

**HAITI  
RAPID RESPONSE  
CHOLERA  
2022**

**22-RR-HTI-55716**

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Resident/Humanitarian Coordinator

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

21/07/2023

In line with the guidelines of the CERF final report, on 21 July 2023, the focal points of the UN agencies receiving CERF funds (WFP, UNICEF and WHO) met at OCHA Office to conduct an After-Action Review (AAR) and discuss the overall results and impact of CERF, the added value of assistance financed by this allocation and identify lessons learned and gaps/constraints encountered. Our participants include the head of emergency who had worked on the development of the project and participated in the strategic discussions, as well as staff who had been involved in the implementation of project activities. It is important to note that this AAR exercise was carried out by bringing together agency focal points to discuss the results of three CERFs (22-UF-HTI-51266, 22-RR-HTI-54830 and 22-RR-HTI-55716) for which reports were almost due within the same timeframe.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes  No

We discussed the definition of strategic priorities with the HCT, but not the final report.

Please confirm that the final version of this report was 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

The report was shared with the heads of the UN agencies concerned by this allocation, and with CERF focal points for their comments.

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

In September 2022, the beginning of a massive social unrest in Haiti has further compounded the situation, especially for vulnerable communities, in a country already affected by a multidimensional crisis. The widespread insecurity in the larger Port-au-Prince, combined with a major lack of access to the country's main fuel terminal, has led to growing humanitarian crisis, including food insecurity, limited access to health services, water and sanitation. The resurgence of cholera on October 1st, came against this complex backdrop, creating a major risk of aggravating the already existing humanitarian crisis.

To contribute to a rapid response to this outbreak of cholera in this critical humanitarian context, the CERF secretariat has allocated an envelope of 7 million to Haiti with the aim to reduce mortality and morbidity through rapid intervention both in prevention and treatment of cholera. Through this fund allocation, beneficiary agencies, in collaboration with implementing partners and national authorities provided direct assistance to 380,060 people including 171 000 children by conducting those main actions:

- **Strengthening epidemiological and laboratory surveillance:** Due to a prompt Detection and Laboratory Confirmation of cholera cases, with surge capacity aiding the national surveillance system, 53,210 suspected cholera cases were identified nationwide. Among these, 3,452 cases were confirmed through lab tests. Over 2,400 ASCP (presumably trained personnel) were mobilized and conducted community-based surveillance activities, visiting a total of 323,707 households.
- **Strengthening case management of cholera cases:** A total of 475 tons of medical and medicines supplies, including WaSH materials, were distributed across 154 Cholera Treatment Centers (CTCs), enabling the hospitalization and care of 49,275 patients. Additionally, the country saw the installation of 1,958 cholera beds.
- **Distribute cholera hygiene kit:** Throughout the project's duration, 49,584 households received cholera kits, and approximately 54,000 people obtained WASH supplies. During ASCP visits, 1,521,938 Aquatabs and 49,060 ORS were distributed, and 18,135 cases of diarrhea were identified, with 6,665 of them being referred to a CTC.
- **Promoting hygiene awareness:** Promotion of hygiene awareness and Cholera prevention messages reached more than 1.9 million people (indirect beneficiary)
- **Increase water provision:** Drinking water were provided to over 275,000 people with DINEPA support.
- **Transporting medical teams, supplies, and humanitarians:** From October 2022 to April 2023, with the support of various donors including CERF, UNHAS was able to organise 1,184 flights, facilitating the transport of 8,460 passengers and conveying 242 MT of cargo, including 93 MT of cholera specific medical supplies and additional 15 MT of general medical items across the country.

### CERF's Added Value:

Access constraints due to the blocking of national road 2 since June 2021, combined with the increasing access constraints of national road 1 in the end of 2022, have raised major challenges for the delivery of medicines and other supplies, the transport of laboratory specimens, aid workers and health personnel. The CERF fund, through its allocation to WFP/UNHAS, has greatly helped to overcome this problem, by ensuring the transport of supplies and teams in various regions of Haiti, as well as their transport from the Dominican Republic to Haiti. This represents a first great added value.

Moreover, children aged 1 to 10 years old, especially the malnourished, were the most affected at the very start of the cholera resurgence. Through awareness-raising and hygiene promotion activities, an increase in the supply of drinking water and the strengthening of epidemiological surveillance, the CERF fund contributed to a notable reduction in overall cholera cases, especially among children.

In less than a year, a collaborative effort involving the government and national and international partners effectively contained the cholera outbreak. While there were peaks of up to 500 daily cases in October 2022, by the end of August 2023, the Ministry of Health reported no more than around twenty daily cases nationwide. However, it is crucial to remain vigilant and closely monitor the situation, particularly during rainy periods, as the underlying factors that triggered the cholera resurgence persist.

**Did CERF funds lead to a fast delivery of assistance to people in need?**

Yes

Partially

No

At the beginning of October, when the resurgence of cholera cases was announced by the Ministry of Public Health and Population (MSPP), all the United Nations agencies, in particular WHO and UNICEF, committed to provide a response rapidly. As soon as this allocation was announced by the CERF secretariat, the agencies, to start acting rapidly, used their institutions' own funds, which made it possible to rapidly deliver assistance to the affected populations through support for health department structures (direction sanitaire departmental) and CTC. UNHAS services enabled health personal to be deployed to the departments to support the response.

**Did CERF funds help respond to time-critical needs?**

Yes

Partially

No

The support provided to the health departments structures and the National Directorate for Drinking Water and Sanitation (DINEPA) was crucial in managing cases and limiting the spread of the epidemic. Alerts received from prisons and displacement sites were rapidly investigated and referred to the nearest treatment center. In addition, the rapid case management of acutely malnourished children suffering from cholera has made it possible to save their lives. Approximately, 94% of cholera alerts received during the implementation period were investigated within the first 48 hours.

**Did CERF improve coordination amongst the humanitarian community?**

Yes

Partially

No

This CERF has contributed to improving coordination at departmental level in the response to this emergency. PAHO deployed epidemiologists to the departments to support the health departments structures, and this CERF financed part of the deployment of medical personnel. In almost all the departments, coordination meetings dedicated to the response to cholera were organised, as well as a national meeting to identify gaps in the response and address constraints. These departmental resources facilitated the flow of information back to the central level to feed into the situation reports and better orientate the response. In addition, the context of the crisis and the scale-up had a major impact on strengthening coordination between sectors, particularly the Health and Wash clusters.

**Did CERF funds help improve resource mobilization from other sources?**

Yes

Partially

No

Mobilisation of resources was triggered by the context of the crisis, but not necessarily by this allocation of CERF funds. In the Wash, Health and Logistics sectors, more than 16 million dollars have been mobilised for the cholera response (FTS data).

## Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:

At least two of the four chronically underfunded humanitarian priority areas have been addressed through this CERF allocation. In fact, the key priorities of this project are to provide immediate healthcare, drinking water, sanitation, and hygiene to all people affected by cholera including women, men, children, and people with disabilities. By the beginning of the project, children between 1 to 10 years old were the most affected by the outbreak and therefore, prioritize them to the response. PAHO, in these interventions, made sure that all deployed ASCPs received training on breastfeeding during the epidemic, malnutrition, psychological first aid (PFA), and gender-based violence victims' referral so that they can give specific assistance to this category of people. In the UNICEF project, Women and children were the prioritised beneficiaries for awareness-raising activities and hygiene practices, and they actively participated and were able to give their opinion and guide certain activities, in particular the training sessions hygiene campaigns.

While this project targets all cholera patients regardless of their age, gender, or whether they have disabilities, an estimation of more than 31,700 people with disabilities received cholera treatment or other assistance through this intervention.

Although this project does not focus on education, in the current context in Haiti, basic social services for displaced people, particularly for children who have left school, remain an issue of concern, with very few response strategies and funding to support students who have abandoned their neighbourhoods due to violence. Education in protracted crises, one of the four ERC's Underfunded Priority areas required most urgent funding.

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>35,900,000</b>
CERF	7,038,539
Country-Based Pooled Fund (if applicable)	N/A
Other (bilateral/multilateral)	0
<b>Total funding received for the humanitarian response (by source above)</b>	<b>16,899,818</b>

**Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)**

Agency	Project Code	Sector/Cluster	Amount
UNICEF	22-RR-CEF-071	Water, Sanitation and Hygiene	2,500,000
WFP	22-RR-WFP-061	Common Services - Humanitarian Air Services	2,000,000
WHO	22-RR-WHO-042	Health	2,538,539
<b>Total</b>			<b>7,038,539</b>

**Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)**

<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 HCTs/UNCTs 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. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>5,798,292</b>
Funds sub-granted to government partners*	418,541
Funds sub-granted to international NGO partners*	501,691
Funds sub-granted to national NGO partners*	320,015
Funds sub-granted to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>1,240,247</b>
<b>Total</b>	<b>7,038,539</b>

\* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex

## 2. OPERATIONAL PRIORITIZATION:

### Overview of the Humanitarian Situation:

On 2 October 2022 the Haitian health authorities confirmed two cholera cases in the municipalities of Cité Soleil in Port-au-Prince. As of 6 October, the MSPP has reported 12 confirmed cases, 152 suspected cases, 107 cases hospitalized and 4 dead, with 2 suspected cases outside the capital. Vulnerable people already suffer from a critical lack of access to basic services, including health services and water, sanitation and hygiene (WASH). Furthermore, people in this area have already been experiencing acute child malnutrition and a protection crisis, with alarming rates of sexual and gender-based violence. The ongoing security, social tensions and fuel crisis has severely impacted the functioning of health structures, the government water and sanitation directorate (DINEPA), and the health response to the cholera outbreak. These conditions had pointed to a real risk of exponential increase in cholera- infected people.

### Operational Use of the CERF Allocation and Results:

In response to the crisis, the ERC allocated \$7 million on 7 October 2022 from CERF's Rapid Response window for the immediate commencement of life-saving activities. The Humanitarian Country Team (HCT) proposes to focus on helping stop the spread of cholera especially in areas with no or limited access to basic services such as those living in spontaneous displacement sites and in poor and densely-populated areas. It plans on providing an integrated package of life-saving health, WASH assistance to people in the most affected communities in Haiti while moving supplies and humanitarian workers and increasing access through UN Humanitarian Air Services (UNHAS). Given the severe access difficulties that surrounded the resurgence of cholera in Haiti, UNHAS services were an essential part of the response, transporting not only humanitarians, but also medical teams and supplies. The main target were children, pregnant women, elderly and other vulnerable people. This CERF allocation enabled UN agencies and partners to provide life-saving assistance to **380,060 people**, including **106,628 women, 102,432 men, 171,000 children, and 31,711 people with disabilities** in the health, logistics and water, sanitation and hygiene sectors.

### People Directly Reached:

This CERF allocation enabled 380,060 people to receive assistance, representing 30% over the initial target. This estimate is calculated by considering the 275,148 beneficiaries of the Wash sector and the estimated 104,912 beneficiaries of the PAHO/PAHO health project. The PAHO beneficiaries include the 53,000 suspected cases who received aquatabs and ORS kits and benefited from awareness-raising sessions, 49,200 hospitalised people were treated and almost 2,400 CHWs were trained. To avoid double counting in calculating the total number of beneficiaries of this allocation, we didn't include UNICEF health beneficiaries (54,000 suspected cholera cases also managed by PAHO).

The 30% overrun in the number of people initially targeted by this allocation is explained by the spread of the cholera epidemic during the project implementation period. These people benefited from the activities to support health facilities funded by this allocation.

### People Indirectly Reached:

PAHO estimated that 1,986,562 people benefited indirectly from this project through surveillance, case management and awareness-raising activities. The UNICEF project indirectly reached 2 million people through awareness-raising activities carried out by 76 local radio stations and social media. In addition, 850,067 people have been vaccinated in the departments of Ouest and Artibonite. As both projects are being carried out throughout the country (same intervention areas), it can be estimated that **at least 2 million people** have benefited indirectly from this CERF.

**Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster\***

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Common Services - Humanitarian Air Services	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>
Health	12,351	11,862	9,081	8,706	<b>42,000</b>	30,852	29,628	22,684	21,748	<b>104,912</b>
Water, Sanitation and Hygiene	68,850	66,150	58,650	56,350	<b>250,000</b>	75,776	72,804	64,550	62,018	<b>275,148</b>

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.



**Table 5: Total Number of People Directly Assisted with CERF Funding by Category\***

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	0	0
Host communities	0	0
Other affected people	292,000	380,060
<b>Total</b>	<b>292,000</b>	<b>380,060</b>

**Table 6: Total Number of People Directly Assisted with CERF Funding\***

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	81,201	106,628	12,750	8,814
Men	78,012	102,432	12,250	8,464
Girls	67,731	87,234	5,865	7,362
Boys	65,056	83,766	5,635	7,071
<b>Total</b>	<b>292,000</b>	<b>380,060</b>	<b>36,500</b>	<b>31,711</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 22-RR-CEFta

1. Project Information			
<b>Agency:</b>	UNICEF	<b>Country:</b>	Haiti
<b>Sector/cluster:</b>	Water, Sanitation and Hygiene	<b>CERF project code:</b>	22-RR-CEF-071
<b>Project title:</b>	Supporting emergency response to the cholera outbreak		
<b>Start date:</b>	03/10/2022	<b>End date:</b>	02/04/2023
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 22,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 0</b>
	<b>Amount received from CERF:</b>		<b>US\$ 2,500,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 1,240,247</b>
	Government Partners		US\$ 418,541
	International NGOs		US\$ 501,691
	National NGOs		US\$ 320,015
Red Cross/Crescent Organisation		-	

### 2. Project Results Summary/Overall Performance

Through CERF's contribution, surveillance capacity has been strengthened with the deployment of 251 community health workers and leaders for surveillance activities, resulting in the identification of 757 people receiving treatment for acute watery diarrhoea (AWD). To help limit the spread of cholera, 49,584 households received cholera kits and nearly 54,000 people received water, sanitation and hygiene supplies. UNICEF has also supported DINEPA and OREPA to provide drinking water to more than 275,000 people through the main water supply systems (CTE) and small water supply systems in the departments of Ouest and Sud. Through our implementing partners ACTED and Solidarités International, some twenty chlorination points have also been set up to supply chlorine to users' containers. In addition, UNICEF has supported chlorination at household level by providing around 6 million tablets of water treatment products to some 50,253 households. To support case management and infection prevention and control (IPC) efforts, UNICEF supported 29 health facilities and 5,000 people close to suspected cholera cases received oral rehydration salts (ORS). Promoting hygiene awareness remained essential in the response to cholera. Cholera prevention messages reached over 1.9 million people and almost 2 million people received information on WASH/hygiene practices through the media. Through the contribution of CERF, which supports national cholera treatment and prevention efforts in Haiti, UNICEF and implementing partners have been able to directly reach more than 275,000 people with life-saving assistance and approximately 2 million people with life-saving messages.

### **3. Changes and Amendments**

No significant changes have been made to planned activities.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	68,850	66,150	58,650	56,350	250,000	75,776	72,804	64,550	62,018	275,148
<b>Total</b>	<b>68,850</b>	<b>66,150</b>	<b>58,650</b>	<b>56,350</b>	<b>250,000</b>	<b>75,776</b>	<b>72,804</b>	<b>64,550</b>	<b>62,018</b>	<b>275,148</b>
<b>People with disabilities (PwD) out of the total</b>										
	6,885	6,615	5,865	5,635	25,000	7,578	7,280	6,455	6,202	27,515

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

UNICEF supported chlorination of water system, as well as awareness campaigns reached other communities, including in non-cholera affected areas. Training of health care providers (including community health workers - CHW, health care providers) indirectly benefits other populations in future interventions. Mobile clinics were conducted in hard-to-access areas outside the coverage areas of the implementing partners, these benefited not only from cholera management services but also from continuity of care (consultation for children and for pregnant women for other causes).

From the start of the cholera response, UNICEF supported the Ministry of Health (l'Unité de Communication et de Relations Publiques - UCRP) to coordinate the communication sub-committee (CREC). Weekly meetings were organized with the participation of MoH partners in community engagement, both at strategic and operational levels. As results, the CREC commission produced the communication strategy and plan, and updated the audio-visual supports. UNICEF also supported the MoH to set up a team made up of UNICEF, WHO and UCRP to track rumors and false information, deconstruct them and share them with the partners. With partners, UNICEF has mobilized 76 local radio stations from 10 departments to broadcast programs on prevention and protection against cholera, spots were aired 6,816 times and 16 interactive programs were produced and aired. It is estimated that 2,000,000 people are regular listeners reached by the programs and spots broadcast.

## 6. CERF Results Framework

<b>Project objective</b>	Reducing mortality and morbidity through rapid intervention in the prevention and treatment of cholera			
<b>Output 1</b>	Surveillance: Strengthen an epidemiological surveillance system of suspected cholera cases at community level to assure an alert-response mechanism, and the community-based response coordination at departmental level			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	CC.1 Number of implementing partner staff receiving training to support programme implementation (# of health care providers, Community Health Workers (CHW) and community leaders trained in the early alert system, active case finding and data reporting)	183	347	IP progress monthly report, TOR
Indicator 1.2	# of CHW, Community leaders deployed in the community for surveillance activities	300	251	Progress report, attendance sheet, TOR
Indicator 1.3	% of suspected cases detected, referred to a CTC or rehydrated in the community	200	248	IP Progress monthly report
Indicator 1.4	H.11 Number of people receiving treatment for acute watery diarrhea (incl. cholera) with unicef support	500	757	IP Progress monthly report
<b>Explanation of output and indicators variance:</b>		Variations can be attributed to the decrease in cholera cases and increase in input capacity of the Fontaine Hospital due to floods.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 1.1	Training of caregivers, CHW and Community leaders on the surveillance, active case finding and reporting	MoH, Centre Hospitalier Fontaine, GHESKIO
Activity 1.2	Deployment of CHW, caregivers and community leaders to conduct surveillance and suspected cases referral	MoH, Centre Hospitalier Fontaine, GHESKIO
Activity 1.3	Support to departmental health directorate with the establishment of community-based networks in support of the CHW to ensure reporting, investigation and referral of suspected cases	MoH (National Unit for management of health emergencies - UNGUS)

**Output 2** Limiting the spread of the disease by sustaining rapid response to suspected cases of cholera in communities and to case management structures

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of households receiving critical cholera kits	50,000	49,584	IP reports and SitRep/dashboard of WASH response
Indicator 2.2	Number of cases responded and the # of households receiving rapid response package (active search of cases, cholera kit, hygiene, awareness, targeted house disinfection)	80	87.5	IP reports and SitRep/dashboard of WASH response
Indicator 2.3	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)	55,000	53,960	IP reports and SitRep/dashboard of WASH response
Indicator 2.4	WS.16b Number of WASH/hygiene kits distributed	11,000	14,101	IP partners reports and SitRep/dashboard of WASH response

**Explanation of output and indicators variance:** No significant variance.

Activities	Description	Implemented by
Activity 2.1	Distribution of basic household hygiene kits at household or community level	ACTED, Solidarités International
Activity 2.2	Support to departmental health directorate with the implementation of case-area targeted interventions via dedicated response teams in support of the CHW to ensure response to suspected cases (cordon sanitaire)	ACTED, Solidarités International

**Output 3** Supporting Case Management and IPC

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
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Indicator 3.1	Number of people received ORS distribution during investigation around suspected cases (cordon sanitaire - minimum 15 people around each suspected case)	1500	5,000	Distribution plan, programme document
Indicator 3.2	Percentage CTC/UTC supported with desludging of solid waste and other WASH-related services and supplies	100	100	IP reports
Indicator 3.3	H.7 Number of functional health facilities supported (# of CTC and Heath facilities provided with kits of cholera cases management and training)	12	29	Distribution plan

**Explanation of output and indicators variance:**

Activities	Description	Implemented by
Activity 3.1	Ensure earlier case management and prevention of dehydration within the community	GHESKIO, Centres de santé Fontaine, Solidarités International, ACTED
Activity 3.2	Supply cholera kits, PPE and others WASH and/or medical materials et equipment to the CTC and health facilities	Direction Sanitaire de l'Ouest, GHESKIO, Centre de Santé Fontaine
Activity 3.3	Desludging of ADTC (Acute Diarrhea Treatment Centre) toilets, and support MSPP/DSO/DINEPA with provision of other critical WASH services.	GHESKIO, Centre de Santé Fontaine, DINEPA, OREPAs

**Output 4**

Social and Behavioural Change: Promoting hygiene awareness and immediate lifesaving action at the household level

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	WS.17 Number of people receiving WASH/hygiene messaging (about cholera/diarrheal diseases preventive measures and early care seeking behaviours including use of SRO and referral to CTCs)	250,000	1,971,200	IP reports, SItRep UNICEF
Indicator 4.2	Number of people sharing their concerns and asking questions/clarifications for available support services through established feedback and accountability mechanism	10,000	9,400	U-Report, UNICEF digital platform
Indicator 4.3	Number of people receiving WASH/hygiene messaging (by Radio/TV, SMS, and social media)	250,000	2,000,000	Estimated number of views

<b>Explanation of output and indicators variance:</b>		Outreach of communication campaigns increased trough visits to schools, homes, churches/Lakou, schools, and group discussions sessions on cholera, conducted by community leaders. In addition, spots in mass media reached around 2 million people.
Activities	Description	Implemented by
Activity 4.1	Community mobilization, awareness, and hygiene promotion for the adoption of preventive measures in high-risk areas (handwashing with soap and household water treatment promotion) at household and community level	IDEJEN, REFANIP, CEDDUC, SAKS, RHJS, MoH
Activity 4.2	Organize polls via U-report and setting up feedback mechanism through U-Report platform	3 surveys conducted by UNICEF via U-Report: (1) knowledge on cholera, (2) acceptance of cholera vaccine (3) Knowledge of feedback mechanism for humanitarian responses.
Activity 4.3	Production and dissemination/ broadcasting of media and print materials content on cholera prevention (Local radios, Posters, flyers, etc.) to inform the public	MoH

**Output 5** Limiting the spread of the disease through ensuring rapid safe water availability

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	250,000	275,148	IP reports and SitRep/dashboard of WASH response
Indicator 5.2	% of the water quality tests (residual chlorine) in households conform to the standards ( $\geq 0.2$ mg/l)	80	74	SYSKLOR: water quality monitoring system
Indicator 5.3	Number of households receiving household water treatment products	50,000	50,253	IP reports and SitRep/dashboard of WASH response

**Explanation of output and indicators variance:** The SYSKLOR, DINEPA's water quality monitoring system, needs to be strengthened for data collection on residual chlorine in water. UNICEF plans to support DINEPA on a national chlorination plan.

Activities	Description	Implemented by
Activity 5.1	Production of water, Transport and distribution of clean water; reinforcement of water storage and chlorination	DINEPA, OREPA, ACTED, Solidarités International
Activity 5.2	Chlorination of water in transport containers, at water points (wells, boreholes, hydrants, etc.), and cholera treatment centres in support of medical actors (last resort)	DINEPA, OREPA,
Activity 5.3	Number of households receiving household water treatment products	DINEPA, OREPA, ACTED, Solidarites International



## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>2</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>3</sup>:

The project closely involved the affected population to address their specific and priority needs. Community leaders were regularly consulted, especially women and youth association groups. Joint missions involving the authorities were carried out to monitor the response. Monthly reports on the project's activities were used to adapt the response to the needs based on the progress and difficulties encountered.

Health interventions were in line with the MoH's national health policy. In addition, civil society organizations worked closely with the community and provided care through the activities of mobile clinics, which allow them to meet the needs of the beneficiaries and also to adapt the response according to the needs of the community.

UNICEF launched U-Report surveys on cholera knowledge with the aim of collecting the opinions of the population affected by the crisis to improve the communication and community engagement strategy. The 4,750 young people and adolescents were surveyed. The community engagement strategy considered the opinions of these young people by mobilizing their pairs (U-Reporters), and partner NGOs to reinforce messages on trust and the effectiveness of the vaccine. A total of 850,067 people were vaccinated in the two departments, representing a vaccination coverage of 76% of the target (Plus 15yo, 51%).

### b. AAP Feedback and Complaint Mechanisms:

Suggestion boxes were available by implementing partners during the hygiene promotion and prevention of cholera. The Fontaine Hospital Center also holds the community's opinion through suggestion boxes. Furthermore, three feedback mechanisms are collecting opinions and feedback from the population: The U-Report platform, radio networks during the broadcast of programs, UNICEF's digital platforms and the suggestion boxes of partner NGOs. A hotline is also functional on the PSEA and the other programs. Through gathering opinions from young people, only 18% of 10,200 young people know how and where to access humanitarian aid/the services provided and 16% know how to complain or give feedback on humanitarian responses.

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNICEF ensured that implementing partners are assessed and trained on Prevention of Sexual Exploitation and Abuse (PSEA) so that they become familiar with a range of measures to combat Sexual Exploitation and Abuse, understand what the impact of sexual exploitation and abuse on victims is, how to handle/respond/ report complaints and the consequences for UN and implementing partners personnel who commit sexual exploit.

### d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

<sup>2</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>3</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Women and children were the prioritised beneficiaries for awareness-raising activities and hygiene practices, and they actively participated and were able to give their opinion and guide certain activities, in particular the training sessions hygiene campaigns. Consultations were conducted considering the principle of non-discrimination; even if gaps persist in Haitian laws, CSOs align with UNICEF's values by providing and prioritizing access to basic health care services for children, girls and women.

#### e. People with disabilities (PwD):

All beneficiaries were taken care of in an equitable manner including children, women, and people with disabilities.

#### f. Protection:

A great emphasis on preserving and promoting the rights of those directly or indirectly affected by the project's interventions was placed in this project. The rights of women, children, minorities, and vulnerable groups (people living with HIV, people with disabilities, the elderly) were considered both in terms of targeting and access to proposed activities. The project respects the humanitarian principles of humanity, independence, neutrality and the "do no harm" principle. Also, special attention was given to protection issues throughout the project cycle; access to assistance for all marginalized groups and very poor categories is guaranteed in an equitable and fair manner.

#### g. Education:

Community awareness and knowledge on hygiene practices and prevention of diarrhoeal diseases was promoted through CHW at community level.

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The project's activities were mainly focused on supporting the health structure in charge of managing cholera, but not on providing direct assistance to the population. The use of household cash was not the form of assistance to be prioritised.

#### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	0	US\$ [insert amount]	Choose an item.	Choose an item.

### 9. Visibility of CERF-funded Activities

Title	Weblink
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N/A

## 3.2 Project Report 22-RR-WFP-061

1. Project Information			
Agency:	WFP	Country:	Haiti
Sector/cluster:	Common Services - Humanitarian Air Services	CERF project code:	22-RR-WFP-061
Project title:	UNHAS support for the Cholera Response		
Start date:	12/10/2022	End date:	11/04/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 3,900,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 0</b>
	<b>Amount received from CERF:</b>		<b>US\$ 2,000,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

## 2. Project Results Summary/Overall Performance

Amidst a period of heightened logistical disruptions and access constraints caused by armed group violence, fuel shortages and protests, in addition to an escalating emergency context due to a renewed cholera outbreak, UNHAS air service has played a pivotal role in bolstering the efforts of the international community to provide aid across the country. From October 2022 to April 2023, with the support of various donors including CERF, UNHAS was able to organise 1,184 flights, facilitating the transport of 8,460 passengers and conveying 242 MT of cargo across the country. Within the urgent context of the cholera crisis, UNHAS contribution was key to ensure the transportation of 93 MT of cholera specific medical supplies and additional 15 MT of general medical items. Moreover, the service executed medical evacuations for two individuals in need of urgent care. All in all, the activities supported by the CERF have been successfully executed, as attested by the extent of the destinations served (95%), surpassing the initially projected (90%). This accomplishment underscored the vital role played by UNHAS in facilitating humanitarian assistance despite challenging circumstances.

### **3. Changes and Amendments**

Between October 2022 and April 2023, UNHAS faced an increased number of requests for flight and cargo transportation. Indeed, throughout the CERF funding period, UNHAS represented one of the sole means of transport that allowed humanitarian actors to access and the most hard-to-reach areas in the country and to respond to the cholera outbreak. The UNHAS helicopter dedicated to the cholera response, financed by this CERF allocation, arrived in Haiti on 27 November. As such, UNHAS assets were already deployed to support cholera response partners prior to this date. Thanks to this CERF contribution, UNHAS has been able to continue to support the response to the cholera response through the transportation of humanitarians, medical teams and equipment.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Common Services - Humanitarian Air Services									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

This project aimed to provide assistance to vulnerable people affected by the re-emergence of cholera throughout the country by enabling the transport of humanitarian actors and cargo to respond to the crisis. Thanks to this grant, WFP, through its Humanitarian Air Service, supported the humanitarian and medical community and their ability to deliver aid in a quick and efficient manner, and limit the impact of access and logistical constraints. By doing so, UNHAS was instrumental in supporting Cholera affected populations dispersed across the country, even in remote areas. Indeed, without UNHAS activities, it can be estimated that many cholera-affected people would have had to wait for longer periods of time, or would have had to travel longer distances, in order to benefit from life-saving medical and humanitarian support.

## 6. CERF Results Framework

<b>Project objective</b>	Support the Cholera emergency response with air transport for humanitarian, medical teams and supplies and medivacs if necessary.			
<b>Output 1</b>	Humanitarian air services provided through UNHAS which will ensure faster and safer access to hard-to-reach areas during the emergency.			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Common Services – Humanitarian Air Services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	CS.9 Percentage of service requests that have been completed	90	95	PMT (Performance Management tool)
Indicator 1.2	CS.4 Total number of passengers transported per project	4,590	8,460	PMT (Performance Management tool)
Indicator 1.3	CS.2 Total weight of cargo transported by land, sea or air in MT per project	46	242 MT	PMT (Performance Management tool)
<b>Explanation of output and indicators variance:</b>		The increase in both passenger counts and cargo tonnage that UNHAS successfully transported throughout the grant period, can be attributed to a combination of two factors. Firstly, the escalated needs and requests for UNHAS services, driven by the fact that, throughout the CERF grant implementation, air travel remained the sole viable mode of entry and exit to Port-au-Prince. Secondly, this surge in operational demands was made possible from the convergence of funding from multiple donors, to support UNHAS expanding capacities. These supplementary resources not only enabled the response to the cholera outbreak but also underpinned the execution of a broader spectrum of humanitarian activities.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provide humanitarian air services to partners through UNHAS assets	UNHAS/WFP		
Activity 1.2	Reporting	WFP		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>4</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>5</sup>:

WFP adopts an AAP approach, which ensures that any delivery strategy considers and assesses risks based on gender, age and place of residence of future beneficiaries. Additionally, WFP has a feedback mechanism in place, which includes the free hotline, that ensures UNHAS passengers voice their concerns and complaints towards the service at any given moment, which are later transferred to a specific focal point. The number of the hotline is displaced across all UNHAS assets and airports, to ensure an easy visibility to passengers. Finally, UNHAS hosts a user group, in which registered organisations and frequent passengers can discuss and present complaints or recommendations.

### b. AAP Feedback and Complaint Mechanisms:

WFP has been running an in-house hotline since 2017 which allows for its beneficiaries to contact WFP free of charge and to express their feedbacks and complaints. WFP adopts a real-time monitoring across all its CFM communication channels, which include the hotline, SMS, Whatsapp and emails, which are managed through the corporate information management platform, Sugar CRM. The platform plays a crucial role in enabling prioritization of cases, ensuring continuous follow-ups, directing cases to relevant focal points, and facilitating case closures.

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

WFP has implemented robust measures to prevent Sexual Exploitation and Abuse (SEA). All staff members, upon joining WFP, must sign a Code of Conduct and undergo mandatory PSEA training. WFP's focal points actively participate in the PSEA Taskforce and collaborate with other UN agencies to implement a coordinated approach to sensitizing, managing and addressing SEA related complaints. In Haiti, WFP has strengthened its internal capacity to handle SEA-related complaints confidentially and safely. They developed an internal Standard Operating Procedure (SOP) and a comprehensive referral system, ensuring victim-centered treatment of complaints. When SEA-related complaints arise, WFP's PSEA focal points report them to the Office of Inspections and Investigations (OIGI) in Rome. An investigator is assigned to conduct a thorough assessment, leading to sanctions and disciplinary actions for those involved if claims are found to be truthful. This stringer process reflects WFP's commitment to combatting SEA and maintaining a safe and accountable environment for its beneficiaries and staff.

### d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

N/A

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<sup>4</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>5</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

#### e. People with disabilities (PwD)

This CERF funding was instrumental to support vulnerable populations, through the provision of logistical supports (UNHAS) to Cholera affected people, including women, men, children, or people affected by pre-existing disabilities.

#### f. Protection:

WFP is a humanitarian agency committed to ensuring food security in all contexts. Through its Protection and Accountability policy, WFP strives to ensure the successful protection of the populations that it assists. In this regard, UNHAS assets, that are part of WFP, promote the use of the WFP's hotline, which remains free and accessible to all its users, and which is meant to maximise the correct functioning of the service by offering passengers the opportunity to complain in the event of experienced issues/difficulties

#### g. Education:

N/A

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A because this CERF funding was used for logistical purposes, and not for cash assistance.

#### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	N/A	N/A	N/A



## 9. Visibility of CERF-funded Activities

Title	Weblink
Tweet, October 2022, Thanks UNCERF UNHAS	<u>(20) WFP Haiti (PAM) 🇸🇨 on Twitter: "The humanitarian community in #Haiti continues to support the population. @WFP_UNHAS 🚛 transports essential personnel and supplies to help with the cholera response. 🙏 Thank you @UNCERF for supporting us in our mission. <a href="https://t.co/PXjUTRs3Re">https://t.co/PXjUTRs3Re</a>" / X</u>
Tweet, November 2022, Thanks UNCERF UNHAS	<u>(20) WFP Haiti (PAM) 🇸🇨 on Twitter: "La communauté humanitaire en #Haiti continue de s'engager aux côtés de la population. @WFP_UNHAS 🚛 est utilisé pour transporter le personnel et les fournitures essentielles pour aider la réponse au choléra. 🙏 Merci @UNCERF de nous aider dans notre mission. <a href="https://t.co/ffKbRSXBlr">https://t.co/ffKbRSXBlr</a>" / X</u>
Tweet, December 2022, Thanks UNCERF UNHAS	<u>(20) WFP Haiti (PAM) 🇸🇨 on Twitter: "Une assistance vitale venue du ciel 🇸🇨 Grâce à @UNCERF, le PAM et le service aérien humanitaire des Nations Unies @WFP_UNHAS peuvent fournir un soutien logistique crucial pour répondre à la crise et l'apparition du choléra en #Haïti 🇸🇨 🚛" / X</u>

### 3.3 Project Report 22-RR-48-042

1. Project Information			
Agency:	WHO	Country:	Haiti
Sector/cluster:	Health	CERF project code:	22-RR-WHO-042
Project title:	Scaling-up the Health Response to the Resurgence of Cholera in Haiti		
Start date:	10/10/2022	End date:	09/04/2023
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 10,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 679,000</b>
	<b>Amount received from CERF:</b>	<b>US\$ 2,538,539</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 0</b>
	Government Partners	US\$ 0
	International NGOs	US\$ 0
National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0	

## 2. Project Results Summary/Overall Performance

This summary provides an overview of the achievements and impact of the action supported by CERF to address the new cholera outbreak in support of the Ministry of Public Health and Population (MSPP). The key accomplishments and actions undertaken during the project include:

### Epidemiological and laboratory surveillance

- Timely Detection and Laboratory Confirmation of cholera cases: A total of 53,210 suspected cholera cases were detected across the country, among which 3,452 were confirmed through laboratory testing, through increased support and surge capacity to the national surveillance system both at national and departmental levels. 6,700 of samples taken from suspected cases were transported by labo-moto nurses. 94% of cholera alerts received during the implementing period were investigated within the first 48 hours.
- In addition to the National Laboratory of Public Health (LNSP), 3 regional laboratories have the capacity for cholera culture diagnosis: Mirebalais University Hospital, Albert Schweitzer, and St. Boniface Hospital in Centre, Artibonite and Sud Department respectively. 19,800 Cary Blair transport mediums and 20,000 Rapid detection tests (RDT) to support the detection of cholera cases were purchased and delivered to the LNSP for distribution at the departmental level to labo-moto nurses already trained and deployed to complete this activity.
- 3 refresher training sessions were conducted for 28 labo-moto nurses on rapid cholera tests, sample collection, and storage techniques, filling out forms, and data entry. Ninety-three (93) healthcare providers in CTCs were trained on case definitions, sample collection and storage techniques, among others. 10 refresher training sessions were held jointly with the DELR in the 10 departments on cholera investigation and response, and data management for the development of departmental sitreps.

The departmental investigation and response team (EDIR) received a refresher training on epidemiological monitoring of diseases and events under surveillance, particularly cholera, and all departments received refresher training for the set-up of EMIRA teams.

- Training sessions on community-based cholera surveillance and response for community health workers (ASCP, per its acronym in French) were conducted in 9 departments. 2,427 ASCP benefitted from this training on case definition, the referral of cases to CTCs, and cholera sensitization. 2,427 ASCP were deployed in 7 departments to conduct community-based surveillance activities. Through this support: 323,707 households were visited, 1,576,622 people sensitized, 1,521,938 Aquatabs and 49,060 ORS distributed, and 18,135 cases of diarrheal found within the community, among which 6,665 were referred to a CTC.
- Surge capacity was provided to the MSPP to strengthen epidemiological and laboratory surveillance with 32 sentinels for data collection at CTCs in the 10 departments (10 each); 17 data managers (2 Ouest, 3 at departmental level); 4 additional assistant epidemiologists deployed to the departments as needed, 10 labo-moto nurses (additional to the 18 already deployed); 1 data manager for the LNSP for cholera test data management; two sentinels for DELR for supervision of CTC data collection; and 2 supervisors and 6 vigils for epidemiological surveillance at IDP camps. Data managers and sentinels were equipped with laptops and tablets and the necessary software and phone cards to ensure data collection. Data managers were also trained in data quality control and in drafting daily situation reports.
- Logistic support (vehicle rental, fuel, etc.) was also provided throughout the project for field investigations and the continuation of epidemiological and laboratory surveillance activities. Over 91 field missions were conducted throughout the project's implementation. The central level received technical and logistic support for 04 multisector (DELR, LNSP, UNGUS, UADS) supervision visits to the 10 departments.

### **Case management**

- 475 tons of medicines and medical and WaSH supplies were purchased and distributed in 154 CTCs to support the hospitalization of 49,275 patients. These supplies were delivered to the 10 departments via 15 helicopter flights (supported by UNHAS), 2 barges (supported by Humanité et Inclusion), 54 pick-ups and 77 trucks.
- In total, 1,958 cholera beds were installed in the country. The bed occupancy rate is estimated at more than 50%.
- 10 people were recruited for the daily monitoring of bed occupancy in CTCs and facilitate, when necessary, the referral of patients from one CTC to another. Additionally, 10 health professionals (1 in each department) were recruited for the daily monitoring of cholera treatment and IPC/WaSH conditions in the CTCs, including those within prisons. These health professionals are also in charge of informing the departmental level of any issues and gaps and needs encountered. 100 CTCs in different departments were evaluated to date on the quality of care using a tool developed by PAHO and validated by MSPP.
- Additionally, WaSH technician were recruited in the 10 departments to monitor and evaluate IPC/WaSH conditions in CTCs. 90 CTCs were evaluated and 71 of those improved their WaSH conditions (training, sensitization, provision of WaSH supplies, etc). It should be noted that the support started with only 4 WaSH technicians for 10 departments, and it took time to get the full complement of 10 WaSH technicians. Furthermore, most of the CTCs in the Ouest Department were supported by other partners and were not considered in the analysis. It should also be mentioned that additionally to the CTCs, 12 prisons were visited and provided with WaSH support to improve their cholera response capacities.
- A trainer of trainers was conducted jointly with the Directorate for the Organization of Health Services (DOSS/MSPP) to 20 MSPP healthcare staff (doctors and nurses) from the departmental level to replicate trainings on cholera case management in their respective departments. 91 healthcare providers were trained on cholera case management, compliance with care protocols and WaSH and IPC norms (31 in the Centre, 25 in the Nord, 35 in the Sud Est).

Through this action, in conjunction with contributions from other donors, PAHO's support to the MSPP played a crucial role in swiftly responding to the cholera outbreak. The collective efforts ensured the timely detection and treatment of cholera cases, saved lives, and mitigated the impact of the outbreak on already vulnerable communities.

### **3. Changes and Amendments**

Before the previewed end of the project, a no-cost extension was requested to CERF secretariat to allow the completion the project activities, as the identification of personnel by health authorities started late in some departments (i.e. North West, South, South East, etc.). More time was needed to continue surveillance activities (case investigation and response) and complete assessments across the country and, more importantly, to take corrective action in the CTCs, including the delivery of internationally procured medical and WaSH supplies. In addition, unforeseen difficulties beyond PAHO's control arose. In particular, the closure of two laboratories targeted by the project for security reasons, coupled with problems linked to fuel shortages and the resulting power cuts, prevented the achievement of the objective of creating five cholera culture laboratories. Nevertheless, efforts are continuing through alternative funding sources to equip these two key regional public laboratories (HIC in the South department and HUJ in the North department) with solar panels, thus ensuring the continuity of their operations.

The three-month no-cost extension to the project implementation period provided additional time for the receipt and distribution of essential cholera supplies.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	12,351	11,862	9,081	8,706	42,000	30,852	29,628	22,684	21,748	104,912
<b>Total</b>	<b>12,351</b>	<b>11,862</b>	<b>9,081</b>	<b>8,706</b>	<b>42,000</b>	<b>30,852</b>	<b>29,628</b>	<b>22,684</b>	<b>21,748</b>	<b>104,912</b>
<b>People with disabilities (PWD) out of the total</b>										
	495	475	363	348	1,681	1,236	1,187	907	869	4,199

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

Through this action, an estimated 1,986,562 people benefitted indirectly by this project, as follows:

- An estimation of 212,840 persons benefitted from surveillance activities in the field aimed at cutting the transmission of the disease.
- An estimation of 197,100 persons benefitted from case management activities implemented through this action, as we estimate that 4 persons (close family) per hospitalized case would benefit indirectly.
- Finally, 1,576,622 people were sensitized by the 2,427 ASCP trained through this project

## 6. CERF Results Framework

<b>Project objective</b>	Reduce morbidity and mortality related to cholera in active hotspots the Ouest and Centre Departments and limit the spread of the disease to other communities and departments			
<b>Output 1</b>	Timely detection, investigation and laboratory confirmation of new cholera cases ensured			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Percentage of suspected cholera samples transported from CTCs to national and subnational laboratories in the first 72 hours	70	90	Labo-moto nurses reports
Indicator 1.2	Number of laboratories with cholera culture diagnosis capacity implemented.	5	4	LNSP report, evaluation mission reports
Indicator 1.3	Percentage of cholera related alerts that are investigated and responded to in the first 48 hours.	80	94	Assistant epidemiologist reports
<b>Explanation of output and indicators variance:</b>		The target of 5 laboratories with testing capacity has not been reached, as the HIC laboratory, although supported by assessment visits, was unable to resume culture testing due to energy problems (installation of solar panels). The department's health authorities have not yet decided on the optimum location to install the solar panels and make the laboratory functional. Support continues through other sources of funding.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Purchase and distribution of IT equipment and telecommunications support for data management for field epidemiologists, sentinels, and labo-moto nurses.	PAHO		
Activity 1.2	Procurement, temporary storage and distribution of reagents, rapid cholera tests and other essential materials for laboratory diagnosis.	PAHO		
Activity 1.3	Rapid refresher training for case investigation, data management, contact tracing, community response activities, sample collection and lab testing.	PAHO/MSPP		

Activity 1.4	Facilitate HR surge capacity, logistics and field mobilization of field epidemiologist, sentinels, lab technicians and labo-moto nurses to support, data collection, case investigation, contact tracing, response activities, sample collection and transport and lab testing.	PAHO/MSPP
Activity 1.5	Procurement of supplies and equipment and printing of sensitization material to community health agents (ASCPs) to support community surveillance and risk communication interventions	PAHO
Activity 1.6	Rapid refresher training of community health agents on cholera surveillance to establish community-based surveillance systems (SEBAC)	PAHO/MSPP

**Output 2** At least 3,000 suspected cholera patients receive prompt and adequate cholera treatment

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of CTCs with clinical management quality monitored and evaluated.	12	100	CTC Evaluation grids
Indicator 2.2	H.11 Number of people receiving treatment for acute watery diarrhea (incl. cholera)	3,000	49,275	Donation letters, DELR sitreps
Indicator 2.3	Percentage of CTCs with appropriate IPC measures	80	71	CTC evaluation grids
Indicator 2.4	H.7 Number of functional health facilities supported (Number of CTCs with IPC and WaSH measures improved)	8	81	Mission reports
<b>Explanation of output and indicators variance:</b>		When the project was designed, 3,000 hospitalized cases of cholera were expected, as the spread of cholera was not rapid at first. Over time, the whole country was affected, and, by the end of the project, 49,275 hospitalized cases had been treated in the CTCs. We also had to increase the number of CTCs planned because of the spread of the disease throughout the country.		

<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Procurement, temporary storage and distribution of essential medical and health supplies for cholera case management, including oral rehydration salts, lactate ringer, cholera beds, tents, IV sets, zinc, etc.	PAHO
Activity 2.2	Procurement, temporary storage and distribution of essential WaSH supplies for IPC measures, and supplies for biomedical waste and corpse management in CTCs	PAHO
Activity 2.3	Active monitoring of cholera bed availability and occupancy rate to support patient regulation	PAHO/MSPP

Activity 2.4	Rapid refresher training on cholera case management, IPC norms, biomedical waste and corpses management in CTCs/health facilities.	PAHO/MSPP
Activity 2.5	Supervision, monitoring and evaluation of application of clinical care and WaSH protocols in CTCs, health facilities and other at-risk locations (prisons)	PAHO/MSPP
Activity 2.6	Surge capacity for IPC, institutional WaSH, biomedical waste and corpses management through IPC and WaSH technicians.	PAHO/MSPP

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>6</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>7</sup>:

PAHO does not work directly with beneficiaries, PAHO works in support of the Ministry of Public Health and Population (MSPP). All actions and activities completed through this CERF allocation were designed, approved, and implemented jointly with the MSPP.

### b. AAP Feedback and Complaint Mechanisms:

Monitoring was conducted through routine field visits, ad-hoc spot checks and constant communication with the national authorities, Departmental Health Directorates and beneficiary institutions to ensure proper implementation of activities and through the project. Situation reports elaborated in this project served to inform stakeholders about executed response interventions and the progression of the epidemic. These reports, issued regularly, provided a foundation for close monitoring of progress of implementation and attainment of indicator targets. Furthermore, they facilitated the swift recalibration of response strategies in alignment with evolving circumstances.

PAHO also receives weekly reports from surge capacity provided to health directorates and data collectors in CTCs to support the response and decision making, through all the pillars of the response. Furthermore, CTC evaluation produce a comprehensive report that is shared with PAHO after each mission to guide interventions and improve the conditions and quality of care in CTCs. Also, PAHO operates an online helpline designed to facilitate the reporting of complaints or instances of wrongdoing. These reports maintain strict anonymity and are subject to review by PAHO's independent investigation office. While PAHO's operational structure doesn't accommodate a direct, decentralized complaints procedure for beneficiaries at the country level, this stems from the inherent nature of PAHO's work, which usually involves direct coordination with local governmental bodies or other humanitarian organizations. Consequently, feedback and complaints are typically channelled through these entities.

Notwithstanding, PAHO and its collaborators actively advocate for the enhancement of community communication and feedback channels. These channels serve to assess the relevance of assistance rendered and enhance the formulation and execution of actions from gender, age, and ethnic perspectives. They also allow for the identification and mitigation of adverse contextual impacts.

<sup>6</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>7</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information, please refer to the [IASC AAP commitments](#).



### **c. Prevention of Sexual Exploitation and Abuse (PSEA):**

As a UN agency and member of the PSEA task force, PAHO implemented measures to prevent sexual abuse and exploitation before and during the deployment of staff, both in the field and remotely. All PAHO staff is required to do a mandatory course on PSEA before starting any type of contract within the organization and an additional in person two-hour mandatory course was given to all PAHO staff, including field staff. A calendar with key PSEA messages and communication materials were provided to PAHO staff and around communities supported by PAHO.

Furthermore, since the activation of the Health Cluster in the first trimester of 2023, which is led jointly by PAHO and the Emergency Response Unit of the MSPP (UNGUS), the subject of PSEA is addressed in every meeting to raise awareness among partners working in the health sector and a sensitization session on PSEA was provided by PAHO's PSEAH expert to all attendants. Additionally, all participants were prompted to do the training available online, they received information and communication materials on all available resources to receive more information on the subject and on reporting mechanisms.

### **d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

The response to the cholera epidemic in Haiti does not target one gender or another specifically; the interventions implemented throughout this CERF allocation focused on ensuring timely access to treatment for all cholera cases, including women and girls. As part of PAHO's interventions, particularly regarding community-based surveillance activities performed by ASCP, PAHO made sure that all deployed ASCPs received training on breastfeeding during the epidemic, malnutrition, psychological first aid (PFA), and gender-based violence victims' referral. Additionally, as part of the set-up and/or rehabilitation and improvement of CTCs, PAHO/WHO actively recommended to all partners and CTCs supported by this project to plan for the separation of women and men treatment spaces as well as showers and toilet/latrines to protect patients' privacy and dignity and prevent gender-based violence.

### **e. People with disabilities (PwD):**

While this project targets all cholera patients regardless of their age, gender, or whether they have disabilities, an estimated 4,199 people with disabilities received cholera treatment through this intervention. People with disabilities who have been affected by cholera have had no problem accessing the CTCs supported by this project.

### **f. Protection:**

While this project did not have a specific component targeting protection, all interventions supported are done with the outmost respect for the populations affected and ensuring the protection of the most vulnerable groups, such as women and children. Cholera treatment facilities that benefitted from monitoring and evaluation, and those improved, were prompted to ensure separation of women and men to respect privacy and preserve patients' dignity, and at the same time doing our best effort to prevent gender-based violence. Additionally, all PAHO staff received training on PSEA and information on the subject was transmitted to all partners during the Health Cluster Meeting.

### **g. Education:**

While this project focused mainly in saving lives through the early detection and the case management of cholera cases, many people benefitted from refresher training throughout the implementation period (see resume of the achievements above).

## **8. Cash and Voucher Assistance (CVA)**

### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	No	

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Based on PAHO's mandate and the proposed humanitarian response interventions in Haiti, Cash and Voucher Assistance were not considered relevant to address the urgent health response needs in the targeted areas of intervention. Health interventions under this sector will support institutional capacity of CTCs and healthcare facilities to provide an agile response to cholera resurgence starting with lifesaving care as well as ensuring WaSH and IPC interventions in CTCs and health facilities to address the most urgent needs. The proposed interventions did not require financial incentive to modify or support behaviour or remuneration for work to be performed.

**Parameters of the used CVA modality:**

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	0	US\$ 0	Choose an item.	Choose an item.

**9. Visibility of CERF-funded Activities**

Title	Weblink
Tweet on community response	<a href="https://twitter.com/OPSOMSHaiti/status/1639043608249618432">https://twitter.com/OPSOMSHaiti/status/1639043608249618432</a>
Tweet on reception of essential supplies for the treatment of cholera	<a href="https://twitter.com/OPSOMSHaiti/status/1626675248643858440">https://twitter.com/OPSOMSHaiti/status/1626675248643858440</a>
Facebook post, delivery of cholera supplies to La Gonave	<a href="https://www.paho.org/fr/histoires/le-projet-labo-moto-lops-utilise-des-infirmieres-sur-roues-pour-ameliorer-surveillance-du">https://www.paho.org/fr/histoires/le-projet-labo-moto-lops-utilise-des-infirmieres-sur-roues-pour-ameliorer-surveillance-du</a>
Facebook post on community activities for the response to cholera	<a href="https://www.paho.org/fr/histoires/epidemie-cholera-haiti-les-agents-sante-communautaires-ascp-piliers-reponse-sur-le">https://www.paho.org/fr/histoires/epidemie-cholera-haiti-les-agents-sante-communautaires-ascp-piliers-reponse-sur-le</a>
Story on labo-moto nurses	

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

<b>CERF Project Code</b>	<b>Sector</b>	<b>Agency</b>	<b>Implementing Partner Type</b>	<b>Funds Transferred in USD</b>
22-RR-CEF-071	Water, Sanitation and Hygiene	UNICEF	GOV	\$ 57,262
22-RR-CEF-071	Water, Sanitation and Hygiene	UNICEF	GOV	\$ 67,148
22-RR-CEF-071	Water, Sanitation and Hygiene	UNICEF	INGO	\$ 72,939
22-RR-CEF-071	Water, Sanitation and Hygiene	UNICEF	INGO	\$ 428,752
22-RR-CEF-071	Water, Sanitation and Hygiene	UNICEF	GOV	\$ 26,192
22-RR-CEF-071	Water, Sanitation and Hygiene	UNICEF	NNGO	\$ 36,542
22-RR-CEF-071	Health	UNICEF	GOV	\$ 267,939
22-RR-CEF-071	Health	UNICEF	NNGO	\$ 283,473