis and vaccination to family and community contacts and health care workers who were in contact
3. Improve timely laboratory diagnosis and reporting to orient public health activities.

More diphtheria outbreaks were expected in the coming months. There was an ambitious National Vaccination Plan for the response to the outbreak of US\$ 3.4 million, of which US \$1.9 million were still to mobilize. Diphtheria vaccines were already available in the country through the support of the World Bank. The supported CERF project was targeting 15,456 persons in Centre, Artibonite and Ouest, three of the four departments with the highest incidence of diphtheria in 2017.

For cholera, the project specific objectives were:

1. Improve Epidemiological and Laboratory surveillance to support early detection and timely management of disease outbreaks
2. Ensure cholera laboratory test results from all suspected cases
3. Ensure cholera case management in all active CTDA's, focusing on quality of care to reduce institutional lethality
4. Use oral cholera vaccine (OCV) as an integral part of cholera emergency respond to decrease transmissibility

The project was targeting 1,147,000 persons in Centre, Artibonite and Ouest, the three persistent departments that count for the vast majority (80%) of all cholera suspected cases in 2017. Interventions were to ensure that all active CTDA's maintain optimum levels of infection prevention and control (IPC) norms and to assure that every suspected cholera case was tested and that the results were timely disseminated to take appropriate decisions among all actors. The oral cholera vaccines (OCV) were not available yet; however, the request was made to the Global Task Force (GTFCC) on 15 February 2018 for OCV Vaccines (3.5 Million doses).

ii. Cholera and Wash

The project specific objectives were:

1. Prevent cholera in areas prone to regular outbreaks and quickly circumscribing flash outbreaks
2. Save lives and protecting health of people living in the vicinity of affected households

The project was linked to that of Health and was targeting the 1,147,000 persons in Centre, Artibonite and Ouest, the three persistent departments that count for the vast majority (80%) of all cholera suspected cases in 2017. The core strategy was based on the implementation of a “*cordon sanitaire*” around the affected households and preventive actions in communities. The MoH rapid response teams (EMIRA) of 10 persons each delivered a package of activities (at community level: active search of new cases in community, oral prophylaxis, houses disinfection, ORS, soaps and Aquatabs distribution), complemented by specific WASH interventions done by 60 WASH NGOs partners' teams. NGO teams worked together with the MoH rapid response teams. In coordination with the WASH sector, a support was given to NGOs and DINEPA to enable them to ensure preventive and reactive chlorination of water systems at risk of contamination and rapid repairs of water systems. About 200,000 persons were targeted with CERF funds. This CERF contribution was combined with existing Japan, Canada and internal UNICEF funding to support the maintenance of rapid response capacity until end of 2018. In addition, funds were used to implement cholera vaccination campaigns in communes with persistent cholera in order to reduce the risk of transmission.

b. STRATEGIC OBJECTIVE 4: Respond to unmet urgent needs from recent hurricanes, and disaster preparedness – Provide integrated multi-sectoral assistance to respond to the unmet urgent needs of those affected by hurricanes in 2016-2017, and support the government in reinforcing disaster preparedness in order to mitigate the effects of possible disasters in 2018.

iii. Food security (FAO)

Given the importance of the agricultural seasons in spring (March-June 2018) and summer (July-August 2018) which represented respectively 60% and 35% of the annual agricultural production, it was proposed to support urgent agricultural production for vulnerable households and veterinary treatment of hurricane-affected animals, through CERF funds, to contribute to the food security of affected families. The project targeted 65,500 persons in Grand'Anse and Nord-Est.

iv. Food security (WFP)

This project aimed to increase access to nutritious food for 1,724 food-insecure households, representing 8,620 persons, with children under 2 years of age screened and treated for moderate or severe acute malnutrition in Grand'Anse department. The provision of cash was used to increase their disposable income, and consequently the resources available for household food security. Moreover, the provision of cash was conditional to the adherence to MAM/SAM treatment, this represented an incentive for the child's household to return to the health centre for the follow-up visits and then minimizing the risk of default. Also, the availability of additional financial resources for the purchase of food prevented the sharing of the specialized nutritious food for the MAM/SAM child among other household members. At the same time, the additional

cash was used by the household to positively affect other underlying determinants of child nutrition, namely health and care.

The impact of the cash-based transfers was maximized through the pairing with behavioural change activities aimed at encouraging consumption of age-appropriate and nutritiously diversified foods by vulnerable populations in order to meet their nutrition needs. To implement this project, WFP worked in close coordination with the MSPP and CNSA as well as with UNICEF and local partners with proven experience in Nutrition.

v. Nutrition

The project specific objectives were:

1. Save the lives of children under five living in Grande'Anse
2. Protect and restoring nutritional status of children under five living in Grande'Anse
3. Ensure that nutritionally vulnerable households in Grande'Anse have access to nutritious food all year around and specifically during the lean season

Approximately 12,000 children under five were targeted with CERF funds with 5,000 for live saving treatment of acute malnutrition and 7,000 for preventive nutrition specific and sensitive interventions.

vi. Health

For the health project under the response to natural disasters, UNFPA worked closely with local authorities to improve access to quality lifesaving comprehensive sexual and reproductive health services for 10,000 displaced Haitian women of reproductive age (15-49 years in Grand Anse, Ouest and Sud Departments) for IDP sites registered in the Displacement Tracking Matrix. Following an initial assessment to identify vulnerable sites and existing capacity, an area specific work plan was developed with partners and aimed to increase access to integrated comprehensive sexual and reproductive health services to target areas through improving access to family planning, clinical management of GBV/sexual violence, maternal and newborn care, prevention and treatment of STIs including HIV and adolescent-friendly services. While the primary beneficiaries were displaced women of reproductive age, other family members and the host population benefited from improved access to health services.

vii. Shelter/NFI

The project, targeted over 20,000 households (100,000 individuals) in Grand'Anse and Sud departments, was carried out using a three-pronged shelter assistance approach. It aimed to ensure that the Shelter/NFI related humanitarian needs of the most vulnerable people affected by Hurricane Matthew were met, thereby reducing their exposure to natural risks and their vulnerabilities to future risks.

The strategy and modality for conditional cash assistance in this project was based on the one used following the 2010 earthquake. An external evaluation was carried out in 2014 which assessed and confirmed its effectiveness.

4. CERF RESULTS

“CERF allocated \$8.9 million to Haiti from its window for underfunded emergencies to sustain the provision of life-saving assistance to Haitian in 2018. This funding enabled UN agencies and partners to provide shelters reparation to 6,500 people affected by Hurricane Matthew in 2016; vital assistance including emergency shelter, non-food items and WASH equipment to 6,000 vulnerable people; 11,766 community interventions on cholera, including 6,292 rapid interventions for a response rate of 86% to suspected cases, 90% of which were completed in less than 48 hours; sensitization of 1,324,025 people at the national level on cholera and 106,927 households receiving chlorination products to protect their drinking water; 3,255 malnourished children admitted for treatment; in addition, a total of 7,778 children aged 6 to 23 months received multiple micronutrient powders to fortify their home diets, while 21,190 mothers or lactating women received advice on recommended infant and young child feeding practices; 32,097 women of childbearing age (15-49 years) benefiting maternal and neonatal care, including prenatal consultations, childbirth, postnatal consultations; 8,600 vulnerable households affected by hurricanes (Matthew and Irma) provided with seeds and planting materials; and 1,755,766 children aged 1 to 14 years vaccinated against diphtheria in a mass reactive vaccination campaign.”

CERF's intervention targeted 1,298,956 people affected by humanitarian situations in 2018. CERF's priority was on: the departments of the South, Grand'Anse and the North-East were the most affected by hurricanes Matthew 2016 and Irma 2017; Artibonite, West and Centre are the departments that formed the cholera belt and remain the most affected by cholera and diphtheria epidemics.

In terms of results per sector, the following achievements were highlighted:

Shelters:

1,300 houses affected by Hurricane Matthew repaired in the Nippes department for a total of 6,500 beneficiaries. Vital assistance including emergency shelter, non-food equipment and WASH equipment was provided to 6,000 vulnerable affected households in the departments of Grand'Anse and Nippes.

Cholera:

Considerable progress has been made in the fight against cholera thanks to CERF's contribution. 2018 marked the lowest year of cholera transmission since the epidemic began in 2010.

11,766 community interventions, including 6,292 rapid interventions, were carried out, for a response rate of 86% to suspected cases, 90% of which were completed in less than 48 hours. 1,324,025 people were sensitized at the national level and 106,927 households received chlorination products to protect their drinking water.

Nutrition:

An integrated curative and preventive nutrition programme was implemented in the 12 districts of the Grand'Anse department for 9 months, from April to December 2018. A total of 3,255 malnourished children were admitted for treatment (65% of the project objective). Of these, 1,254 (39 per cent) were suffering from severe acute malnutrition and 2,001 (61 per cent) from moderate acute malnutrition. Skills in the identification/referral and management of malnutrition were developed among 35 service providers and 206 community workers respectively.

In addition, a total of 7,778 children aged 6 to 23 months received multiple micronutrient powders to fortify their home diets (111% of the project target), while 21,190 mothers or lactating women received advice on recommended infant and young child feeding practices.

Reproductive health:

32,097 women of childbearing age (15-49 years) were able to benefit from direct assistance from the project in the following areas: maternal and neonatal care, including prenatal consultations, childbirth, postnatal consultations, IST / PMTCT PEC consultations, home visits (SMN), visits of pregnant or postpartum women by ASCP

76 mobile clinics in remote areas were conducted in 2018; 809 home visits by medical staff (SRH); 1,759 visits by multi-purpose health workers (ASCPs) to pregnant or postpartum women.

Food security:

8,600 vulnerable households affected by hurricanes Matthew (4,400 households in Grande Anse department) and Irma (4,200 households in the northeast department) provided with seeds and planting materials.

3,733 vulnerable households (61% female) grouped in 85 associations provided with vegetable seeds and technical support. Each household harvested between 200 and 330 kg of different vegetable species.

Technical support to 8 associations for the production of 400,000 agroforestry and fruit seedlings and their planting on vulnerable household plots.

Health:

1,755,766 children aged 1 to 14 years were vaccinated (one dose) against diphtheria during a mass reactive vaccination campaign in the Artibonite, Centre and Ouest departments.

59,537 people were vaccinated as part of a reactive vaccination campaign in two sections of the commune of Saint Michel de l'Attalaye in Artibonite.

5. PEOPLE REACHED

CERF's intervention targeted 1,298,956 people affected by humanitarian situations in 2018 and was able to reach 2,064,646 people with a rough 765,690 more people assisted on the initial target. Sectors like the food security-agriculture, the health-GBV, the WASH-Cholera and the health (cholera and diphtheria) were able to assist more people than their initial target due to some large-scale activities that could benefit a large number of people. Seeds distribution, mobile clinics, reactive vaccination campaigns, wash sensitizations activities and distributions of chlorination products were those activities which have benefited a large number of people than initially planned. The estimation of figures was done by counting only the high figures in each sector to avoid counting the same people multiple times.

18-UF-HTI-28521 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Shelter - Non-Food Items	23,021	28,110	51,131	21,250	27,328	48,578	44,271	55,438	99,709
Food Security - Agriculture	14,808	22,213	37,021	13,670	20,504	34,174	28,478	42,717	71,195
Food Security - Food Aid	2,159	2,024	4,183	2,124	1,993	4,117	4,283	4017	8,300
Health - Health	898,783	18,157	916,940	883,465	17,847	901,312	1,782,248	36,004	1,818,252
Nutrition - Nutrition	5,738		5,738	5,295		5,295	11,033		11,033
WASH - Water, Sanitation and Hygiene	13,411	12,405	25,816	12,392	11,438	23,830	25,803	23,843	49,646

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

18-UF-HTI-28521 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	337,919	409,991	747,910	300,037	251,009	551,046	637,956	661,000	1,298,956
Reached	959,421	84,788	1,044,219	938,196	80,845	1,019,041	1,897,617	165,633	2,063,250

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

18-UF-HTI-28521 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	2,150	1,320
Host population	0	0
Affected people (none of the above)	1,296,806	2,061,930
Total (same as in table 5)	1,298,956	2,063,250

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?
 YES PARTIALLY NO
 Yes, the CERF funds have led to a fast delivery of assistance to people in need as it has quick start activities with initial funding for underfunded or no funded at all sectors.

b) Did CERF funds help respond to time-critical needs?
 YES PARTIALLY NO
 Yes, the CERF funds did help respond to time-critical needs on cholera, health, wash and shelter. The CERF funds were pivotal to control the cholera and the diphtheria outbreaks.

c) Did CERF improve coordination amongst the humanitarian community?
 YES PARTIALLY NO
 Yes, the CERF has improved coordination amongst the humanitarian community by encouraging the multi-sectoral approach within the sectors and by making working jointly UN agencies and other implementing partners on complementary projects on nutrition, food security and health.

d) Did CERF funds help improve resource mobilization from other sources?
 YES PARTIALLY NO
 Given the difficult funding context which prevailed in 2018, the CERF funds helped partially to improve the resource mobilization for already underfunded sectors but was key to maintain vital activities in health, nutrition and food security.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Overall, the CERF helped to address protracted humanitarian needs of people affected by hurricane Matthew in the Nippes and to tackle significantly the cholera disease as well as contribute to respond quickly and efficiently to the diphtheria outbreak.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
Make sure the sustainability of emergency actions is clear	Actively involve the recipient UN agencies to work with the communities including voluntary committee leaders, community agents, officials and other local partners in designing the emergency actions.
Diversify partners to reach all the communities	To continue to encourage UN agencies to implement a certain percentage of CERF grants through national and local partners

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Implement activities as quickly as possible.	Improve follow-up and monitoring of CERF implementation projects with regular monitoring visits	Recipient UN agencies and implementing partners
Constantly dialogue with OCHA, the HC office and the CERF secretariat to adjust projects if necessary.	Have regular meeting and dialogue framework throughout the implementation of the CERF. This framework is to establish for the next CERF	Recipient UN agencies and implementing partners and OCHA CERF Focal Point
Reallocate funds to other activities that fall within the scope of the project if approved rather than return unused funds at the end of the project.	Track funding expenditures to be able to quickly identify needs for relocation of funds	Recipient UN agencies and implementing partners and OCHA CERF Focal Point with CERF Secretariat

PART II

8. PROJECT REPORTS

8.1. Project Report 18-UF-FAO-009 - FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Haiti
3. Cluster/Sector:	Food Security - Agriculture	4. Project Code (CERF):	18-UF-FAO-009
5. Project Title:	Emergency agricultural assistance to family farmers affected by Hurricanes Matthew and Irma in the North-East and Grande Anse Departments		
6.a Original Start Date:	20/03/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 10,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,447,532
	c. Amount received from CERF:		US\$ 984,569
	d. Total CERF funds forwarded to implementing partners		US\$ 440,094
	of which to:		
	Government Partners		US\$ 14,871
	International NGOs		US\$ 0
	National NGOs		US\$ 425,223
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, FAO and its partners:</p> <p>(i) provided seeds ("vouchers, equivalent to about 27US\$/household, used to purchase seeds in seed fairs") and planting materials (500 cuttings of sweet potato and 300 cuttings of cassava per household) to 8,600 vulnerable households affected by Hurricanes Matthew (4,400 households of Grande Anse Department) and Irma (4,200 households of Northeast Department). This seed assistance allowed to each household to harvest about 250 kg of sweet potatoes, 450 kg of cassava, between 120 and 160 kg of pulses (bean, Lima bean and/or peanuts) and 135 kg of maize or 480 kg of rice according to the type of seeds purchased in seed fairs. This food is enough to feed their families for more than 3 months;</p> <p>(ii) provided vegetable seeds and technical support to 3,733 vulnerable households (including 61 % of women) grouped in 85 associations. Each household harvested between 200 and 330 kg of different species of vegetables;</p> <p>(iii) provided technical support to 8 associations for the production 400,000 agroforestry/fruit seedlings and planting them in the plots of vulnerable households by following techniques of agroforestry plots management and soil/water conservation. One thousand and twenty-four (1,024) heads of vulnerable household (including 43.4 % women), with limited access to agricultural land, have benefited from cash for work paid for the maintenance of nurseries: during 6 days of work, each beneficiary receives 1,800 HTG (300 HTG/day);</p> <p>(iv) trained 12 veterinary officers of "Groupe Santé Bête (GSB)", in the Northeast Department, on animal health and use of veterinary drugs; organized mobile veterinary clinics which provided veterinary care to 2,249 sick domestic animals, affected by hurricane Irma, belonging to 882 vulnerable households (36% of women head of households) and</p>

- (v) trained 129 leaders of CBOs (68 % of women) on good nutritional practices, food preparation and food hygiene practices. They themselves transmitted the acquired knowledge to 2,554 heads of households, including 1,798 women heads of households (70%).

The project has enabled 12,333 households (61,665 people), affected by hurricanes Matthew and Irma, to revive their agricultural production and improve their food security while promoting agroforestry in their production system. One thousand and twenty-four (1,024) vulnerable households (5120 people) have benefited from cash for work (1,800 HTG/household). The project has also improved the health of 2,249 sick domestic animals belonging to 882 vulnerable households (4,410 people). Finally, the project improved the nutritional practices of 2,683 households selected from the project beneficiaries of the Northeast.

3. Changes and Amendments

The project was expected to provide seed, cuttings and seedlings to vulnerable households at the beginning of the 2018 Spring and Summer cropping seasons. Unfortunately, a prolonged drought has affected the Spring cropping season in the two concerned Departments (Northeast and Grande Anse). As a result, the administrative and technical authorities as well as the Community-Based Organizations (CBOs) have requested FAO' assistance, in terms of providing seeds and cuttings to vulnerable households, for the Summer and Winter cropping seasons. This shift of a growing season explains the request of FAO for a No-cost Extension of one month: the project was closed at the end of January 2019 instead of the end of December 2018.

All output targets were achieved. Some results were even exceeded: (i) seeds allocation to 12,333 instead of 12,000 vulnerable households, (ii) veterinary care provided to 2,249 animals belonging to 882 households instead of 2,000 animals belonging to 500 households and (iii) nutrition education training benefited to 2,683 instead of 720 people. The project also contributes to an unexpected assessment of the impact of drought on food security of affected populations in Northeast and Grande Anse Departments. The data from this assessment contributed to the IPC analysis that was released in December 2018.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	13,600	20,400	34,000	12,600	18,900	31,500	26,200	39,300	65,500
Reached	14,808	22,213	37,021	13,670	20,504	34,174	28,478	42,717	71,195

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	65,500	71,195
Total (same as in 4a)	65,500	71,195

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

FAO used savings to increase the number of beneficiaries and to contribute to the assessment of the impact of drought on food security of affected populations in the two departments.

5. CERF Result Framework

Project Objective	Strengthening the livelihoods of 13,100 vulnerable households (65,000 people) affected by the latest natural disasters in the Departments of Nord-Est and Grande Anse
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Output 1	8,600 vulnerable households have access to seeds and planting material or cash for work			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of vulnerable households receiving a kit of 500 sweet potato cuttings (variety Mize maléré) and 300 cassava cuttings (variety CMC40)	8,000 households, (40,000 beneficiaries)	8,600	Reports from partner NGOs and Departmental Directorates of Agriculture (DDA)
Indicator 1.2	Number of vulnerable households purchasing 8 - 10 kg of seeds of different crops using vouchers with a monetary value of 2000 gourdes received from the project.	8,000 households – 40,000 beneficiaries (20,000 in spring and 20,000 in the summer planting seasons)	8,600 households received between 10 and 13 kg of seeds	Reports from partner NGOs and Departmental Directorates of Agriculture (DDA)
Indicator 1.3	Number of beneficiaries harvesting approx. 500 kg of different food (tuber, cereals and legumes), three to four months after sowing/planting of seeds/cuttings.	8,000 households – 40,000 beneficiaries (20,000 in spring and 20,000 in the summer planting seasons)	8,600 households harvested more than 500 kg of food, mostly tubers	Testimonials of beneficiaries and reports from agricultural technicians
Indicator 1.4	Number of Farmers' associations trained on fruit and agroforestry seedling production	4	8	Testimonials of the associations and report of the agroforestry expert.
Indicator 1.5	Number of fruit and agroforestry seedlings produced and planted	400,000	400,000	Reports from partner associations and agricultural technicians
Indicator 1.6	Number of people benefitting from cash for work (43US\$/person)	600 households (3,000 beneficiaries)	1024 households received about 24.3 US\$/household	Report from agricultural technicians
Explanation of output and indicators variance:		FAO used savings to increase the number of seed beneficiaries in Grande Anse. The number of beneficiaries of cash for work increased but the amount per beneficiary has been reduced because there were many vulnerable households in need. In Summer and Winter agricultural season, yields of pulses and cereals were low because of drought. Sweet potato and cassava were more tolerant than other crops.		
Activities	Description	Implemented by		
Activity 1.1	Tender and letters of agreement with local NGO's	FAO		
Activity 1.2	Tender for the purchase of cuttings	FAO		
Activity 1.3	Rapid training of NGO partner-staff on seed fairs organization	FAO seed Expert		
Activity 1.4	Selection of the most affected households	Local NGO, FAO, BAC, CBO and local authorities		
Activity 1.5	Identification and selection of potential seed vendors in seed fairs	Local NGO, FAO, BAC, CBO and local authorities		
Activity 1.6	Quality analysis of seeds and cuttings	The FAO Seed Team and the BAC Agronomists		
Activity 1.7	Distribution of cuttings	Local NGOs CEHPADER for the Northeast and ACODIPHA for Grande Anse, in collaboration with FAO team, BAC, CBO and local authorities		

Activity 1.8	Organization and supervision of seed fairs	Local NGOs ATTA for the Northeast and APASD for Grande Anse, in collaboration with FAO team, BAC, CBO and local authorities
Activity 1.9	Selection of farmers' associations for agroforestry seedlings production	FAO, DDANE and DDAGA, BAC
Activity 1.10	Training of farmers' associations on the setting up and maintenance of nurseries	FAO International Consultant
Activity 1.11	Selection of 1024 vulnerable households' beneficiaries of cash for work	Farmers' associations, FAO, CBO
Activity 1.12	Production of agroforestry and fruit seedlings	Farmers' associations: AFO, CIDES, FONZAL and MFK for the Northeast and APASD, APAV, CODEDAM and MJPM for Grande Anse with FAO technical support
Activity 1.13	Distribution of agroforestry seedlings to vulnerable households receiving seed assistance and having plots on steep slopes in the mountains	Farmers' associations: AFO, CIDES, FONZAL and MFK for the Northeast and APASD, APAV, CODEDAM and MJPM for Grande Anse with the supervision of FAO team.
Activity 1.14	Planting agroforestry and fruit seedlings in plots on steep slopes	Vulnerable households
Activity 1.15	Monitoring and evaluation of the impact of the action	FAO and local NGO

Output 2	4,000 vulnerable households producing and consuming vegetables			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of vulnerable households, grouped in vegetable producer groups, receiving at least 40 g of vegetable seeds.	4,000	3,733	FAO' Agricultural technicians and vegetable producer groups
Indicator 2.2	Quantity of vegetables harvested by each beneficiary	400 kg	About 190 kg for beneficiaries of Grande Anse and 330 for beneficiaries of Northeast.	FAO' Agricultural technicians and vegetable producer groups
Explanation of output and indicators variance:		The problems of drought and, consequently, lack of irrigation water is at the origin of the reduction in the number of beneficiaries and vegetable production, particularly in Grande Anse where the beneficiaries did not have plots in irrigated perimeters.		
Activities	Description	Implemented by		
Activity 2.1	Selection of associations of vulnerable beneficiaries	FAO, BAC, CBO and local authorities		
Activity 2.2	Preparation of technical specifications for vegetable seeds	FAO seed Expert		
Activity 2.3	Procurement of vegetable seeds	FAO procurement unit		
Activity 2.4	Distribution of vegetable seeds to beneficiaries	FAO field team		
Activity 2.5	Supervision and technical support to vegetable producer's groups	FAO field team		

Output 3	2,000 domestic animals of at least 500 vulnerable households receive veterinary treatment			
Indicators	Description	Target	Achieved	Source of verification

Indicator 3.1	Number of animals treated	2,000	2,249	Report of the veterinary consultant and report of "Groupe Santé Bête (GSP)" of the Northeast
Indicator 3.2	Number of beneficiary households	500	882	Report of the veterinary consultant and report of "Groupe Santé Bête (GSB)" of the Northeast
Explanation of output and indicators variance:		The demand for veterinary care was very high in the 3 communes of the Northeast. In addition, there was sufficient veterinary drug to increase the number of treated animals. The only problem was the payment of veterinary consultant and veterinary agents to carry out veterinary clinics for a long time.		
Activities	Description	Implemented by		
Activity 3.1	Preparation of technical specifications of veterinary products	FAO Consultant		
Activity 3.2	Selection of veterinary agents to be trained	FAO, DDA-NE and GSB		
Activity 3.3	Training of the veterinary agents	FAO Consultant		
Activity 3.4	Procurement and purchase of veterinary drugs and equipment	Procurement Unit of FAO		
Activity 3.5	Establishment of Mobile Veterinary Clinics	veterinary consultant of FAO and veterinary agents of GSB		
Activity 3.6	Veterinary care of animals	veterinary consultant of FAO and veterinary agents of GSB		

Output 4	The knowledge of 120 leaders of CBOs and 600 households of their community on good nutritional practices are improved			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of CBO leaders trained on good nutritional practices and cooking demonstrations	120 (60% of women) in the Department of North-East	129 leaders of CBOs (68 % of women)	Nutrition Consultant Assessment Report and NGO Partner Report (MC-EFADA)
Indicator 4.2	Number of vulnerable households trained by trained CBO leaders	600 heads of households (5 per CBO leader)	2,554 heads of households (70% women)	Nutrition Consultant Assessment Report and NGO Partner Report (MC-EFADA)
Explanation of output and indicators variance:		Training in nutrition education has involved many vulnerable families. For this reason, under the supervision of the nutritionist consultant and the NGO partner, CBO leaders did many culinary demonstrations to share the knowledge to other families. CBOs that have benefited from technical support in vegetable production are pursuing these demonstrations to date.		
Activities	Description	Implemented by		
Activity 4.1	Selection of leaders and beneficiaries for the training	FAO, DDS, CASECs and CBOs		
Activity 4.2	Selection of local partner	FAO: MC-EFADA was selected as partner		
Activity 4.3	Training of staff of local partner	FAO Nutrition Consultant		
Activity 4.4	Training of CBO leaders	MC-EFADA trained 129 CBO leaders, with the supervision of FAO Consultant		
Activity 4.5	Training of 600 heads of households by the 120 trained CBO leaders on good nutritional practices and cooking demonstrations	CBO leaders trained 2,554 heads of households (70% of women), with the supervision of MC-EFADA, FAO and DSS		

6. Accountability to Affected People

A) Project design and planning phase:

Before the project formulation, an IPC analysis was conducted in October 2017 jointly by CNSA, FAO, WFP and NGOs. It had already shown that the departments of Grande Anse and Nord-Est were in a crisis phase. The DDA of the Northeast (DDA-NE) and Grande Anse (DDA-GA), and the BAC of the targeted communes were involved in the selection of the results of this project taking into account the priority needs of their departments as well as the results of the latest assessments on food security jointly conducted by CNSA/FAO/WFP.

B) Project implementation phase:

During the implementation of the project activities, FAO worked with local technical and administrative authorities. A team of agronomists were installed in the offices of the Departmental Directorates of Agriculture (DDA) of Grande Anse and Northeast departments for synergy with local authorities in the supervision and coordination of project activities. The selection of beneficiaries of all project components was made in collaboration with local administrative and technical authorities and CBOs leaders in respect of gender balance. In each commune “beneficiaries’ selection Committees” were set up by FAO, NGO partner, BAC and CBOs. At the end of the selection, each committee submitted a preliminary list of beneficiaries to the leaders of CBOs and local communities for public validation supervised by local authorities, FAO teams and NGO partners. At the same time as it was doing the selection, the committee informed the beneficiaries about the planned seed assistance and gathered information on the priority crops they would need seeds. FAO teams, NGO partner, DDA, local administrative authorities and CBOs leaders did jointly the selection of seed vendors at seed fairs, based on seed quality and priority crops of the season. DDS and local CBOs were involved in the selection of participants in nutrition education trainings prioritizing vulnerable households with children under 5 years of age threatened by malnutrition, the elderly, pregnant women, etc.

C) Project monitoring and evaluation:

During the implementation of activities, FAO field team regularly monitored field activities and collected information in collaboration with the DDA and different BACs. Field data and constraints encountered in the implementation of activities were shared with the FAO Monitoring and Evaluation team (M&E) and the project Coordinator. The Letters of Agreement (LoA) between FAO and NGOs required them to provide detailed progress and final reports including detailed on impact. Under the supervision of FAO, partner NGOs carried out an assessment of the level of appreciation and the impact of seed / cuttings / seedling assistance by inspecting the fields and conducting a survey on at least 5% of beneficiaries. The evaluation of the impact of nutrition education training was conducted by the Nutrition Consultant. Field visits carried out, on a regular basis, by FAO M&E team and the project coordinator crosschecked the information contained in the reports of partners and FAO field team.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Vouchers	US\$ 232,432	Sector-specific	Unconditional	Restricted

Supplementary information (optional):

N/A

8. Evaluation: Has this project been evaluated or is an evaluation pending?

The evaluation of the impact of seeds and cuttings assistance was done by calculating yields using the yield squares in the beneficiary plots. For example, each household beneficiary of sweet potato and cassava cuttings plus vouchers for seeds, at the beginning of the 2018 summer season, harvested at least 250 kg of sweet potato, 450 kg of cassava and 195 kg of cereals (maize or rice) and pulses (bean, Lima bean or peanut). Each household beneficiary of vegetable seeds has produced at least about 190 kg of vegetables in Grande Anse and 330 kg of vegetables in the Northeast.

FAO nutrition consultant assessed the impact of nutrition education training by organizing a pre-test before the training and a post-test after the training on the same sample of 518 participants in the trainings, including the 129 leaders of the CBOs. Before the training, the participants had an average score of 48% while after the training they obtained 87%.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.2. Project Report 18-UF-IOM-008 - IOM

1. Project Information											
1. Agency:			IOM			2. Country:			Haiti		
3. Cluster/Sector:			Emergency Shelter and NFI - Non-Food Items			4. Project Code (CERF):			18-UF-IOM-008		
5. Project Title:			Shelter and NFI Assistance for the Most Vulnerable People Affected by Hurricane Matthew								
6.a Original Start Date:			28/03/2018			6.b Original End Date:			31/12/2018		
6.c No-cost Extension:			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			if yes, specify revised end date:			N/A		
6.d Were all activities concluded by the end date? (including NCE date)						<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)					
7. Funding	a. Total requirement for agency's sector response to current emergency:						US\$ 37,530,495				
	b. Total funding received for agency's sector response to current emergency:						US\$ 0				
	c. Amount received from CERF:						US\$ 2,779,840				
	d. Total CERF funds forwarded to implementing partners of which to:						US\$ 1,301,944				
	Government Partners						US\$ 1,944				
International NGOs						US\$ 1,300,000					
National NGOs						US\$ 0					
Red Cross/Crescent						US\$ 0					

2. Project Results Summary/Overall Performance

IOM and its partners assisted 6,500 vulnerable persons through repair of 1300 houses damaged by Hurricane Matthew in Nippes department. The most vulnerable people and communities have been sensitized on Build Back Safer (BBS) principles, through several channels of communication such as radio broadcasting, TV spots and massive community raising awareness campaign. Moreover, this CERF fund allowed IOM to provide life-saving assistance through provision of Emergency Shelter, Non-Food (NFIs) and WASH materials to 6,000 vulnerable affected households of the departments of Grand'Anse and Nippes.

3. Changes and Amendments

In April 23th 2018, UCLBP formally asked to move shelter repairs from Grand'Anse department to Nippes department because this department didn't receive any assistance after the impact of the hurricane. After the approval all the repair activities were moved into Nippes. BBS campaign was conducted in both Grand'Anse and Nippes departments.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total

Planned	23,088	28,192	51,280	21,312	27,408	48,720	44,400	55,600	100,000
Reached	23,021	28,110	51,131	21,250	27,328	48,578	44,271	55,438	99,709
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	0					0			
IDPs	1,150					783			
Host population	0					0			
Affected people (none of the above)	98,850					98,926			
Total (same as in 4a)	100,000					99,709			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			During the implementation part of the project, 0.29% of the target population couldn't be reached. These people left the camp and subsequently couldn't benefit from the project.						

5. CERF Result Framework

Project Objective	Provide Shelter and NFI Assistance to the Most Vulnerable People Affected by Hurricane Matthew
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Output 1	Vulnerable population still living in Displacement Sites are assisted through conditional cash grants			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of households assisted through the conditional cash grant	230 households corresponding to 1,150 individuals (600 women and 550 men; 511 below 18 and 639 over 18)	172 (83 men and 89 women)	CCCM Working group, Hurricane Matthew Sitrep
Indicator 1.2	# of displacement sites closed through the intervention	11	13	CCCM Working group, Hurricane Matthew Sitrep, Site Closure letter
Indicator 1.3	% of vulnerable households living in displacements sites that are successfully relocated.	100%	100%	CCCM Working group, Hurricane Matthew Sitrep, Site closure letter
Explanation of output and indicators variance:		Some camps located in the South spontaneously closed before the implementation phase. For other IDP sites, some individuals left prior to the return program therefore more camps could be targeted.		
Activities	Description	Implemented by		
Activity 1.1	In coordination with the DPC, IOM supports the registration of households in displacement sites in the Grand Anse and South department.	IOM/ DPC		
Activity 1.2	Facilitate the identification of safe and suitable rental accommodations	IOM/ Mayor Office staff		
Activity 1.3	Conduct monitoring visits to ensure compliance and restrict cases of fraud.	IOM/ Mayor Office staff		

Activity 1.4	Payment of the rental subsidy, relocalization and dismantlement of the tent/shelter in the displacement sites	IOM
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Output 2	The most vulnerable population is assisted with house repairs and is sensitized on the BBS principles and practices			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of households assisted with repairs interventions	1,300 households corresponding to 6,500 individuals. (3,380 women and 3,120 men; 2,886 below 18 and 3614 over 18)	1 300	Partner's report, Monitoring visit report
Indicator 2.2	# of individuals sensitized on the BBS principles and practices	62,600 (32,552 women and 30,048 men: 27,544 below 18 and 35,056 over 18)	62 600	Radio and TV reports, IOM BBS' reports, List of participants in sensitization activities
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	List of beneficiaries is compiled and validated by the respective governmental authorities	1300		
Activity 2.2	House repairs activities are implemented (1300 houses)	JPHRO and HFHH		
Activity 2.3	Mass sensitization campaign on BBS principles and practices (5 radio spots broadcast during 6 months) is conducted	Radio Thera, Lambi, Orbite, Grand'Anse, Mely, Extension, Sound truck and IOM staff		

Output 3	Emergency NFIs are procured and distributed.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of NFI kits procured – NFI kit is composed of: : 1 Plastics sheeting, 4mX6m; 1 Blankets, Wool (BW01); 1 Kitchen sets (KS05-60L); 1 Water Container Collapsible, 10L; 1 Hygiene Kits	6,000	6,000	Purchase order document
Indicator 3.2	# of households provided with a NFI Kit	6,000 households corresponding to 30,000 individuals. (15,600 women and 14,400 men; 13,200 below 18 and 16,680 over 18)	6,000	Database, distribution report, Needs assessment report.
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Procurement of NFI Kits: Plastics sheeting, 4mX6m: 6000 units; Blankets, Wool (BW01): 6000 units; Kitchen sets (KS05-60L): 6000 units; Water Container Collapsible, 10L: 6000 units; Hygiene Kits	IOM		
Activity 3.2	Distribution of NFI Kits (Plastics sheeting, 4mX6m: 6000 units; Blankets, Wool (BW01): 6000 units; Kitchen sets (KS05-60L): 6000 units; Water Container Collapsible, 10L: 6000 units; Hygiene Kits – Family: 6000 units)	IOM in coordination with DPC		

6. Accountability to Affected People

A) Project design and planning phase:

Beneficiaries were involved in the decision on the type of assistance to be received, prioritizing always the security of the beneficiary. Accordingly, all assistance was provided on a voluntary basis. The type of assistance provided to vulnerable population was determined on a case by case basis. IOM is bound by the victim confidentiality protocol to ensure the victims' personal security is given the highest priority. Furthermore, IOM applies gender mainstreaming, the process of assessing the implications for women and men of any planned action, ensuring that gender perspectives and attention to the goal of gender equality are central to all activities. IOM has also paid special attention, and incorporated into this Action, lessons learned from previous projects.

B) Project implementation phase:

Beneficiaries assisted by shelter repairs was selected among the most vulnerable people present in the community. Lists of beneficiaries were discussed with local authorities, communities, associations groups in order to assist the most vulnerable people. A complaint mechanism was put in place by partners and a hotline or direct feedback mechanisms were existing in 5 localities where project was implemented.

In addition, with the support of DPC representatives at the targeted departments as well as the mayors of the targeted municipalities, IOM operational team was able to select the most vulnerable households to provide life-saving assistance including Emergency Shelter, Non-Food (NFIs) and WASH materials.

C) Project monitoring and evaluation:

Monitoring and evaluation field visits were conducted during implementation period. Several reports were provided by implementing partners as well as by IOM operational team. Moreover, IOM's data and Tracking monitoring unit played a crucial role in the monitoring mechanism especially by providing mapping, data assessment and data collection.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US \$ 37.658,32	Multi-purpose cash	Unconditional	Unrestricted

Supplementary information (optional):

The cash-based intervention was established to ensure overall needs of the internally displaced people were taken into account. The program supported the Shelter sector activities by targeting the population displaced by the hurricane Matthew who were not owners. It is important to note a survey was conducted in order to establish the amount to be given to the families for each affected area in the Grand South (Les Cayes, Torbeck, Dame Marie, and Jérémie). IOM has worked in close collaboration with counterparts (such as UCLBP, Mayor office of les Cayes, Jérémie and Dame Marie) to deliver an appropriate response and bring transparency to the component. The rental cash grant was a quick response to the urgent need of providing decent shelter to individuals who were not land-owners. Sensitization on safe housing was provided and selected houses were visited by IOM staff and DPC agents selected by Mayor office. The rental subsidy was provided through 3 instalments in order to make sure the grant would be adequately used. IOM used a money transfer company for all financial transactions.

8. Evaluation: Has this project been evaluated or is an evaluation pending?

N/A

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.3. Project Report 18-UF-FPA-012 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Haiti
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-UF-FPA-012
5. Project Title:	Improve access to sexual and reproductive health services for Haitian women of reproductive age affected by Hurricane Matthew and/or displaced in Grand Anse, South and West Departments		
6.a Original Start date:	04/04/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,718,468
	b. Total funding received for agency's sector response to current emergency:		US\$ 637,037
	c. Amount received from CERF:		US\$ 497,717
	d. Total CERF funds forwarded to implementing partners		US\$ 193,034
	of which to:		
	Government Partners		US\$ 147,828
	International NGOs		US\$ 0
	National NGOs		US\$ 45,206
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNFPA and its partners carried out in the South and Grand'Anse areas the main achievements below in response to Matthew hurricane:

- (i) 32,097 women of childbearing age (15-49 years) were able to benefit from the direct assistance of the project, in the following areas: maternal and neonatal care including prenatal consultations, delivery, post-natal consultations, IST / PMTCT PEC, home visits (SMN), visits of pregnant women or post-partum by the ASCP; (ii) 76 mobile clinics in remoted areas were carried out in 2018; (iii) 809 home visits by medical staff (SRH); (iv) 1,759 visits of pregnant women or post-partum by the Health Polyvalent Agents (ASCP).

By the way, as contribution to the responses to the October 2018 earthquake, in Northwest and Artibonite 1,266 dignity kits, 578 kitchen kits and 548 solar lamps were distributed by UNFPA through the MSPP, the MCFDF, 12 mobile clinics were conducted in North West; and Additional staff (midwives) were deployed to 9 SONU in the North West.

UNFPA Humanitarian Results 2018	Result
Results from CERF 18-UF-FPA-012 : Reinforcement of 12 EMONC in Grand Anse, Sud and Delmas (IDP) Jan-Dec 2018	
Dignity kits distributed to 12 EMONC	1,030
Reproductive Health Kits distributed (health centres)	12
Affected populations accessing SRH/GBV interventions at 12 EMONC (clinical, GBV, community)	40,873
All women and girls accessing SRH/GBV interventions at 12 EMONC (clinical, GBV, community)	32,097
Adolescents girls (<19 years) accessing SRH/GBV interventions at 12 EMONC (clinical, GBV, community)	2,069
Targeted vulnerable women and girls accessing SRH clinical services at 12 EMONC	23,435
UNFPA assisted deliveries at 12 EMONC	1,881
GBV survivors accessing medical support at 12 EMONC	151
Targeted women and girls benefiting from maternal health services at 12 EMONC (pre-natal, deliver & post-natal)	5,545
Targeted Women and girls accessing Family Planning services at 12 EMONC	5,422
Targeted Women and girls accessing STI/HIV services at 12 EMONC (STI & PTME considered as individual consultations)	12,354
Targeted Women and girls accessing mobile medical clinics with midwives	5,011

As global humanitarian response

UNFPA Humanitarian Results 2018	Result
Emergency Non Food Items distributed (hygiene kit, cooking kit, solar lamp)	3,421
Number of affected population reached with Dignity Kits	2,295
Total population accessing SRH/GBV interventions in target areas (clinical, GBV, community)	46,211
Women and girls accessing SRH/GBV services in targeted areas (clinical, GBV, community)	33,297
Adolescents (<19 years) accessing SRH/GBV services in targeted areas	2,711
Women and girls reached with GBV services, counselling, and information	328
Number of safe spaces supported by UNFPA (women's, girls' spaces and youth spaces)	62
Number of maternity health facilities/tents/homes operationalized with UNFPA support	24
Number of mobile clinics supported	91
Number of functional health facilities supported by UNFPA that provide Emergency Obstetric and Neonatal Care (EMONC)	24
Number of service delivery points (SDPs) supported that provide clinical management of rape (CMR) services	12

3. Changes and Amendments

No change or amendments were occurred.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	1,060	8,940	10,000	0	0	0	1,060	8,940	10,000
Reached	2,842	27,186	32,097	992	737	1,729	3,834	27,923	31,757

4.b Number of people directly assisted with CERF funding by category		
Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	1,275	537
Host population	0	0
Affected people (none of the above)	8,725	31,220
Total (same as in 4a)	10,000	31,757
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	<p>Relating to the discrepancy between planned and reached beneficiaries in the IDPs, when the project started, displaced people in the South and Grand'Anse had already returned to their homes in ruins or stayed at a neighbor's house. The 537 beneficiaries are affected people in Delmas, still living in the tents since the 2010 earthquake.</p> <p>For affected people, the project reached 33,289 while the target was 8,725. Apart services offered at Institutions' level, there were 76 mobile clinics in 2018 and 809 home visits by medical staff, 1,759 visits of pregnant women or in post-partum by the Polyvalent Health Agents.</p>	

5. CERF Result Framework	
Project Objective	Improve access to quality lifesaving comprehensive sexual and reproductive health services for Haitian women of reproductive age (15-49 years) affected by Hurricane Matthew and/or displaced in Grand Anse, South and West Departments through increased access to family planning, clinical management of GBV/sexual violence, maternal and newborn care, prevention and treatment of STIs including HIV.

Output 1				
Strengthened capacity of selected health facilities to provide integrated, quality lifesaving comprehensive sexual and reproductive health services to women of reproductive age (15-49 years) affected by Hurricane Matthew and/or displaced in Grand Anse, South and West Departments				
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of area-specific sexual and reproductive health work plans developed	12	12 The project supported 12 institutions as planned. However, the procedures recommend work plans by departmental direction, so that UNFPA has signed three work plans for the 12 institutions: one with the Southern Health Directorate, one with the Health Directorate of Grand'Anse, the another with the Health Development Center (CDS) which ran in the West, in the commune of Delmas.	Final Evaluation of the CERF project
Indicator 1.2	Number of inter-agency reproductive health kit 3 (clinical management of rape) procured	6	6 As planned, 6 kits 3 were distributed, by elements between 12 institutions.	Final Evaluation of the CERF project
Indicator 1.3	Number of selected health facilities/SONU in project areas that	12	12	Final Evaluation of the CERF project

	receive components of the inter-agency reproductive health kit 3 (clinical management of rape)		All 12 selected institutions received elements of Kit 3.	
Indicator 1.4	Number of selected health facilities/SONU in project areas with sufficient essential medicines and equipment (obstetric delivery tables and newborn cribs) and consumables	12	12 All institutions have received the necessary commodities to take care of the urgencies. However, for equipment, a delay is reported related to the international purchase by the PSB.	Final Evaluation of the CERF project
Indicator 1.5	Number of qualified midwives/nurse midwives deployed to reinforce selected SONU in project areas	12	12 9 midwives and 3 nurses were deployed.	Final Evaluation of the CERF project
Indicator 1.6	Number of health personnel trained on Minimum Initial Services Package for reproductive Health in emergencies (MISP) and Clinical management of rape (CMR)	40	41 All heads of institutions, midwives and deployed nurses were trained in DMU.	Final Evaluation of the CERF project
Explanation of output and indicators variance:		N/A		
Activities	Description			Implemented by
Activity 1.1	Elaborate area-specific sexual and reproductive health work plans with local health services and affected population in project areas			UNFPA
Activity 1.2	Procurement of inter-agency reproductive health kit 3 (clinical management of rape)			UNFPA CO
Activity 1.3	Distribution of inter-agency reproductive health kit 3 (clinical management of rape) to selected SONU in project areas			UNFPA CO
Activity 1.4	Provision of essentials medicines, equipment (obstetric delivery tables and newborn cribs) and consumables to selected SONU in project areas			UNFPA
Activity 1.5	Reinforce human resources for selected SONU in project areas			MoH and UNFPA
Activity 1.6	Training on Minimum Initial Services Package for reproductive Health in emergencies (MISP) /clinical management of rape (CMR) for health personnel			MoH and UNFPA

Output 2	Reinforced community-based comprehensive sexual and reproductive health services and referral to Emergency Obstetric and Neonatal Care (SONU) facilities reach Haitian women of reproductive age (15-49 years) affected by Hurricane Matthew and/or displaced in Grand Anse, South and West Departments			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of displaced women of reproductive age (15-49 years) in Grand Anse and South departments accessing at least one component of the sexual and reproductive health services (sensitization, maternal and newborn health, family planning, sexual and gender-based violence services, or HIV/STI prevention treatment and care)	275	0 When the project started, displaced people in the South and Grand'Anse had already returned to their homes in ruins or stayed at a neighbor's house.	Final Evaluation of the CERF project
Indicator 2.2	Number of women of reproductive age (15-49 years) in communes severely affected by Hurricane Matthew in Grand Anse and South accessing at least one component of the sexual and reproductive health services	8,725	33,289 The target is exceeded by 300%. Apart from the services offered at Institutions' level, there	Final Evaluation of the CERF project

	(sensitization, maternal and newborn health, family planning, sexual and gender based violence services, or HIV/STI prevention treatment and care)		were 76 mobile clinics in 2018 and 809 home visits by medical staff, 1,759 visits of pregnant women or in post-partum by the Polyvalent Health Agents.	
Indicator 2.3	Number of displaced women of reproductive age (15-49 years) in Delmas accessing at least one component of the sexual and reproductive health services (sensitization, maternal and newborn health, family planning, sexual and gender-based violence services, or HIV/STI prevention treatment and care)	1,000	537 In Port-au-Prince and around, there were not many displaced people; the target is reached at 54%. On the other hand, at the maternity center of Petite Place Cazeau, 9,199 women aged 15 to 49 benefited directly from the project.	Final Evaluation of the CERF project
Indicator 2.4	Number of women of reproductive age (15-49 years) receiving a dignity kit while accessing sexual and gender-based violence services at selected SONU in project areas	1,000	1000 The 1000 dignity kits were purchased and distributed to the most vulnerable women.	Final Evaluation of the CERF project

Explanation of output and indicators variance:

N/A

Activities	Description	Implemented by
Activity 2.1	Integrated and comprehensive sexual and reproductive health services for displaced women of reproductive age (19-49 years) in Grand Anse and South departments	MoH/ Health institutions
Activity 2.2	Integrated and comprehensive sexual and reproductive health services for women of reproductive age (15-49 years) in communes severely affected by Hurricane Matthew in Grand Anse and South	MoH/Health institutions
Activity 2.3	Integrated and comprehensive sexual and reproductive health services for displaced women of reproductive age (15-49 years) in Delmas	MoH/Health institutions
Activity 2.4	Reinforce sexual and gender-based violence services at selected SONU in project areas	MoH/MoWA/UNFPA

Output 3	Monitor the quality and effectiveness of project implementation			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	A Monitoring and evaluation plan is elaborated with implementing partners and the affected population	Yes	Yes	Final Evaluation of the CERF project
Indicator 3.2	Mid-term progress report based on a monitoring missions by UNFPA team and implementing partners	2	2	Final Evaluation of the CERF project
Indicator 3.3	Final evaluation completed and report is available	Yes	Yes	Report of Final Evaluation available.
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Monitoring and evaluation plan	UNFPA		
Activity 3.2	Mid-term progress reports	UNFPA		
Activity 3.3	Final evaluation	UNFPA		

6. Accountability to Affected People

A) Project design and planning phase:

Just after Matthew, UNFPA intervened with the Ministry of Health and other partners to make a rapid assessment leading to a project proposal. Populations, including women's groups, were consulted. At the same time, UNFPA provided reproductive health kits including commodities and safe delivery equipment, commodities needed for the management of rape; and facilitated access to sexual and reproductive health services through mobile clinics run by midwives. This is in this context that the project was planned in concert with the Haitian government, taking into account real needs of the targeted population.

B) Project implementation phase:

CERF Project was the continuation of the activities of the post-Matthew urgent phase. This project is implemented mainly by the Ministry of Public Health and the Ministry of Women's Affairs. Indeed, it aims to "strengthen the capacity of some health facilities to provide women of childbearing age (aged 15 to 49) affected by Hurricane Matthew integrated comprehensive, quality, life-saving health services". The health departmental directorates of the South and Grand'Anse, as well as health institutions were strengthened to execute the project with the technical and financial support of UNFPA.

C) Project monitoring and evaluation:

Monitoring was done jointly by the MoH and UNFPA. The final evaluation was an independent one.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	N/A	N/A	N/A	N/A

Supplementary information (optional):

N/A

8. Evaluation: Has this project been evaluated or is an evaluation pending?

As conclusion of the final evaluation, this project has shown that in a disaster situation the need for sexual and reproductive health services is a priority. Pregnant women will inevitably give birth and newborns with difficulties will need urgent care. The same is true for HIV patients who must continue to receive their treatment and contraceptive users who must continue to obtain their supplies.

The CERF project was designed following this perspective after the passage of Hurricane Matthew in Haiti. The objective and the expected results of the implementation of this project correspond to the situation of the targeted communities. Although short-lived, according to the characteristics of urgent projects, it has prevented a worsening of the chronically precarious health of the population of the places affected by hurricane Matthew. As a new project of development funded by Canada is come, the CERF constitutes a good transition for the implementation of longer project to address the many challenges in accessing sexual and reproductive health services in Haiti.

EVALUATION CARRIED OUT

EVALUATION PENDING

As recommended, this project was implemented in the context of the damage caused by Hurricane Matthew. Some isolated areas of the country are permanently aware of the lack of access to quality sexual and reproductive health services. This simple and effective intervention could be replicated in these places.

It would be interesting to pay particular attention to the quality of the services by insisting on the application of the national standards for the management of the SONU or the standards of the quality of the maternal and neonatal care of the World Health Organization.

NO EVALUATION PLANNED

8.4. Project Report 18-UF-CEF-028 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Haiti
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-UF-CEF-028
5. Project Title:	Preventing cholera in areas prone to regular outbreaks and quickly circumscribing flash outbreaks		
6.a Original Start Date:	28/03/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 11,710,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,291,282
	c. Amount received from CERF:		US\$ 1,300,018
	d. Total CERF funds forwarded to implementing partners		US\$ 1,018,759
	of which to:		
	Government Partners		US\$ 27,008
	International NGOs		US\$ 966,670
	National NGOs		US\$ 25,081
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant and other funding partners, UNICEF and its partners made considerable progress in the fight against cholera. 2018 marked the lowest transmission of the disease since the beginning of the epidemics in 2010, with an annual incidence rate of 0,3‰ (0.03%) nationally. However, more needs to be done in Centre (1,32‰ (0.132) and Artibonite (0,59‰ (0.059) departments. According to the Ministry of Health (MoH), a total of 3,794 suspected cases have been declared nationally in 2018 (a drop of 72% compared to 2017), 32% of which were located in Artibonite and 28% in Centre departments. The total number of cholera deaths in 2018 has been 43 (a drop of 73%).

UNICEF and its partners led the alert-response strategy in support to the Ministry of Health (MoH) and the *Direction Nationale de l'Eau Potable et de l'Assainissement* (DINEPA). 11,766 community interventions, of which 6,292 of rapid response, were carried out, that is a 86% response rate to suspected cases, of which 90% in less than 48h. 1,324,025 persons have been reached by sensitization and awareness raising activities nationally and 106,927 household received chlorination products to protect their drinking water.

28 out of 55 response teams deployed nationally, have been based in Artibonite and Centre departments, while additional teams have been deployed in those departments during outbreaks. During the 9 months period covered by the CERF grant, 170,000 households were reached with HW products distribution, 35,432 houses have been disinfected, 369 chlorination points have been set up and about 488,317 persons have been reached by sensitization activities, either during rapid responses or during prevention activities in the areas most at risk in these two departments.

3. Changes and Amendments

Due to a temporary lack of funding and to delays in payments by other donors in the 2nd and 3rd quarter of 2018, CERF funds have been instrumental to maintain cholera response activities at the national level. While CERF funds were prioritized for activities planned in the proposal, some of the funds were also used to implement activities of the same nature in Ouest Department (by NGO Solidarité

Internationale (SI) - that also worked in Bas Artibonite during the outbreak in July) and to strengthen coordination by the MoH at the national level.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	77,412	71,600	149,012	71,525	66,023	137,548	148,937	137,623	286,560
Reached	71,655	66,275	137,930	66,206	61,113	127,319	137,861	127,388	265,249

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	286,560	265,249
Total (same as in 4a)	286,560	265,249

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

This difference can be explained by the dynamics of the epidemic, which experienced a remarkable decline over this period of implementation, until reaching the lowest level of incidence recorded since 2010. This indicator is related to the response and measures the actual number of suspected cases of cholera.

5. CERF Result Framework

Project Objective	Preventing cholera in areas prone to regular outbreaks and quickly circumscribing flash outbreaks
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Output 1	Coordination and surveillance are strengthened			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# Departments where coordination of the alert-response is strengthened	2	3	Staff deployed by UNICEF
Indicator 1.2	# of meeting held at departmental level	36 (2/month/department)	Centre: 18 Artibonite: 36 Total: 54	NGO reports/ meeting notes
Indicator 1.3	# and % of CTDA whose data are collected on a daily basis	100% (Artibonite: 18 – Centre: 11)	100%	NGO reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Provision of technical advice to the Health Department Directorates of Centre and Artibonite for the planification and monitoring of response	ACTED ACF2		

Activity 1.2	Organisation of bi-monthly coordination meeting with all governmental and non-governmental actors of cholera response	ACTED ACF
Activity 1.3	Support to departmental health directorate for the daily collection of new suspected cases data	ACTED ACF

Output 2	Rapid response to suspected cases of cholera in communities is sustained.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of suspected cases adequately responded in less than 48h	95%	Artibonite:87% Centre: 83%	Online response database
Indicator 2.2	% of suspected cases adequately responded in less than 24h	75%	Artibonite:86% Centre: 76%	Online response database
Indicator 2.3	# NGO teams supporting MSPP rapid response and CEHA teams	Artibonite: 17 Centre: 11	Artibonite: 20 Centre: 8	NGO reports
Indicator 2.4	# of people sensitized during cholera responses intervention	280,000	Artibonite: 112,975 Centre: 124,818	Online response database
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Purchasing of WASH items (soaps, buckets, drums)	UNICEF		
Activity 2.2	Implementation of "cordon sanitaire" for an average of 11 houses around each suspected case	ACTED/ACF		
Activity 2.3	Implementation of immediate hygiene awareness and community engagement activities (sensitization on markets and other public gathering area in outbreaks area)	ACTED/ACF		

6. Accountability to Affected People

A) Project design and planning phase:

The activities carried out with this project (especially cholera rapid response and prevention) are the continuation of actions that have been implemented since 2016, to date. Throughout this period, local authorities, leaders and the affected populations have been continuously involved by the NGOs response teams to get feedbacks and suggestion for the improvement of the activities and the modalities of implementation. These inputs have been used during the planning phase, in close collaboration with NGOs partners.

B) Project implementation phase:

In 2018, special attention has been given to 'post intervention monitoring' (PIM) of the activities. One to two weeks after the response interventions, NGOs response teams have regularly come back in the communities to collect information on the actual implementation of hygiene recommendation, but also to get detailed feedbacks on the intervention (a feedback section has been added to the questionnaire, allowing them to ask additional questions). These data are used daily by the response teams to adapt and fine tune their interventions.

C) Project monitoring and evaluation:

Data and information collected during PIM have been analysed by each NGO and presented in a joint workshop in December 2018.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	N/A	N/A	N/A	N/A
Supplementary information (optional): N/A				

8. Evaluation: Has this project been evaluated or is an evaluation pending?

N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.5. Project Report 18-UF-CEF-029 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Haiti
3. Cluster/Sector:	Nutrition	4. Project Code (CERF):	18-UF-CEF-029
5. Project Title:	Treatment of acute malnutrition in vulnerable communities impacted by natural disasters		
6.a Original Start Date:	29/03/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 699,977
	c. Amount received from CERF:		US\$ 699,977
	d. Total CERF funds forwarded to implementing partners		US\$ 342,776
	of which to:		
	Government Partners		US\$ 34,200
	International NGOs		US\$ 0
	National NGOs		US\$ 308,576
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF and its partners (Ministry of Health (MSPP) and NGO FONDEFH) provided an integrated curative and preventive nutrition package in the 12 districts of Grand'Anse department during 9 months from April to December 2018. A total of 3,255 malnourished children were admitted for treatment (65% of the project target). Of these, 1,254 (39%) suffered from severe acute malnutrition and 2,001 (61%) from moderate acute malnutrition. Skills for identification/referral and management of malnutrition was respectively built in 35 service providers and 206 community agents. Programme performance was satisfactory in line with the recommended Sphere Standards of recovery rates above 75%, death rates below 10% and defaulter rates below 15%. Recovery rate was 85%, death rate was below 0.3% and defaulting rate was slightly below 14%. Furthermore, a total of 7,778 children 6-23 months received multiple micronutrient powders for fortification of their food at home (111% of the project target) while 21,190 mothers or caregivers received counselling in recommended infant and young child feeding practices. Finally, the departmental capacity for program management and monitoring was strengthened with monthly coordination meetings and service provider reviews, as well as regular field supervision at institutional and community level.

3. Changes and Amendments

N/A

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	6,240	0	6,240	5,760	0	5,760	12,000	0	12,000
Reached	5,738	0	5,738	5,295	0	5,295	11,033	0	11,033
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)			Number of people (Reached)					
Refugees	0			0			0		
IDPs	0			0			0		
Host population	0			0			0		
Affected people (none of the above)	12,000			12,000			11,033		
Total (same as in 4a)	12,000			12,000			11,033		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:				The project exhibits a 92% achievement rate in terms of number of people reached. There was a decreased admission rate for acute malnutrition compared to the same period in the previous year indicating that the nutritional situation had slightly improved in 2018 compared to 2017.					

5. CERF Result Framework	
Project Objective	Reduce malnutrition related morbidity and mortality in children under five living in the department of Grand'Anse

Output 1	5,000 children under five suffering from acute malnutrition are treated in adherence to the national protocol			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# children 6-59 months admitted for treatment of acute malnutrition	5,000 (2,400 boys, 2,600 girls)	3,255 (1,693 girls, 1,562 boys)	CMAM database
Indicator 1.2	Recovery rate in line with Sphere standards	> 75%	85%	CMAM database
Indicator 1.3	Death rate in line with Sphere standards	< 10%	0.3%	CMAM database
Indicator 1.4	Defaulting rate in line with Sphere standards	< 15%	14%	CMAM database
Explanation of output and indicators variance:		Treatment of acute malnutrition was provided in 46 outpatient sites (36 health facilities and 10 community sites) for MAM and SAM cases without medical complications using ready-to-use therapeutic food (RUTF) and 2 inpatient sites for SAM with medical complications using therapeutic milk. RUTF was procured locally with this CERF UFE grant at MFK (Meds and Foods for Kids) production plant located in Cap Haitian while therapeutic milk and medicines were bought offshore with UNICEF own funds.		
Activities	Description	Implemented by		

Activity 1.1	Procurement of therapeutic nutrition commodities and drugs for specific and systematic treatment	UNICEF
Activity 1.2	Active and passive case findings at community and facility level	MSPP, FONDEFH
Activity 1.3	Outpatient care of MAM and SAM cases without complications	MSPP, FONDEFH
Activity 1.4	Inpatient care of SAM cases with complications	MSPP, FONDEFH

Output 2	7,000 children under two receive an integrated package of preventive interventions			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of children 6-23 months receiving micronutrient powders	7,000 (3,360 boys, 3,640 girls)	7,778 (4,045 girls, 3,733 boys)	MNP database
Explanation of output and indicators variance:		Delivery of micronutrients powders (MNP) was done at facility and community level along with counselling of caretakers and cooking demonstrations showing how to use MNP and locally available and nutritious ingredients for children 6-23 months. Micronutrient powders were procured offshore with UNICEF own funds and IYCF counselling material such as job aids, pamphlets, already available in creole were reproduced and distributed to counsellors and families.		
Activities	Description			Implemented by
Activity 2.1	Procurement of multiple micro-nutrients powders and IYCF counselling materials			UNICEF
Activity 2.2	Counselling of caretakers on optimal breastfeeding and complementary feeding practices			MSPP, FONDEFH
Activity 2.3	Distribution of micronutrient powders and demonstration on how to use them			MSPP, FONDEFH

Output 3	Departmental capacity for program coordination, management and monitoring is strengthened			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of monthly coordination meetings	9	9	Meeting minutes
Indicator 3.2	Number of joint monitoring visits	3	5	Monitoring reports
Explanation of output and indicators variance:		Monthly coordination meetings were held by MSPP departmental office every third Wednesday of the month as well as monthly meetings with health care providers every last Friday of the month. Joint UNICEF-MSPP supervisions were undertaken to assess project progress and achievements while regular direct support was provided to the departmental nutrition focal point by UNICEF nutrition officer based in Les Cayes sub-office.		
Activities	Description			Implemented by
Activity 3.1	Coordination of the nutrition sector at departmental level			MSPP
Activity 3.2	Collection and consolidation of project data, and analysis of statistics			MSPP, FONDEFH
Activity 3.3	Monitoring of project implementation progress through joint UNICEF-IP visits			MSPP, FONDEFH

6. Accountability to Affected People

A) Project design and planning phase:

Not applicable. This project was a continuation of an existing project that had been designed after Matthew hurricane. It had already undergone a series of adjustments over time to address bottlenecks faced during the initial implementation phases, such as decentralization of services where community involvement was high.

B) Project implementation phase:

There was substantial participation of communities and beneficiaries during project implementation either directly or indirectly. Community leaders and members were made fully aware of project objectives, activities and targets through public information sessions that were held during the previous phases of the project. Furthermore, community members such as health agents, volunteers, and mothers were actively involved in delivery of project activities.

C) Project monitoring and evaluation:

Project monitoring involved interviews with random samples of beneficiaries at facility and community level. This offered opportunities to receiving direct feedback from project recipients on their level of awareness and satisfaction for the CERF UFE-funded project

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	N/A	N/A	N/A	N/A

Supplementary information (optional):

N/A

8. Evaluation: Has this project been evaluated or is an evaluation pending?

N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.6. Project Report 18-UF-CEF-030 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Haiti
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	18-UF-CEF-030
5. Project Title:	Preventing cholera in areas prone to regular outbreaks and quickly circumscribing flash outbreaks		
6.a Original Start Date:	19/03/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 500,000
	c. Amount received from CERF:		US\$ 250,000
	d. Total CERF funds forwarded to implementing partners		US\$ 224,840
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 224,840
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

With CERF UFE grant, UNICEF and its partners provided chlorinated water in 8 water networks for 42,949 people in Saint Michel de L'Attalaye, and household water treatment to 6697 households in Saint Michel de L'Attalaye, as well as access to safe sanitation on markets places in Gonaives.

Networks were chlorinated daily through manual emergency chlorination carried out by local water committees. The committees were provided with chlorine and incentive to ensure continuous chlorination for the time of the cholera outbreak, from March to May 2018, in 8 water networks.

In parallel, 6,697 households with no access to collective water networks received locally made liquid chlorine coupled with awareness sessions on water treatment. Four water points were rehabilitated in Saint Michel to serve 2400 people. The project sustainability was ensured through the distribution of 11,031 vouchers (6697 households received 1 voucher and 4354 households received 2 vouchers) to purchase liquid chlorine. One voucher is worth a bottle of chlorine at pre-identified local chlorine sellers.

In Gonaives, 4 sanitary blocs were constructed (2) and rehabilitated (2) to ensure access to adequate sanitation for 1075 sellers and visitors. Sanitation Committees were set up and trained on proper maintenance and financial management to ensure sufficient funds were collected to cover the blocs running costs.

UNICEF partners conducted 66 hygiene promotion sessions around water points to sensitize 13,000 people to promote drinking water treatment where chlorine vouchers were distributed and proper hygiene practices on marketplaces. No hygiene promotion was conducted in schools, but a higher number of beneficiaries were sensitized overall.

3. Changes and Amendments

N/A

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,052	3,748	7,800	3,744	3,456	7,200	7,796	7,204	15,000
Reached	13,411	12,405	25,816	12,392	11,438	23,830	25,803	23,843	49,646
4.b Number of people directly assisted with CERf funding by category									
Category	Number of people (Planned)			Number of people (Reached)					
Refugees	0			0			0		
IDPs	0			0			0		
Host population	0			0			0		
Affected people (none of the above)	15,000			15,000			49,646		
Total (same as in 4a)	15,000			15,000			49,646		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:				Significant discrepancies in the number of beneficiaries are due to the fact that the chlorination activities were concentrated in one location, Saint Michel de L 'Attalaye where a massive cholera outbreak was taking place. The water and sanitation technician, with the support of ACF (UNICEF partner) managed to reach all water network users.					

5. CERF Result Framework	
Project Objective	Communities living in areas of persistence of cholera or waterborne disease benefit from minimum safe water supply and sanitation and apply proper hygiene practices.

Output 1	Population in cholera prone areas is using chlorinated drinking water			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people having access to chlorinated water networks	10000 people	42,949 people	DINEPA activity report (funded by ACF)
Indicator 1.2	Number of people having access to a protected water point	5000 people	2400 people	ACF final report
Indicator 1.3	Number of people who received chlorine vouchers	5000 people	6697 people	ACF final report
Explanation of output and indicators variance:		<p>1.1. UNICEF and its partners managed to reach more people through the project. The chlorination of water networks reached more people than expected thanks to the efforts of the TEPAC of Saint Michel, supported by ACF, who managed to chlorinate 8 water networks manually during the outbreak from March to May 2018, reaching 42,949 users. At first, only 2 water networks were targeted but the team managed to cover 8, as the epidemic was spreading quickly.</p> <p>1.2. However, the four-water points rehabilitation only benefited to 2400 people. The number of users per water point was overestimated.</p>		
Activities	Description			Implemented by

Activity 1.1	Supporting DINEPA to chlorinate water networks	DINEPA/ACF
Activity 1.2	Construction/Protection of water points	ACF
Activity 1.3	Promotion of local household water treatment and storage products and distribution of vouchers Support to the market supply chain of chlorine liquid products	ACF
Activity 1.4	Purchase of liquid chlorine products and vouchers	ACF
Activity 1.5	Distribution of liquid chlorine products and vouchers	ACF

Output 2	Sanitation is improved at household and community level			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people benefiting from emptied latrines	1000 people	1075 people	N/A
Indicator 2.2	Number of sanitary blocs constructed / rehabilitated	3	4	ACF final report
Indicator 2.3	Number of sanitary blocs properly managed	3	4	ACF final report
Explanation of output and indicators variance:		2.2 Two Latrine blocs were constructed, and the remaining budgets allowed for two rehabilitations, hence bringing up the results to four sanitary blocs.		
Activities	Description			Implemented by
Activity 2.1	Emergency emptying of latrines in public or private places as a last resort measure			ACF
Activity 2.2	Construction/ rehabilitation of sanitary blocs			ACF
Activity 2.3	Support to the municipality for sanitary bloc management			ACF

Output 3	People are aware of key hygiene messages			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people sensitised to key hygiene practices to fight cholera	10000	13,000	ACF final report
Indicator 3.2	Number of boys and girls sensitised in schools on key handwashing moments	200	0	N/A
Indicator 3.3	Number of mass media events undertaken	5	66	ACF final report
Explanation of output and indicators variance:		3.2. No schools were finally targeted by the project, as the focus was on water points users and the use of the chlorine for water treatment. 3.3. UNICEF partner (ACF), conducted small hygiene promotion session around water points instead of mass media events. They gathered water points users and sensitized them on the importance of water treatment		
Activities	Description			Implemented by
Activity 3.1	Hygiene promotion at household level for men, women and children			ACF
Activity 3.2	Hygiene promotion in schools for boys and girls			ACF
Activity 3.3	Hygiene promotion in markets and festivities			ACF

6. Accountability to Affected People

A) Project design and planning phase:

In the project design phase, UNICEF and its partner consulted targeted communities to determine beneficiaries lists of cash-based intervention (vouchers for liquid chlorine) and to decide on the type of liquid chlorine product available in the area. A market survey was also conducted in local markets, pharmacies and health centers to assess the type of chlorine product readily available. Beneficiaries were then consulted to determine which water points and committee has the direst need of project support.

B) Project implementation phase:

During the implementation phase, UNICEF and its partners kept on consulting and informing beneficiaries to solve implementation issues along the way. No major issues were to be reported.

C) Project monitoring and evaluation:

After the voucher distribution, UNICEF and ACF monitored the vouchers usage through vouchers, focal points and IMF. The final monitoring report is yet to be consolidated.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Vouchers to provide Aquajif (liquid chlorine) to people having no access to chlorinated water supply	US\$ 6,552.14	Sector-specific	Unconditional	Restricted

Supplementary information (optional):

Liquid chlorine vouchers were distributed to beneficiaries using unsafe water points. UNICEF partner, ACF, contracted Micro-Finance Institutes and liquid product resellers. MoU were signed between all parties to set up the voucher system. ACF distributed 1 to 2 vouchers per household. Each household can purchase a bottle of liquid chlorine at the predetermined seller against 1 voucher. Every month the reseller brought all vouchers to the IMF and got paid the total voucher value.

8. Evaluation: Has this project been evaluated or is an evaluation pending?

N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.7. Project Report 18-UF-WFP-018 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Haiti
3. Cluster/Sector:	Food Security - Food Aid	4. Project Code (CERF):	18-UF-WFP-018
5. Project Title:	Provision of nutrition-sensitive, targeted food assistance to families with moderate or severe acute malnourished children 6-23 months in Grande Anse department		
6.a Original Start Date:	29/03/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/03/2019
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 7,134,606
	b. Total funding received for agency's sector response to current emergency:		US\$ 881,849
	c. Amount received from CERF:		US\$ 749,901
	d. Total CERF funds forwarded to implementing partners		US\$ 66,897
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 66,897
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WFP and its partner provided a nutrition-sensitive unconditional cash support to 1,660 vulnerable households with children under five being treated for acute malnutrition; trained 13 CP's staff members in nutrition and social and behaviour change communication (SBCC); provided sensitization sessions on nutrition to 2,424 people in 13 communes in Grande Anse department.

The project assisted a total of 8,300 people and allowed households of acute malnourished children being treated for acute malnutrition in UNICEF-supported health centers to improve their food security while reducing their reliance on negative coping strategies. This was achieved during a period of significant deterioration of the socio-economic situation (currency devaluation, inflation), as the last Integrated Food Security Phase Classification (IPC) results showed (October-December 2018).

3. Changes and Amendments

The project's implementation was overall in line with the initial plans, however a few adjustments (already communicated and approved by CERF) were made to adapt the intervention to the ground realities, namely a revision of the targeting criteria and a no-cost extension.

- The project's beneficiary caseload of 8,660 beneficiaries was estimated based on the GAM rates from the last SMART survey (2017); however, the number of children being treated for MAM and SAM in UNICEF-supported centers at the beginning of this project was in fact much lower than SMART figures. Therefore, the number of beneficiaries was lower than expected, and WFP proceeded to a revision of the targeting criteria after the first round of beneficiary registrations, in order to include children 24-59 months with MAM/SAM as well. While this incidentally allowed a better alignment with UNICEF's intervention, it also considerably increased the time allocated to targeting phase as all health centers had to be visited again to obtain the lists of children 24-59 months.

- In order to avoid overlaps with other existing or planned interventions related to malnutrition in Grande Anse, it took longer than expected to refine geographical targeting and roll out the activities. Moreover, the finalization of beneficiary targeting delayed due to issues related to sharing, gathering and consolidating the information given by different organizations working on MAM/SAM treatment in Grande Anse. In order to solve the issue, several formal and informal communications were exchanged with such organizations and the Departmental Health Directorate was involved as well, but despite all these efforts our Cooperating Partner was still unable to get part of the lists of children with MAM/SAM, in particular those treated through mobile clinics.
- Due to the geographical layout of Grande Anse department, targeting of beneficiaries in remote locations and their mobilization to participate in the project activities proved to be more time-consuming and challenging than expected.
- Moreover, taking into account the vulnerability of targeted population and their preference in terms of cash transfer mechanism, for this intervention WFP decided to mobilize a financial service provider (cash in envelope), with whom it had never worked before in this department. Due to the high number of distribution sites, it took longer than expected to organize the cycle of cash distributions. The deteriorating security context also negatively affected the project's timetable, disrupting some of the activities on the ground.

Due to these factors which delayed the project implementation, WFP requested a no-cost extension from 31st of December 2018 to 29th of March 2019. CERF approved this no-cost extension. This allowed WFP to carry out the last cash distributions between January and early March 2019.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	2,253	2,112	4,365	2,216	2,079	4,295	4,469	4,191	8,660
Reached	2,159	2,024	4,183	2,124	1,993	4,117	4,283	4,017	8,300

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	8,660	8,300
Total (same as in 4a)	8,660	8,300

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

N/A

5. CERF Result Framework

Project Objective	Improve access to nutritious food for nutritionally vulnerable households in areas with a high prevalence of food insecurity through cash-transfers combined with behavioural change communication
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Output 1	Nutritionally vulnerable households in areas with a high prevalence of chronic food insecurity have access to nutritious food during the lean season			
Indicators	Description	Target	Achieved	Source of verification

Indicator 1.1	Total amount of cash transferred to targeted beneficiaries	467,694 USD	460,144 USD	Report and document of distribution, list of beneficiaries
Indicator 1.2	Number of women, men, boys and girls receiving food/cash-based transfers/commodity vouchers	8,660	8,300	Distribution reports and Cooperating Partner report
Indicator 1.3	Food Consumption Score	Decrease of poor FCS by 80% compared to baseline.	Decrease by 58% compared to baseline	Monitoring reports

Explanation of output and indicators variance: The target for indicator 1.3 could not be achieved mainly due to the increase in the cost of living and the deterioration of food security across the country. In particular, the food basket price saw an increase of 10% from January to December 2018, with the most significant increase registered in the third trimester of the year. Moreover, as the results of the latest Integrated Food Security Phase Classification (IPC) analysis (October-December 2018) showed, Grande Anse department has been particularly affected and at the time of the endline data collection it had some of the areas with the highest percentage of the population in crisis or emergency phase (40%). It should also be noted that the baseline was conducted in August-September, after the spring agricultural season, the period of peak income for rural households, while the data for the endline was collected in January-February when the economic situation is more difficult with a probable negative impact on the access to food. Finally, it should be considered that the selected CBT modality (unconditional and unrestricted cash) allowed beneficiaries to meet other basic needs such as health and water and sanitation that also contribute to food security and nutrition, while not directly influencing the FCS.

Activities	Description	Implemented by
Activity 1.1	Baseline (Food Consumption Score)	WFP
Activity 1.2	Signature of field level agreements with cooperating partner	WFP and AVSI
Activity 1.3	Targeting of beneficiaries and community awareness	AVSI
Activity 1.4	Cash distributions	AVSI and Le Levier
Activity 1.5	Monitoring of market prices	WFP and CNSA
Activity 1.6	Monitoring of project and distributions	WFP
Activity 1.7	Evaluation of projects - final report	WFP

Output 2	Nutritionally vulnerable populations benefit behavioral change communications to encourage consumption of age appropriate, nutritiously diversified foods and meet their nutrition needs			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of targeted caregivers (male and female) receiving three key messages delivered through WFP-supported messaging and counselling	1,732	1,660	Partners Monitoring Report
Indicator 2.2	Number of people exposed to WFP-supported nutrition messaging	2,165	2,424	Partners Monitoring Report
Explanation of output and indicators variance:		For indicator 2.1 the target of 1,732 caregivers could not be reached as the number of households enrolled in the programme was slightly lower than expected.		
Activities	Description	Implemented by		

Activity 2.1	Development of context-specific and gender-sensitive behavioural change communication material	WFP
Activity 2.2	Training of cooperating partners for the implementation of behavioural change communication activities at community level	WFP
Activity 2.3	Behavioural change communication activities targeting nutritionally vulnerable populations	WFP and AVSI

6. Accountability to Affected People

A) Project design and planning phase:

Focus groups were organized before the project's roll-out in the targeted communities to identify the best communication channels to pass messages such as targeting criteria and entitlements and select the most appropriate CBT mechanism (cash in envelope). Key groups within the targeted communities (such as mothers, fathers, religious leaders, grandparents and elders) were also heard as part of the Rapid Communication Assessment which was conducted to identify beliefs and attitudes related to nutrition and infant and young child care practices and develop a tailored Social and Behaviour Change Communication strategy.

B) Project implementation phase:

During the project implementation, a team of community mobilizers was engaged to visit beneficiaries door-to-door and inform them on upcoming activities. This strategy proved to be very effective as shown by the very high participation rates during cash distributions and nutrition sensitization sessions.

Moreover, on-site distributions were preferred to cash at the counter as the selected Financial Service Provider only had branches in 3 communes out of 13. The distribution sites' selection was made taking into account accessibility and beneficiaries' proximity; when in a few areas on-site distributions were not possible for security reasons, WFP and its Cooperating Partner either ensured transportation of the beneficiaries to the closest distribution site or covered their transportation fees. The distribution calendar was developed taking into consideration market days and other events that might prevent beneficiaries' participation.

Feedback was collected through focus group discussions during cash distributions and nutrition sensitization sessions. Finally, the general WFP hotline was made available for all beneficiaries (the hotline number was printed on the beneficiary cards and visible on banners at the distribution sites).

C) Project monitoring and evaluation:

The project was accompanied by a baseline and endline study which allows WFP to better understand the outcomes of the project. Both studies included questions on targeting, rations and visibility to ensure beneficiaries were well informed.

Registration and cash distributions were systematically monitored by both M&E and Programme staff so that corrections could take place on site and a daily report as well as a standard site monitoring survey were applied. Results of these surveys and reports were discussed with the Programme team, to highlight potential issues and allow for corrective action.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Multipurpose Cash Transfer	US\$ 460,144	Multi-purpose cash	Unconditional	Unrestricted

Supplementary information (optional):

Multi-purpose cash was selected to give beneficiaries the opportunity to address food as well as other basic needs which also contribute to food security and nutrition, such as health and water and sanitation.

The Cooperating Partner was responsible for identifying suitable sites based on the safe distribution site guidelines developed by WFP, propose the distribution calendar, mobilize beneficiaries, manage the site (including security aspects) and ensure that only project beneficiaries could access the area with the FSP cashiers. The Financial Service Provider was in charge of handling the cash to beneficiaries. All beneficiaries were registered before the first distribution cycle and provided with a beneficiary card (SCOPE card) with their picture on it. A reconciliation was conducted at the end of each day of cash distribution by the CP, FSP and WFP staff.

8. Evaluation: Has this project been evaluated or is an evaluation pending?

Given the limited duration of the project and no currently ongoing general evaluations, the project was evaluated via a baseline and endline study to collect all relevant indicators but not evaluation as such took place.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.8. Project Report 18-UF-WHO-011 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Haiti
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-UF-WHO-011
5. Project Title:	Improving the Detection, Case Management and Response to Cholera and Diphtheria Cases in Haiti		
6.a Original Start Date:	05/04/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/03/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,723,155
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,088,141
	c. Amount received from CERF:		US\$ 1,723,155
	d. Total CERF funds forwarded to implementing partners		US\$ 508.040
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 508.040

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, PAHO/WHO and its implementing partner (CRF) were able to support the Haitian Ministry of Public Health and Population (MSPP) to control the cholera and diphtheria epidemics through the implementation of activities between April 2018 and March 2019. This included the strengthening of epidemiological surveillance (field investigations, training, evaluation of epidemiological tools, data collection and analysis), laboratory capacity (purchase and distribution lab reagents, transport of lab samples, training), medical case management (purchase and distribution of medical supplies, supervision, training) and vaccination. Due to this grant:</p> <ul style="list-style-type: none"> – 25 acute diarrhoea treatment centres (CTDAs) received medical and WaSH supplies – 463 health care workers in CTDAs were trained to appropriately treat cholera patients and save lives – 26 CTDAs were renovated to ensure compliance to infection prevention and control (IPC) standards to prevent spread of infections within the CTDA – 288 missions to reinforce human resources in CTDAs were carried out, when capacity was exceeded during localized outbreaks – Antibiotics to treat up to 1,851 diphtheria patients and 44,316 cholera patients were purchased and distributed – 2,280,000 aquatabs to purify contaminated water were purchased and distributed – 42 and 88 field investigations of cholera and diphtheria outbreaks respectively were supported by PAHO/WHO – 2,528 samples of suspected cholera cases were transported by “labo-moto” nurses from CTDAs to laboratories or drop-off locations – 5 national and subnational labs were trained for cholera and other pathogens diagnosis: culture and antimicrobial resistance (AMR) tests – 12 autoclaves were purchased for health institutions to improve the sterilization process and IPC measures. – 1,755,766 children aged 1-14 years were vaccinated (one dose) against diphtheria in a mass reactive vaccination campaign in Artibonite, Centre, and Ouest departments.

- 59,537 people were vaccinated against cholera in a reactive vaccination campaign in two sections of the commune of Saint Michel de l'Attalaye in the Artibonite department.

Due to the contribution of these activities, 2018 marked the lowest number of suspected cholera cases and deaths since the start of the epidemic in 2010. Regarding diphtheria, an average of 34 probable cases were reported monthly from April to October 2018, followed by a decrease to a monthly average of 13 cases between November 2018 and February 2019. Although these results are encouraging, activities need continued support to ensure that cases and deaths from cholera and diphtheria continue to decrease.

3. Changes and Amendments

Originally, it was expected that the 3.6 million doses of the oral cholera vaccine (OCV) requested by the Ministry of Health of Haiti (MSPP) would be approved and delivered by the Global Task Force for Cholera Control (GTFCC) and that the MSPP would be able to vaccinate 1.8 million people in 13 communes of high cholera persistence in Artibonite, Centre, and Ouest during 2018. Unfortunately, the GTFCC requested additional information and further strategic planning in order to approve the request. The request was approved in January 2019. Members of the GTFCC have come on mission to Haiti to meet with the MSPP and PAHO/WHO to strengthen the justification of the request and a meeting is planned in March-April 2019 to convene all involved actors to further discuss and plan for cholera vaccination. The plan has been revised to vaccinate the 13 communes in 2019, and therefore the planned cholera vaccination in 2018 mentioned in the original project proposal did not occur. However, two sections of the commune of Saint Michel de l'Attalaye in the Artibonite department had OCV vaccination campaigns using remaining vaccines acquired in previous years. PAHO/WHO plans to return \$53,806.36 funds due to the non-implementation of the planned OCV vaccination campaigns in 2018.

LOA's with the MSPP were not achieved due to administrative constraints of the Ministry of Health, however, the activities were completed and implemented by PAHO/WHO in collaboration with MSPP.

A Letter of Agreement was signed with the French Red Cross (CRF) for \$140,299 USD. However, changes where necessary as the epidemiological situation (large Outbreaks in secluded areas of difficult access, i.e. Cornillon and Central Plateau) required further support from qualified partners. Therefore, due to their capacities, the CRF was asked to take on more activities than originally previewed and an amendment was made to allocate additional funds to the CRF. However, these activities were not additional activities but activities already written in the original project such as the development of a cholera and diphtheria information management system, small rehabilitation works for CTDA and health institutions (diphtheria), refresher training on cholera case management and IPC norms (diphtheria and cholera), evaluations to health institutions to assure correct case management (cholera and diphtheria), and refresher training on epidemiological surveillance. Some of the costs for vehicle rental services and per diem were also transferred to the CRF in order to achieve said activities. Due to these changes, the main objectives of the project "reducing incidence and mortality related to cholera and diphtheria outbreaks" were highly achieved.

In November 2018, a no-cost extension request was sent to CERF to extend the project. The no-cost extension was approved until 31/03/2019.

4. People Reached

An estimated 1,818,262 people were reached thanks to the activities implemented by the MSPP with the support PAHO/WHO. This number represents the number of people vaccinated during the mass reactive vaccination campaigns for cholera and diphtheria, in addition to the reported number of cholera and diphtheria cases in the departments of Artibonite, Centre, and Ouest during the project period. These activities were partially covered by CERF funds.

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	251,345	341,848	593,193	240,971	328,292	569,263	492,316	670,140	1,162,456
Reached	898,793	18,157	916,950	883,465	17,847	901,312	1,782,258	36,004	1,818,262

4.b Number of people directly assisted with CERF funding by category		
Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	1,162,456	1,818,262
Total (same as in 4a)	1,162,456	1,818,262
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	By the time of the planning of the reactive vaccination campaign against diphtheria (April 2018), the MSPP decided to increase the number of targeted communes to vaccinate based on the expansion of the diphtheria outbreak in progress. The extra vaccination costs were covered by PAHO/WHO funds.	

5. CERF Result Framework	
Project Objective	Reducing morbidity and mortality of diphtheria and cholera cases in Haiti through improved epidemiological and laboratory capacity, enhanced case management, and reactive vaccination of contacts and health workers in the departments of Artibonite, Centre and Ouest within a nine-month timeframe.

Output 1	The case fatality rate of probable cases of diphtheria, through immediate administration (<48hrs) of diphtheria antitoxin (DAT) serum and antibiotics is reduced.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Case fatality rate for diphtheria positive cases	< 10% (<10 positive deaths)	10.5% (8 positive deaths)	DELR
Indicator 1.2	Percentage of probable cases who did not received Diptheria antitoxin (DAT) serum	<30% (<75 cases)	59% (88 cases)	MSPP, PAHO/WHO
Explanation of output and indicators variance:		Indicator 1.2: There are a few reasons why some probable cases were not treated with DAT serum; 1) Some cases that are diagnosed as probable are later found to not meet the clinical criteria for a probable diphtheria case and therefore, are not treated with DAT serum, 2) sometimes there is a stock shortage at the hospital, and 3) some health care workers are not trained in the medical case management of diphtheria and therefore, they have some difficulty clinically diagnosing cases and delay treatment with DAT serum		
Activities	Description			Implemented by
Activity 1.1	Distribution of Diptheria antitoxin (DAT) serum at the national, departmental and institutional level			MSPP, PAHO/WHO
Activity 1.2	Training in case identification and management in the institutions that receive probable diphtheria cases			MSPP, PAHO/WHO
Activity 1.3	Infection prevention and control refresher training to assure use of protective personal equipment and infections precautions to prevent diphtheria transmission during the hospitalization			MSPP, PAHO/WHO

Output 2	The transmission of diphtheria to contacts, mostly in schools, through immediate contact tracing, administration of prophylaxis and vaccination to family and community contacts, and health care workers in contact with cases is prevented.			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	Percentage of all identified contacts of probable diphtheria cases that were vaccinated and/or received prophylaxis against diphtheria	>80% (12,436)	91% (8,177)	MSPP, PAHO/WHO
Indicator 2.2	Percentage of suspected cases with no field investigation completed	<20% (<50 cases)	0%	MSPP, PAHO/WHO
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Support to the response teams for diphtheria	MSPP, PAHO/WHO		
Activity 2.2	Provision of prophylaxis, vaccines and logistical resources to the contact tracing teams	MSPP, PAHO/WHO		
Activity 2.3	Vaccination and provision of prophylaxis to contacts of cases, primarily in schools	MSPP, PAHO/WHO		
Activity 2.4	Vaccination of health care workers attending diphtheria cases in reference hospitals	MSPP, PAHO/WHO		

Output 3	Timely sampling of diphtheria cases, transport of samples and laboratory diagnosis is improved.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Percentage of probable diphtheria cases that were not sampled for laboratory testing	<20% (<50 cases)	4.2% (12)	MSPP, PAHO/WHO
Indicator 3.2	Percentage of probable diphtheria cases with a final lab result	>80% (>200 cases)	85% (231)	MSPP, PAHO/WHO
Indicator 3.3	Percentage of probable samples with available transportation	>80% (>200 cases)	96% (276 cases)	MSPP, PAHO/WHO
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 3.1	Purchase of reagents and materials needed for the collection, transportation and lab testing of samples from probable diphtheria cases	MSPP, PAHO/WHO		
Activity 3.2	The implementation and support of a transport network for lab samples from reference hospitals to the national laboratory	MSPP, PAHO/WHO		

Output 4	Epidemiological surveillance for early detection of cholera cases and laboratory capacity to sample and test every suspected case of cholera is improved.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Proportion of priority departments (Artibonite, Centre, Ouest) with a line list of suspected cases	100% (3)	100%	Contact with the departmental health directorates
Indicator 4.2	Proportion of suspected cholera cases that were sampled for testing	>70% (>7,700)	85% (2,164)	Data collected by "labo-moto" nurses from cholera registries in CTDA's
Indicator 4.3	Proportion of cholera alerts with a completed field investigation	>80%	94%	MSPP, PAHO/WHO
Explanation of output and indicators variance:		<p>Indicator 4.1: It is important to note that the line list in the Artibonite department is not updated systematically, even though there is a line list that exists. Further support and training are needed to ensure that it is updated and analysed regularly to inform decision-making.</p> <p>Indicator 4.2: The number of suspected cholera cases that were sampled was lower than expected because overall, there was a large decrease in the number</p>		

		of reported suspected cholera cases from 2017 (13,681) to 2018 (3,786), representing a decrease of 72%. As with other epidemics, it is sometimes difficult to predict the number of cases.
Activities	Description	Implemented by
Activity 4.1	Coordination with the departmental health units to ensure that a functioning line list is created and updated, at least, on a weekly basis	MSPP, PAHO/WHO
Activity 4.2	Evaluation of epidemiological surveillance tools by assistant epidemiologists	MSPP, PAHO/WHO, CRF, other institutions who participated in the activity but were not funded (UNICEF, UGP, CDC, EMIRA)
Activity 4.3	Monitoring of the stock of Cary Blair at the health institutional level, through the support of a team of nurses.	MSPP, PAHO/WHO
Activity 4.4	Providing additional resources for sample transportation at the health institutional and departmental level, through the support of a team of nurses.	MSPP, PAHO/WHO, CDC
Activity 4.5	Investigation of cholera alerts	MSPP, PAHO/WHO, other institutions who participated in the activity but were not funded (DINEPA, UNICEF, SI)

Output 5	Cholera case management in all active CTDA, focusing on quality of care to reduce institutional case fatality rate is ensured.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Institutional cholera fatality rate	<1%	0.54%	DELR
Indicator 5.2	Percentage of CTDA with staff trained on cholera case management and IPC norms by PAHO/WHO	80% (42)	83% (30)	Database of activities for cholera medical case management
Explanation of output and indicators variance:		Indicator 5.2: The number of CTDA which received training is lower than the target because there were less CTDA that were active and reporting cases in 2018 compared to previous years.		
Activities	Description	Implemented by		
Activity 5.1	Evaluation and supervision of quality of services in CTDA in cholera hot spots	MSPP, PAHO/WHO, CRF		
Activity 5.2	Training on cholera case management and IPC norms for EMIRA and CTDA personnel	MSPP, PAHO/WHO, CRF		
Activity 5.3	Logistic support for the distribution and management of medical and WaSH cholera supplies to CDAs	MSPP, PAHO/WHO		

Output 6	Oral cholera vaccine (OCV) as an integral part of cholera emergency response to reduce transmission risk and prevent the expansion of the outbreak is used.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	Proportion of targeted communes (in Centre, Artibonite and Ouest) identified as hotspots (frequent cholera outbreaks) with completed OCV vaccination	>80% (≥10 communes)	Please see explanation below	Please see explanation below
Indicator 6.2	Percentage of targeted people who received 2 OCV doses	≥70% (≥802,900 people)	69% (59,537)	DPEV
Explanation of output and indicators variance:		Indicator 6.1: The communes identified for vaccination were not vaccinated because the request for oral cholera vaccines (OCV) from the GTFCC was approved in January 2019, so this activity was postponed for 2019. MSPP is evaluating when in 2019 these OCV doses will be used, based on the reception date of OCVs, review		

	of communes to vaccinate, and the 2019 immunization plan (in progress). The funds related to this activity will be returned to CERF. Indicator 6.2: This data presented is based on the cholera vaccination campaign that occurred in two sections in the commune of Saint Michel de l'Attalaye in the Artibonite department in April 2019, targeting an ongoing cholera outbreak. Last remaining vaccines from previous campaigns were used. Since this is not the 13 communes originally identified for vaccination, the number of people vaccinated is much smaller than expected.	
Activities	Description	Implemented by
Activity 6.1	Dispatching of vaccines (OCV) received through the GTFCC to targeted communes	MSPP, PAHO/WHO
Activity 6.2	Training and planning of the reactive vaccination activities	MSPP, PAHO/WHO
Activity 6.3	Implementation of OCV reactive vaccination	MSPP, PAHO/WHO

6. Accountability to Affected People	
<p><u>A) Project design and planning phase:</u> The activities of this project were designed following the strategic axes and activities planned in MSPP's National Plan for the Elimination of Cholera in Haiti (2013-2022) and the MSPP diphtheria response plan 2017-2018.</p> <p><u>B) Project implementation phase:</u> To ensure feasibility and sustainability of this project's activities, MSPP was consulted throughout the project's implementation. All implemented activities were in accordance with the National Plan for the Elimination of Cholera in Haiti (2013-2022), and the National Implementation plan for diphtheria response (2017-2018) which were developed and published by the MSPP. In addition, development of work plans and implementation of activities supported by CERF were done in collaboration with specific units of MSPP working on cholera and diphtheria including the Unit for the Decentralisation of Health (UADS), the Directorate of Epidemiology, Laboratories, and Research (DELR), the National Public Health Laboratory (LNSP), the Directorate of the Expanded Programme on Immunization (DPEV) and the three departmental health directorates for the priority departments of Artibonite, Centre, and Ouest.</p> <p><u>C) Project monitoring and evaluation:</u> Monitoring of the activities undertaken under this project was completed through close and systematic follow up of data collection, analysis and automated reports of all staff working in the field and at central level, both on cholera and diphtheria. This includes activities of assistant epidemiologists working in Departmental Health Directorates, the response to cholera and diphtheria alerts, the "labo-moto" cholera sample transport system and activities undertaken to improve medical case management of both cholera and diphtheria. As the response to cholera continues through other funds and in support of MSPP, monitoring of these activities is currently ongoing and will continue after the end date of this grant.</p>	

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	N/A	N/A	N/A	N/A
Supplementary information (optional): N/A				

8. Evaluation: Has this project been evaluated or is an evaluation pending?

During 2018, a mid-term evaluation of the project under this CERF grant was previewed by PAHO and OCHA. However, due to social turmoil and insecurity in the country during the evaluation period, the evaluation of this project was not undertaken.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-UF-FAO-009	Agriculture	FAO	NNGO	\$179,863.61
18-UF-FAO-009	Agriculture	FAO	NNGO	\$153,680.51
18-UF-FAO-009	Agriculture	FAO	NNGO	\$9,892.38
18-UF-FAO-009	Agriculture	FAO	NNGO	\$10,135.78
18-UF-FAO-009	Agriculture	FAO	NNGO	\$6,792.32
18-UF-FAO-009	Agriculture	FAO	NNGO	\$6,083.44
18-UF-FAO-009	Agriculture	FAO	NNGO	\$6,792.32
18-UF-FAO-009	Agriculture	FAO	NNGO	\$6,732.76
18-UF-FAO-009	Agriculture	FAO	NNGO	\$6,732.76
18-UF-FAO-009	Agriculture	FAO	NNGO	\$6,792.32
18-UF-FAO-009	Agriculture	FAO	NNGO	\$6,792.32
18-UF-FAO-009	Agriculture	FAO	NNGO	\$21,733.74
18-UF-FAO-009	Agriculture	FAO	NNGO	\$3,199
18-UF-FAO-009	Agriculture	FAO	GOV	\$14,871
18-UF-IOM-008	Shelter & NFI	IOM	INGO	\$400,000
18-UF-IOM-008	Shelter & NFI	IOM	INGO	\$900,000
18-UF-IOM-008	Shelter & NFI	IOM	GOV	\$1,944
18-UF-FPA-012	Health	UNFPA	GOV	\$147,828
18-UF-FPA-012	Health	UNFPA	NNGO	\$45,206
18-UF-CEF-028	Health	UNICEF	INGO	\$489,000
18-UF-CEF-028	Health	UNICEF	INGO	\$31,075
18-UF-CEF-028	Health	UNICEF	INGO	\$55,900
18-UF-CEF-028	Health	UNICEF	INGO	\$365,695
18-UF-CEF-028	Health	UNICEF	INGO	\$25,000
18-UF-CEF-028	Health	UNICEF	NNGO	\$22,743
18-UF-CEF-028	Health	UNICEF	NNGO	\$2,338
18-UF-CEF-028	Health	UNICEF	GOV	\$2,526
18-UF-CEF-028	Health	UNICEF	GOV	\$24,483
18-UF-CEF-029	Nutrition	UNICEF	NNGO	\$308,576
18-UF-CEF-029	Nutrition	UNICEF	GOV	\$34,200
18-UF-CEF-030	Water, Sanitation and Hygiene	UNICEF	INGO	\$224,840
18-UF-WFP-018	Food Assistance	WFP	INGO	\$66,897
18-UF-WHO-011	Health	WHO	RedC	\$508,040

ANNEX 2: Success Stories

Success Stories FAO



I am LOUIS Adines, I live in the 1st section (named Welch) of the commune of Capotille in the Northeast Department. Thanks to this FAO project, funded by CERF, I was able to benefit from cassava cuttings when I had nothing to plant because of the Hurricane Irma. In addition, unlike the local variety of bitter cassava, this new variety CMC-40 is sweet and early, after 4 months I already have a very good harvest (see photo). CMC-40 is by far the best variety of cassava in terms of yield; it has even tolerated the drought that has just hit our department during the summer season. Now, my family has cassava to eat for over 4 months and I would even have a surplus to make “cassave” for sale at the local market. With the cuttings coming from my field, I will increase the area cultivated in cassava. I even gave a few cuttings to the neighboring families who really enjoyed this new variety. I sincerely wish to congratulate and thank the CERF for financial assistance, FAO and MARNDR for their technical support. They saved us from the risk of famine after Hurricane Irma.

Success story PAHO:

The sampling of suspected cholera cases for laboratory confirmation is an important step in the cholera response to understand where cholera is truly circulating and to inform decision-making. Suspected cases are diagnosed clinically by healthcare workers, which may not be real cases of cholera due to similar symptoms in other acute diarrheal diseases. Therefore, laboratory tests are the best way to confirm if a suspected case is truly a positive case of cholera. Previously, the percentage of suspected cases that were sampled was estimated to be 30-50%.

To improve this, a cholera sample transport system of four “labo-moto” nurses was implemented in December 2017 in three priority departments: Artibonite, Centre, and Ouest. The “labo-moto” nurse worked with Departmental Health Directorates and visited active acute diarrhea treatments centers (CTDAs) to:

- supervise and train healthcare workers to sample all suspected cases of cholera following standardized infection prevention and control (IPC) guidelines;
- survey the stock of cholera sampling supplies (Cary Blair) in the CTDAs and deliver additional supplies to ensure a sufficient supply for sampling;
- transport the cholera samples in cold boxes on motorcycles to either the laboratories directly or to drop-off locations where the national transport system is present;
- collect epidemiological data from the cholera registries and integrate them with laboratory data in a database;
- deliver lab results of patients to health care workers in CTDAs.

Thanks to the activities of the labo-moto nurses, the percentage of suspected cases that were sampled increased from 75% in the first quarter of 2018 to 94% in the last quarter of 2018. Additionally, a database with both

epidemiological and laboratory information now exists, which allows for further analysis to understand cholera transmission in Haiti and to better target interventions, such as vaccination.

Due to the success of the project, between June-August 2018, the project was expanded to include 3 additional departments: Nord, Nord-Ouest, and Nord-Est. This activity will continue to be supported through CERF, World Bank and PAHO funds.

Success stories OIM:

<https://drive.google.com/drive/folders/1VOZ3FbzMs3PwHwUco9cEtfYh02P0YQWQ>

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACDEG	Action des Citoyens pour le Développement de la Grande Anse
ACF	Action Contre la Faim
ACODIPHA	Action communautaire pour le développement intégré de la paysannerie Haïtienne
AFO	Association des Femmes de Ouanaminthe
AMR	Antimicrobial resistance (résistance aux anitmicrobiens)
APASD	Asosyasyon Pwodikte/Tris Agrikol ak Semans Diranton
APAV	Association de Producteurs Agricole de Voldrogue
AVSI	Association des Volontaires pour le Service International
BAC	Bureau Agricole Communal
Caritas Hinche	Caritas Diocesane de Hinche
CASEC	Conseil d'Administration de la Section Communale
CBO	Community Based Organization
CDC	U.S. Centers for Disease Control and Prevention (Centres du Contrôle et de la Prévention des Maladies)
CDS	Centre pour le Développement et la Santé
CEHPADER	Centre Haïtien de Promotion et d'Appui au Développement Rural
CIDES	Centre Intégré pour le Développement Environnemental et Social
CNSA	Coordination Nationale de la Sécurité Alimentaire
CODEDAM	Combite pour le Développement et l'Embellissement de Dame-Marie
CRF	French Red Cross (Croix Rouge Française)
CTDA	Acute Diarrhea Treatment Center (Centre de traitement des diarrhées aiguës)
DDA	Direction Départementale de l'Agriculture
DELR	Directorate of Epidemiology, Laboratory, and Research (Direction d'Épidémiologie, des Laboratoires, et de Recherche)
DINEPA	National Directorate of Potable Water and Sanitation (Direction Nationale de l'Eau Potable de l'Assainissement)
DPC	DIRECTION PROTECTION CIVILE
DSS	Direction Départementale de la Santé
EMIRA	Mobile Rapid Response Team (Équipe Mobile d'Intervention Rapide)
Fondation Zanmi Timoun	Fondation Zanmi Timoun
FONDEFH	Fondation pour le Développement et l'Encadrement des Familles Haïtiennes
FONZAL	Fondation Zanmi Libète
GSB	Groupe Santé Bête
GTFCC	Global Task Force for Cholera Control
HFHH	HABITAT FOR HUMANITY HAITI
HTG	Haitian Gourde
IPC	Infection prevention and control (prévention et contrôle des infections)
J/P HRO	J/P HAITIAN RELIEF ORGANIZATION
MC-EFADA	Mother's Club Espwa Fanmi Dayiti
MFK	Mouvman Fanm Kapoti
MJPM	Mouvement de Jeunes Progressistes de Moron
MoH	Ministry of Health
MSPP	Ministry of Public Health and Population (Ministère de Santé Publique et de la Population)
MSPP- DELR	MSPP - Direction Epidémiologique Laboratoire et Recherche
MSPP- UADS	MSPP - Unité d'Appui Décentralisation Sante'
NGO	Non Government Organization
OCV	Oral Cholera Vaccine (vaccin oral contre le choléra)
OXFAM INTERMON	OXFAM INTERMON

PAHO/WHO	Pan American Health Organization / World Health Organization (Organisation Panaméricaine de la Santé / Organisation Mondiale de la Santé)
PTTA	Projet Transfert de Technologie aux Agriculteurs
SI	Solidarités Internationale
UGP	Unit of Project Management (Unité de Gestion du Projet)
UNICEF	United Nations Children's Fund (Fonds des Nations unies pour l'enfance)
WFP	World Food Program