

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

**19-UF-HTI-34979**

**HAITI**

**UNDERFUNDED EMERGENCIES ROUND I**

**CHOLERA**

**2019**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>BRUNO LEMARQUIS</b>
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### REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A	
The After-Action Review (AAR) did not take place due to COVID-19 epidemic, which has been affecting Haiti since mid-March. The outbreak completely paralyzed the country and made it practically impossible to perform the AAR. Nevertheless, PAHO/WHO sent its inputs directly to OCHA on the draft of the final report on the use of CERF funds.		
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The report was shared with the members of the Humanitarian Country Team, which includes the CERF recipient agencies.		

## PART I

### **Strategic Statement by the Resident/Humanitarian Coordinator**

In 2019, the CERF UFE funding played a critical role in enabling the implementation of key, life-saving activities in Haiti to address the unmet needs of people affected by cholera and ensure the protection of the most vulnerable in the country. Despite a complex socio-political situation, marked by public protests, insecurity, and tensions, the CERF response was able to reach a total of 304,700 people in the health and WASH sectors. While the number of people reached in the health sector was lower than the original target of 333,000 because Haiti experienced fewer cholera cases than expected, the WASH sector reached more than its target.

Cholera needs varied across Haiti. Therefore, the Humanitarian Country Team decided to prioritize the three most affected departments: Artibonite, Centre, and Ouest. The fund enabled multi-sectoral emergency assistance by strengthening epidemiological surveillance and the alert and response mechanism, enhancing the country's capacity to sample and test suspected cholera cases, ensuring high quality medical management of cases, and assuring the availability and access to cholera medicines, supplies, and materials. These activities contributed in making 2019 the year with the lowest incidence of cholera cases and deaths since the beginning of the outbreak in October 2010, with no laboratory confirmed cases or deaths reported since January 2019.

The CERF UFE 2019 allocation for Haiti represents a clear example of what a multi-sectoral emergency assistance can achieve for the most vulnerable population that we serve. I would like to reiterate my thanks and appreciation to the recipient agencies for this well implemented CERF UFE allocation.

## **1. OVERVIEW**

**TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)</b>	
<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>19,300,000</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	5,018,366
Country-Based Pooled Fund (if applicable)	
Other (bilateral/multilateral)	13,092,199
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>18,110,565</b>

**TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

<b>TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)</b>			
<b>Agency</b>	<b>Project code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
UNICEF	19-UF-CEF-039	Water Sanitation Hygiene - Water, Sanitation and Hygiene	3,400,714
WHO	19-UF-WHO-023	Health - Health	1,617,652
<b>TOTAL</b>			<b>5,018,366</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>1,589,932</b>
Funds transferred to Government partners*	180,094
Funds transferred to International NGOs partners*	2,045,686
Funds transferred to National NGOs partners*	160,948
Funds transferred to Red Cross/Red Crescent partners*	1,041,706
<b>Total funds transferred to implementing partners (IP)*</b>	<b>3,428,434</b>
<b>TOTAL</b>	<b>5,018,366</b>

\* These figures should match with totals in Annex 1.

## 2. HUMANITARIAN CONTEXT AND NEEDS

The cholera epidemic started in Haiti in 2010, resulting in a significant humanitarian and health crisis. From 2010 to 2018, over 800,000 suspected cases of cholera and over 9,700 deaths due to the cholera were reported in Haiti. In 2013, the Haitian Ministry of Public Health and Population (MSPP) developed and implemented the National Plan for the Elimination of Cholera, with the support of PAHO/WHO and UNICEF, with the overall goal of achieving elimination by 2022.

Thanks to an improved strategy based on strong surveillance, coordination, rapid response and community engagement, the epidemic of cholera in Haiti continued to decrease in 2018, despite some short but localized outbreaks. The objectives of the medium-term phase of the plan were attained by the end of 2018 with an annual incidence of 0.03% and an institutional case fatality rate of 0.53%, below the objectives of less than 0.1% and 1%, respectively. Since 2016, the annual number of suspected cases and deaths has been steadily declining. In 2018, only 3,786 suspected cases and 41 deaths were reported, which represented a decrease of 72% and 74% respectively since the peak of the epidemic in 2011, and marked the lowest annual number of cases and deaths since the start of the epidemic. In 2019 the situation has continued to improve and by early February 2019, the 'zero confirmed cases' has been achieved and maintained so far, with an important decrease also in the no. of suspected cases in 2019 (around 720 vs 3,786, with a decrease of 81%).

Despite the overall decrease in cases, localized outbreaks continued to be reported in a number of cholera hotspots (areas of cholera persistence). A risk remained of surveillance gaps or cross-border cholera cases invigorating the disease as it happened mid-2018. In addition, the socio-economic crisis and ensuing violent demonstrations throughout the country affected the surveillance network and the response to suspected cases. With the rains and the numerous festivals starting by April-May, the risk of resurgence of the disease was expected to be significant. As such, the CERF request was aimed at maintaining the rapid response teams to be able to quickly deploy to cut any transmission through densely populated areas, and to continue the reinforcement of MoH capacities in terms of alert-response system, for cholera as well as for other infectious diseases. The smaller geographic and epidemiological scope of the outbreak provided an opportunity to capitalize on the progress achieved and, ultimately, ensure the achievement of cholera elimination.

The cholera response plan is a national level plan and covers all departments in the country. The plan focuses however on the strengthening of prevention, treatment, and rapid response capacities in the three key departments that influence national cholera dynamics (West, Centre, Artibonite). Suspected cases benefit from timely and adequate treatment, while an average of 60 persons around the case's house are reached a the "cordon sanitaire".

### 3. CONSIDERATION OF FOUR PRIORITY AREAS<sup>1</sup>

#### a. Women and girls, including gender-based violence, reproductive health and empowerment

By considering the reality of the Haitian society, the WASH project took into account different topics addressed during regular meetings and dialogues with the communities on the role of women and men in preparation of oral rehydration solutions, food washing, household hygiene and other similar tasks. On this basis, response teams (NGOs and EMIRA) were constituted voluntarily with 44% of women who were able to establish a relationship of trust with the household heads. Additionally, for the activities of community mobilization and awareness raising carried out through local NGOs, the project teams consisted of 63% women (72/114) and 37% men (42/114), that facilitates the work at the community and household level.

UNICEF NGO partners are obligated to sign a code of conduct at the beginning of the project regarding their responsibility to refer to UNICEF any seen case of violence on children and women and commit themselves to ensure that their own staff take all necessary measures to mitigate negative impacts and are not involved in any kind of violence, sexual abuse and human trafficking

During the rehabilitation/reorganization of treatment centers (CTDA), PAHO/WHO and partners (e.g., the French Red Cross) tried to ensure women/men separation both in treatment areas and in the showers/latrines, when the space allowed it.

#### b. Programmes targeting persons with disabilities

When conducting interventions for the reorganization/rehabilitation of CTDA, PAHO/WHO and its partners took accessibility aspects into consideration whenever possible to allow easy access to patients with disabilities.

#### c. Education in protracted crises

N/A

#### d. Other aspects of protection

Child protection is a special concern for UNICEF. All NGOs partners are requested to be attentive to all situations of children who are put in difficulty by the death or hospitalization of one or both parents. In this circumstance, partners inform UNICEF who contacts Institut du Bien-Etre Social et de Recherches (IBESR) for a survey of the family, to decide on the need for special support.

### 4. PRIORITIZATION PROCESS

In the 2019 Humanitarian Needs Overview (HNO), the health sector identified 333,000 Haitians as persons-at-risk of cholera disease based on projected number of cases and contacts. These people comprised the target population for this project. Gender or age differentiations followed the demographic breakdown of the population, since epidemiological data indicated

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<sup>1</sup> In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here [https://cerf.un.org/sites/default/files/resources/Priority\\_Areas\\_Q\\_A.pdf](https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf)

that these two factors had no significant impact on the risk of acquiring cholera. However, it is important highlight that, during periods of outbreak (which can occur due to elevated precipitation), poor health and inadequate WaSH infrastructure, the proportion of cases aged  $\geq 5$  years usually increases.

To be prioritized for this CERF response, activities had to be considered lifesaving, urgent given the severity of needs, rapidly implementable, cost effective, and able to produce a large impact. The development of the project was based on existing frameworks and assessments. This includes the National Plan for the Elimination of Cholera as well as the 2018-2019 Humanitarian Response Plan.

Specifically, the project had the following four objectives:

1. Strengthen epidemiological surveillance and the alert and response (A&R) capacity
2. Improve laboratory capacity to sample and test every suspected case of cholera
3. Ensure high quality of institutional medical case management to maintain a low institutional case fatality rate
4. Assure the availability and access to cholera medicines, supplies and materials in the departmental supply warehouses

Given that most cases in 2018 were reported in the departments of Artibonite (31%), Centre (29%) and Ouest (22%), the CERF funds were planned to be utilized primarily to ensure that the activities continued in these departments, with planned contingency for other departments to respond to possible localized outbreaks. Although much of the work was concentrated in the three above-mentioned priority departments, reinforcement at the national level (e.g. alert and response system and increased capacity in treatment centers) was considered to have implications for all departments.

## 5. CERF RESULTS

CERF allocated \$5,018,366 to Haiti from its window for underfunded emergencies to sustain efforts aimed at eliminating cholera in the country by 2022. A total of 304,700 people were reached, 193,563 in the health sector and 304,700 in the WASH sector.

**Health:** The \$1,617,652 allocated for the health sector enabled PAHO/WHO and partners to ensure that 100% of active acute diarrhoea treatment centres (CTDAs) received medical and WASH supplies; train 329 health care workers in CTDAs; renovate 12 CTDAs to ensure compliance with infection prevention and control (IPC) standards to prevent the spread of infections within CTDAs; procure and distribute antibiotics in the form 15,000 tablets (doxycycline with erythromycin) and 2,700 suspension vials (erythromycin) for the treatment of cholera patients; procure and distribute 430,000 aquatabs to purify contaminated water; conduct 341 field investigations of cholera outbreaks; and collect 508 samples of suspected cholera cases (corresponding to 95% of the total suspected cholera cases) and transport them by “labo-moto” nurses from CTDAs to laboratories or drop-off locations.

Through this CERF UFE grant, PAHO/WHO and its implementing partner (Croix Rouge Française, CRF) were able to support Haiti’s Ministry of Public Health and Population (MSPP) to control the cholera epidemic through the implementation of several activities between April 2019 and March 2020. This included the strengthening of epidemiological surveillance (field investigations, training, evaluation of epidemiological tools, data collection and analysis), laboratory capacity (purchase and distribution of reagents, transport of samples, training) and medical case management (purchase and distribution of medical supplies, supervision, training). Thanks to this grant:

1. 193,563 people were reached through various public health interventions
2. 100% active acute diarrhoea treatment centres (CTDAs) received medical and WASH supplies
3. 329 health care workers in CTDAs were trained to appropriately treat cholera patients and save lives

4. 12 CTDA's were renovated to ensure compliance to infection prevention and control (IPC) standards to prevent the spread of infections within CTDA's
5. Human resources support was provided to CTDA's in need (2006 men-days)
6. Antibiotics in the form 15,000 tablets (doxycycline with erythromycin) and 2,700 suspension vials (erythromycin) were distributed to treat cholera patients
7. 430,000 aquatabs to purify contaminated water were distributed
8. 341 field investigations of cholera outbreaks were conducted
9. 508 samples of suspected cholera cases (corresponding to 95% of the total suspected cholera cases) were transported by "labo-moto" nurses from CTDA's to laboratories or drop-off locations

Due to the contribution of these activities, 2019 marked the lowest number of suspected cholera cases (720) and deaths (3) since the start of the epidemic in 2010. No additional lab confirmed cholera cases or cholera confirmed deaths have been detected since January 2019. Although these results are encouraging, surveillance and laboratory capacity needed to be strengthened in order to advance to the certification of elimination of cholera in Haiti.

**WASH:** For the WASH sector, the number of people assisted with the CERF funding has been slightly higher than the initial target of 252,750. (+20%). This has been possible particularly thanks to the activities of Output 3 (chlorination and repair of water systems or points) having reached a higher number of water systems and points (see indicators below).

Through this CERF UFE grant, UNICEF and its partners managed to keep a good control of the cholera epidemic in Haiti, supporting MoH and DINEPA in their prevention and response activities, and maintaining the reinforcement of the Government system of alert-response for cholera as well as for other water-borne and/or infectious diseases. During this final phase of the cholera elimination plan in Haiti (the National Plan for Cholera Elimination ends in 2022 and the official elimination should be certified by PAHO/WHO and GTFCC by February 2022) the CERF project allowed UNICEF and its partners to offer an important boost to ensure, on the one hand a quick response to ALL cholera suspected cases (including 'other diarrheas') and on the other hand, to ensure that capacities at the national and departmental level are strengthened, to face and respond to potential future new outbreak, of cholera as well as of other diseases. A total number of 304,700 people have been reached by the CERF activities, in the specific departments targeted of Centre, Artibonite and Ouest that were still at risk of cholera outbreaks during this last phase. Through direct support to NGO partners and to MoH and DINEPA at national and decentralized level, coordination has been reinforced and lab testing plus surveillance activities have been maintained. On the other side, prevention and awareness raising (hygiene promotion) and response activities (cordon sanitaire) at community level have been maintained, reaching 95% of suspected cases responded within 48 hours and 100% of data at CTDA level has been collected to inform the response activities. On the WASH side, 27 water systems have been repaired and 26 chlorinated, during the project period.

Overall, efforts to combat the transmission of cholera in Haiti showed their effectiveness since, after the positive results of 2018, 2019 was marked by a further reduction of 81% of suspect cases, with no confirmed cholera cases since February 2019. UNICEF continued to support the Ministry of Health and DINEPA through surveillance, response and WASH preventive activities. 100% of suspected cases of cholera (including cases of 'other acute diarrhoeas') were given a response at community level, 92% of which in less than 48 hours. Based on the positive evolution of the epidemic, a review of the response strategy has been conducted with the Government of Haiti, academia and all other partners involved. As a result, a progressive reduction of the number of UNICEF-supported response teams, with the reinforcement of surveillance for cholera as well as for other water-borne diseases and WASH preventive activities in 2020 and 2021, has been agreed, in order to continue supporting the Government of Haiti towards the final elimination of the disease and further document and capitalize on the success story of the fight against cholera in Haiti.

## 6. PEOPLE REACHED

CERF's intervention targeted 333,000 people. For the health sector, 193,563 people were reached, of these, 39,289 men, 42,533 women, 46,139 boys and 65,602 girls. The number of people reached was mainly lower than the original target because the country reported fewer cholera cases than expected. Three indicators were used to calculate the people directly assisted with CERF funding. The first indicator took into consideration the number of people who received assistance during the response activities following the detection of a suspected case (i.e., the cordon sanitaire). The second indicator considered the number of health care workers trained on infection prevention and control alongside the average number of patients who received care from these health care workers. The third indicator was based on the number of people who received aquatabs and lifesaving medicines. These indicators were then added up ensuring that the avoidance of any double counting.

Of the 333,000 people targeted by the CERF intervention, the WASH sector targeted 252,750 people and was able to exceed the target by reaching 304,700. Of these, 66,839 men, 73,219 women, 78,860 boys and 85,782 girls.

Due to an overlap between the people reached by the health and WASH sectors, the total number of people reached is 304,700.

**TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY<sup>1</sup>**

Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	0	0
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	333,000	304,700
<b>Total</b>	<b>333,000</b>	<b>304,700</b>

<sup>1</sup> Best estimates of the number of people directly supported through CERF funding by category.

**TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE<sup>2</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b>	95,235	96,907	69,818	71,040	<b>333,000</b>
<b>Reached</b>	66,839	73,219	78,860	85,782	<b>304,700</b>

<sup>2</sup> Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

**TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)<sup>3</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b> (Out of the total targeted)	0	0	0	0	<b>0</b>
<b>Reached</b> (Out of the total reached)	0	0	0	0	<b>0</b>

<sup>3</sup> Best estimates of the number of people with disabilities directly supported through CERF funding.

**TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)<sup>4</sup>**

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Health - Health	95,235	96,907	69,818	71,040	<b>333,000</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	58,233	63,153	63,086	68,278	<b>252,750</b>

**TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)<sup>4</sup>**

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Health - Health	39,289	42,533	46,139	65,602	<b>193,563</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	66,839	73,219	78,860	85,782	<b>304,700</b>

<sup>4</sup> Best estimates of the number of people directly supported through CERF funding by sector.

## 7. 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 ensured a fast delivery of assistance by allowing the rapid deployment of critical staff and resources to the areas of need. It has kick started activities with initial funding for underfunded or sectors that were not funded at all.

### b) Did CERF funds help respond to time-critical needs?

YES

PARTIALLY

NO

Yes, the CERF funds were pivotal to respond to time-critical needs in cholera, health, wash and shelter, including the detection and treatment of suspected cases, as well as the distribution of lifesaving medicines. 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 collaboration between UN agencies and non-governmental agencies, such as the Croix Rouge Française. It supported regular and strategic coordination activities among UNICEF, PAHO/WHO, OCHA, CDC and NGOs involved, including with Government partners who had the lead of cholera response actions.

### d) Did CERF funds help improve resource mobilization from other sources?

YES

PARTIALLY

NO

The CERF UFE funds were obtained because of the 'underfunded' status of the cholera response in 2019, when the cholera elimination process had reached an advanced stage. However, in order to 'finish the job', additional funds were urgently needed, while a general donors fatigue represented a challenge.

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

Overall, the CERF helped to address protracted needs of people affected cholera and contributed to make critical progress towards the elimination of the disease in Haiti. It also contributed to respond quickly and efficiently to the diphtheria outbreak.

## 8. LESSONS LEARNED

**TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
Make sure the sustainability of emergency response actions is clear (i.e. strengthening capacities of communities and Govt partners at decentralized level)	Actively involve the recipient UN agencies to work with the communities and Govt partners at decentralized level, including voluntary committee leaders, community agents, officials and other local partners, in designing and follow-up of emergency actions
Diversify implementing partners, including local NGOs, to reach all the communities	Continue to encourage UN agencies to implement a certain percentage of CERF grants through national and local partners

**TABLE 9: 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 reallocation of funds	Recipient UN agencies and implementing partners and OCHA CERF Focal Point with CERF Secretariat

## PART II

### 9. PROJECT REPORTS

#### 9.1. Project Report 19-UF-CEF-039 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Haiti
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	19-UF-CEF-039
5. Project Title:	Fostering the Cholera Response System in Haiti, in Support to the National Elimination Plan, Towards the Final Elimination of the Epidemic		
6.a Original Start Date:	02/05/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/03/2020
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\$ 11,600,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 7,676,407
	c. Amount received from CERF:		US\$ 3,400,714
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 3,022,073</b>
	of which to:		
	Government Partners		US\$ 180,094
	International NGOs		US\$ 2,045,686
	National NGOs		US\$ 160,948
	Red Cross/Crescent		US\$ 635,345

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF and its partners managed to keep a good control of the cholera epidemic in Haiti, supporting MoH and DINEPA in their prevention and response activities, and maintaining the reinforcement of the Government system of alert-response for cholera as well as for other water-borne and/or infectious diseases. During this final phase of the cholera elimination plan in Haiti (the National Plan for Cholera Elimination ends in 2022 and the official elimination should be certified by PAHO/WHO and GTFCC by February 2022) the CERF project allowed UNICEF and its partners to offer an important boost to ensure, on the one hand a quick response to ALL cholera suspected cases (including 'other diarrheas') and on the other hand, to ensure that capacities at the national and departmental level are strengthened, to face and respond to potential future new outbreak of cholera as well as of other diseases. A total number of 304,700 people have been reached by the CERF activities, in the specific departments targeted of Centre, Artibonite and Ouest that were still at risk of cholera outbreaks during this last phase. Through direct support to NGO partners and to MoH and DINEPA at national and decentralized level, coordination has been reinforced and lab testing plus surveillance activities have been maintained. On the other side, prevention and awareness raising (hygiene promotion) and response activities (cordon sanitaire) at community level have been maintained, reaching 95% of suspected cases responded within 48 hours and 100% of data at CTDA level has been collected to inform the response activities. On the WASH side, 27 water systems have been repaired and 26 chlorinated, during the project period.

Overall, efforts to combat the transmission of cholera in Haiti showed their effectiveness since, after the positive results of 2018, 2019 was marked by a further reduction of 81% of suspect cases, with no confirmed cholera cases since February 2019. UNICEF continued to support the Ministry of Health and DINEPA through surveillance, response and WASH preventive activities. 100% of suspected

cases of cholera (including cases of 'other acute diarrhoeas') were given a response at community level, 92% of which in less than 48 hours. Based on the positive evolution of the epidemic, a review of the response strategy has been conducted with the Government of Haiti, academia and all other partners involved. As a result, a progressive reduction of the number of UNICEF-supported response teams, with the reinforcement of surveillance for cholera as well as for other water-borne diseases and WASH preventive activities in 2020 and 2021, has been agreed, in order to continue supporting the Government of Haiti towards the final elimination of the disease and further document and capitalize on the success story of the fight against cholera in Haiti.

### 3. Changes and Amendments

A NCE has been obtained by the CERF Secretariat to extend the project duration up to 31 March 2020, due to difficulties of implementation and security issues caused by the country-lock situation during several months in 2019.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	58,233	63,153	63,086	68,278	252,750
<b>Total</b>	<b>58,233</b>	<b>63,153</b>	<b>63,086</b>	<b>68,278</b>	<b>252,750</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	66,839	73,219	78,860	85,782	304,700
<b>Total</b>	<b>66,839</b>	<b>73,219</b>	<b>78,860</b>	<b>85,782</b>	<b>304,700</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The number of people assisted with the CERF funding has been slightly higher than the initial target (+20%). This has been possible particularly thanks to the activities of Output 3 (chlorination and repair of water systems or points) having reached a higher number of water systems and points (see indicators below).
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#### 4.c Persons Indirectly Targeted by the Project

The entire population of the communes (municipalities) targeted are considered 'indirect beneficiaries'

### 5. CERF Result Framework

<b>Project Objective</b>	Preventing cholera in areas prone to regular outbreaks and quickly circumscribing localized outbreaks
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<b>Output 1</b>	Strengthening coordination and surveillance			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# Departments where coordination of the alert-response is strengthened	3	3	PCA and activities reports with Solidarités Int. in the Ouest department, ACF in Artibonite, CRF and ACTED in Centre department.
Indicator 1.2	% of suspected cases whose stools samples are collected and tested at laboratory level (including LNSP)	80	80	Agreements and activities reports of Zanmi Lasante and DELR/LNSP
Indicator 1.3	% of CTDA whose data are collected daily (The number of CTDA is variable, as it depends on the number of suspect cases which is changing every week. Today we have around 120 at the national level, but they will probably decrease soon, following the reduction of cases.)	100%	100%	All remaining active CDTAs were regularly monitored and specimens collected were analyzed at the Zanmi Lasante laboratory and the DELR/LNSP (MoH).
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Support of the Health department Directorates of Centre and Artibonite for the planification and monitoring of response	ACTED, CRF and ACF, supported by DELR/LNSP (MoH)		
Activity 1.2	Stools samples tested at Saint-Marc laboratory	Zanmi Lasante (Partners in Health), supported by DELR/LNSP (MoH) and Universite' Quisqueya for the scientific research		
Activity 1.3	Support to departmental health directorate for the daily collection of new suspected cases data	ACTED, CRF and ACF		

<b>Output 2</b>	Sustaining rapid response to suspected cases of cholera in communities
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	% of suspected cases adequately responded in less than 48h	95%	95%	Line listing
Indicator 2.2	% of suspected cases adequately responded in less than 24h	75%	75%	Line listing
Indicator 2.3	# NGO teams supporting MSPP rapid response and CEHA teams	38	19	Partners' reports
<b>Explanation of output and indicators variance:</b>		Since February 2019, no positive case of cholera was recorded. The rapid response actions therefore targeted, besides all the suspects cases, also all other cases of acute diarrhoea. It was therefore decided to proceed with a phaseout and (from July 2019) gradually reduce the number of NGOs response teams, until their complete withdrawal from the cholera response, in 2020.		
Activities	Description	Implemented by		
Activity 2.1	Implementation of "cordon sanitaire" for an average of 15 houses around each suspected cases.	ACTED, CRF and Solidarités Int. in the Centre department and ACF in Artibonite		
Activity 2.2	Implementation of immediate hygiene awareness and community engagement activities (sensitization on markets and other public gathering area in outbreaks area)	ACTED, ACF, Solidarité Internationale, CRF Caritas, ADRA, FZT		

Output 3	Securing water quality in affected areas			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of water networks chlorinated, measuring a FRL level between 0.5 and 1 mg/L at point of use	25	26 in the communes of Verettes, St Marc, in Gonaives, St Michel	Chlorination monitoring reports
Indicator 3.2	# of households benefiting from household water treatment products and awareness sessions on proper use through in-kind or vouchers	45,000	15,900 in total: 1200 (SI); ACTED (5800); ACF (8900)	Dated photos, awareness sessions reports, distributions and selling lists
Indicator 3.3	# of water systems repaired	20	27	Commissioning reports
<b>Explanation of output and indicators variance:</b>		In the first quarter of 2020, no positive case of cholera was recorded and the suspected cases also had an important reduction. This explains the low no. of HH reached		
Activities	Description	Implemented by		
Activity 3.1	Chlorination of water networks in affected areas	OREPA in Verettes, St Marc, Gonaives and St Michel (Artibonite)		
Activity 3.2	Distribution of HWT products coupled with awareness sessions	ACTED in Belladères (Central Dpt), Solidarités International in Cornillon (West), ACF in St Michel (Artibonite)		
Activity 3.3	Repair water networks or water points in affected areas	ACTED in Belladères (Central Dpt), Solidarités International in Cornillon (West), ACF in St Michel (Artibonite), OREPA Centre in Verettes, St Marc, Gonaives, and St Michel (Artibonite)		

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

**How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

Cholera-affected communities in Haiti have played an important role at different levels of the response plan. Evidence of this involvement is more visible in community-based epidemiological surveillance (SEBAC) and the mobilization of religious communities in raising awareness. Through SEBAC, community leaders come together and put in place very simple local mechanisms for surveillance, the first emergency responses and the monitoring of cholera alerts at the local level. Responsibilities are shared and the rest of the community is kept informed. Religious communities: Catholic, Protestant and Vodou share nearly 90% of the Haitian population. They were able to engage in awareness and training projects targeting the mostly closed circles of churches and schools.

**Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

Much effort has been made as part of the cholera response to reach anyone in the society as well as marginalized groups. Many local associations such as: Zanmi Timoun Foundation, CEDUCC and Aloviye managed by women and sensitive to the problem of marginalized groups have been in partnership with UNICEF.

### 6.b IASC AAP Commitment 3 – Information, Feedback and Action

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

Before signing each PCA, UNICEF requires partners to establish a clear mechanism for feedback from the field. Most of them have a suggestion box and hotline to receive complaints anonymously. This system remains the same for suggestions, complaints of all kinds or related to sexual exploitation and abuse.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

The same system mentioned previously

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

It is mandatory that all UNICEF staff as well as partners staff receive a complete formation on PSEA with a completion certificate. Moreover, each partner is required to strengthen its complaints and follow-up mechanism for the PSEA. The follow-up of complaints and calls received data base is monitored by UNICEF.

**Any other comments (optional):**

N/A

**7. Cash and Voucher Assistance (CVA)****Did the project include Cash and Voucher Assistance (CVA)?****Planned****Achieved**

Yes, CVA is a component of the CERF project

No

Supplementary information (optional):

Planned activities were altered through reprogramming in over the course of implementation.

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

UNICEF didn't plan an evaluation of the CERF project. The main reason is that it represented only a contribution to the final stage of the overall cholera response strategy supported by UNICEF and PAHO since several years, that went through a number of adjustments along the years, adapting to the evolution of the epidemic.

EVALUATION CARRIED OUT EVALUATION PENDING NO EVALUATION PLANNED

## 9.2. Project Report 19-UF-WHO-023 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Haiti
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-UF-WHO-023
5. Project Title:	Epidemiological Surveillance, Laboratory Capacity and Emergency Medical Response for Cholera Control in Haiti		
6.a Original Start Date:	23/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/03/2020
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\$ 7,700,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 5,415,792
	c. Amount received from CERF:		US\$ 1,617,652
	d. Total CERF funds forwarded to implementing partners of which to		<b>US\$ 406,361</b>
	Government Partners: National Laboratory of Public Health		US\$ 0
International NGOs:		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent: French Red Cross		US\$ 406,361	

## 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, PAHO/WHO and its implementing partner (Croix Rouge Française, CRF) were able to support Haiti's Ministry of Public Health and Population (MSPP) to control the cholera epidemic through the implementation of several activities between April 2019 and March 2020. This included the strengthening of epidemiological surveillance (field investigations, training, evaluation of epidemiological tools, data collection and analysis), laboratory capacity (purchase and distribution of reagents, transport of samples, training) and medical case management (purchase and distribution of medical supplies, supervision, training). Thanks to this grant:

- 193,563 people were reached through various public health interventions
- 100% active acute diarrhoea treatment centres (CTDAs) received medical and WASH supplies
- 329 health care workers in CTDAs were trained to appropriately treat cholera patients and save lives
- 12 CTDAs were renovated to ensure compliance to infection prevention and control (IPC) standards to prevent the spread of infections within CTDAs
- Human resources support was provided to CTDAs in need (2006 men-days)
- Antibiotics in the form 15,000 tablets (doxycycline with erythromycin) and 2,700 suspension vials (erythromycin) were distributed to treat cholera patients
- 430,000 aquatabs to purify contaminated water were distributed
- 341 field investigations of cholera outbreaks were conducted
- 508 samples of suspected cholera cases (corresponding to 95% of the total suspected cholera cases) were transported by "labo-moto" nurses from CTDAs to laboratories or drop-off locations

Due to the contribution of these activities, 2019 marked the lowest number of suspected cholera cases (720) and deaths (3) since the start of the epidemic in 2010. No additional lab confirmed cholera cases or cholera confirmed deaths have been detected since January

2019. Although these results are encouraging, surveillance and laboratory capacity needed to be strengthened in order to advance to the certification of elimination of cholera in Haiti.

### 3. Changes and Amendments

Originally, the project was supposed to terminate by 31 December 2019. Unfortunately, due to social turmoil and insecurity in the country caused by the "Pays Lock" during the implementation period, it was not possible to conduct several planned activities. In November 2019, a no-cost extension request was sent to CERF to extend the project. The no-cost extension was approved until 31 March 2020.

Additional changes were made in the implementation of the project. These changes concerned primarily the letter of agreement with the CRF. Due to the civil unrest, CRF initially postponed many activities related to the improvement of CTDA and isolation areas to treat patient, and eventually cancelled the activities and closed their office in Haiti. Part of the funds (US\$ 193,639) allocated to them was reimbursed. The activities that were supposed to be carried out by CRF were partially completed by PAHO/WHO or reprogrammed to other priorities areas of the project.

The vast majority of the funds received for the project was spent for the implementation of the activities. The remainder (US\$ 1,768.43) will be returned by PAHO/WHO to CERF.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	95,235	96,907	69,818	71,040	333,000
<b>Total</b>	<b>95,235</b>	<b>96,907</b>	<b>69,818</b>	<b>71,040</b>	<b>333,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	39,289	42,533	46,139	65,602	193,563
<b>Total</b>	<b>39,289</b>	<b>42,533</b>	<b>46,139</b>	<b>65,602</b>	<b>193,563</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0
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In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A
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#### 4.c Persons Indirectly Targeted by the Project

N/A

### 5. CERF Result Framework

<b>Project Objective</b>	To maintain low morbidity and mortality cholera rates in Haiti through improved epidemiological and laboratory capacity, enhanced medical case management, and improve alert and response capacity in the departments of Artibonite, Centre and Ouest
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<b>Output 1</b>	Epidemiological surveillance and the alert and response (A&R) capacity is strengthened			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Annual incidence of suspected cholera cases	≤0.05	0.055	MSPP/DELR Cholera weekly report
Indicator 1.2	% of alerts adequately verified, monitored, responded and closed.	>80%	100%	MSPP and PAHO/WHO A&R database
Indicator 1.3	% of CTDA whose data are collected daily	100%	100%	MSPP and PAHO/WHO labomoto database
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Conduct epidemiological investigations for all alerts received, including investigations of the source of infection, identification of contacts, information collection and communication with appropriate contacts with government officials and partners for support	MSPP Departmental Health Directorates and PAHO/WHO		
Activity 1.2	Conduct refresher training of staff of the national surveillance system	MSPP/DELR and PAHO/WHO		
Activity 1.3	Conduct monitoring, and evaluation of the national surveillance system	MSPP/DELR and PAHO/WHO		
Activity 1.4	Implement the A&R national system to identify and orient the response to unusual events	MSPP Departmental Health Directorates and PAHO/WHO		

<b>Output 2</b>	Laboratory capacity to sample and test every suspected case of cholera is improved
<b>Sector</b>	Health - Health

Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	% of CTDA's with enough stock of cholera sampling supplies (Cary Blair) in the country	>85%	100%	MSPP and PAHO/WHO labomoto database
Indicator 2.2	% of active CTDA's with health care workers trained on cholera sampling technique and biosecurity in the country	>70%	100%	MSPP and PAHO/WHO labomoto database
Indicator 2.3	% of suspected cholera cases that were sampled and transported to laboratories for testing in the country	>85%	95%	MSPP and PAHO/WHO labomoto database
Indicator 2.4	% of lab results delivered to CTDA's in the country	>80%	83%	MSPP and PAHO/WHO labomoto database
<b>Explanation of output and indicators variance:</b>		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procure enough stock of cholera sampling supplies (Cary Blair) in CTDA's	MSPP/DEL, MSPP/LNSP and PAHO/WHO		
Activity 2.2	Distribute enough stock of cholera sampling supplies (Cary Blair) in CTDA's	MSPP/DEL, MSPP/LNSP and PAHO/WHO		
Activity 2.3	Train health care workers in cholera treatment centers regarding cholera sampling techniques and biosecurity of samples	MSPP/DEL, MSPP/LNSP and PAHO/WHO		
Activity 2.4	Verify that all admitted suspected cases are sampled by available health care workers	MSPP/DEL, MSPP/LNSP and PAHO/WHO		
Activity 2.5	Support the national lab sample transport system by transporting samples to points of entry or directly to the laboratory	MSPP/DEL, MSPP/LNSP, US CDC and PAHO/WHO		
Activity 2.6	Deliver lab results to CTDA's	MSPP/DEL, MSPP/LNSP and PAHO/WHO		

<b>Output 3</b>	High quality of institutional medical case management to maintain a low institutional case fatality rate is ensured			
<b>Sector</b>	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Case fatality rate in CTDA's	<1%	0%	MSPP, PAHO/WHO and CRF
Indicator 3.2	% of requests responded to within 48 hours to support CTDA's (additional human resources, training and structural improvement)	>80%	100%	MSPP, PAHO/WHO and CRF
Indicator 3.3	% of active CTDA's with evaluation completed to assess the quality of medical case management	>80%	Due to the social unrest in the country, it was not possible to conduct the assessment	MSPP, PAHO/WHO and CRF
Indicator 3.4	% of active CTDA's with personnel that has received training on medical case management for cholera and on infection prevention and control (IPC)	>80%	100%	MSPP, PAHO/WHO and CRF

<b>Explanation of output and indicators variance:</b>		N/A
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 3.1	Ensure surge capacity of human resources to be deployed when the existing capacity in a cholera treatment center is not sufficient to address a localized outbreak.	MSPP, PAHO/WHO and CRF
Activity 3.2	Train health care workers on cholera case management and in IPC measures to prevent transmission within the treatment center	MSPP, PAHO/WHO and CRF
Activity 3.3	Rehabilitate and repair existing cholera treatment centers in cholera hotspots or set up temporary cholera treatment centers in areas with localized outbreaks and no recent history of cholera	MSPP, PAHO/WHO and CRF
Activity 3.4	Evaluation of CTDA regarding knowledge and practice of medical case management of cholera among health care workers, stock of medical supplies, and compliance to IPC and structural standards	MSPP, PAHO/WHO and CRF

<b>Output 4</b>	Availability and access to cholera medicines, supplies and materials is provided in the departmental supply warehouses			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 4.1	% of departmental supply warehouses with sufficient cholera materials to respond to a minimum of: Priority departments (Artibonite, Centre, Ouest) 100 suspected cases of cholera for 3 days Calmer departments (all others) 50 suspected cases of cholera for 3 days	>90%	95%	MSPP and PAHO/WHO
Indicator 4.2	% of non-planned requests (during outbreaks) with distribution of cholera materials in 48 hours	>80%	Completed, no cholera outbreaks were reported during the extension of the project	MSPP and PAHO/WHO
Indicator 4.3	% of departmental supply warehouses with adequate capacity and compliance to norms for stocking of cholera materials and medicines	>50%	55%	MSPP and PAHO/WHO
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Purchase cholera supplies and medicines	MSPP and PAHO/WHO		
Activity 4.2	Distribute cholera supplies and medicines	MSPP and PAHO/WHO		
Activity 4.3	Evaluations of cholera stock in departmental supply warehouses	MSPP and PAHO/WHO		
Activity 4.4	Training of personnel working in departmental supplies warehouses to ensure viability and effectiveness of cholera supplies and medicines.	MSPP and PAHO/WHO		

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

**How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

Discussions were held with local authorities and relevant community leaders to facilitate the development of the project as well as execution of the activities. Furthermore, 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).

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), 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, including the Unit for the Decentralisation of Health (UADS), the Directorate of Epidemiology, Laboratories, and Research (DELRL), the National Public Health Laboratory (LNSP), and the three departmental health directorates for the priority departments of Artibonite, Centre, and Ouest.

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. This includes activities of assistant epidemiologists working in Departmental Health Directorates, the response to cholera alerts, the "labo-moto" cholera sample transport system and activities undertaken to improve medical case management of cholera.

**Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

Not applicable since all activities were implemented in accordance with the National Plan for the Elimination of Cholera in Haiti (2013-2022), which took into consideration all people affected by the epidemic, including women, girls and marginalised groups.

### 6.b IASC AAP Commitment 3 – Information, Feedback and Action

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

Affected people were informed about the project, including its objectives and activities, through local health authorities.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

N/A

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

N/A

**Any other comments (optional):**

N/A

**7. Cash and Voucher Assistance (CVA)****Did the project include Cash and Voucher Assistance (CVA)?****Planned****Achieved**

No

No

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

During 2019, a mid-term evaluation of the project under this CERF grant was previewed by PAHO/WHO and OCHA. However, due to social unrest in the country caused by the "Pays Lock" (which led to protests, insecurity, and roadblocks) during the evaluation period, the evaluation of this project was not undertaken.

EVALUATION CARRIED OUT EVALUATION PENDING NO EVALUATION PLANNED

**ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS**

<b>CERF Project Code</b>	<b>Cluster/Sector</b>	<b>Agency</b>	<b>Partner Type</b>	<b>Total CERF Funds Transferred to Partner US\$</b>
19-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	INGO	\$526,372
19-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	INGO	\$1,091,563
19-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	INGO	\$427,751
19-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	RedC	\$635,345
19-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	NNGO	\$52,234
19-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	NNGO	\$39,483
19-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	NNGO	\$35,901
19-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	NNGO	\$25,072
19-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	NNGO	\$8,259
19-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	GOV	\$50,575
19-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	GOV	\$129,519