

ANNUAL REPORT ON THE USE OF CERF GRANTS DOMINICAN REPUBLIC

Country	Dominican Republic
Resident/Humanitarian Coordinator	Valerie Julliard
Reporting Period	1 January 2010 – 31 August 2010

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response:		US\$ 25,532,538
	Total amount received for the humanitarian response:		US\$ 19,575,813
	Breakdown of total country funding received by source:	CERF	US\$ 1,941,576
		CHF/HRF COUNTRY LEVEL FUNDS	US\$
		OTHER (Bilateral/Multilateral)	US\$ 17,634,237
	Total amount of CERF funding received from the Rapid Response window:		US\$ 1,941,576
	Total amount of CERF funding received from the Underfunded window:		US\$
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 1,475,567
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$ 304,968
		c. Funds for Government implementation:	US\$ 161,051
e. TOTAL:		US\$ 1,941,576	
Beneficiaries	Total number of individuals affected by the crisis:	At the peak of the displacement after the Haiti earthquake, around 2.3 million people left their homes, approximately 604,000 people left Port-au-Prince and the West Department. An estimated 160,000 persons moved from Port-au-Prince to the border area with the Dominican Republic.	
	Total number of individuals reached with CERF funding:	At least 175,310	total individuals
			children under 5
	Around 75 per cent of the beneficiaries females		
Geographical areas of implementation:		Border area in the Dominican Republic, as well as a 20km strip inside Haitian territory according to agreement with Haiti HC in the first months after the earthquake; Santo Domingo - functioning of air bridge and humanitarian corridor	

II. Analysis

On 12 January 2010, the strongest earthquake in more than 200 years, measuring 7.0 on the Richter scale, affected the impoverished Caribbean nation of Haiti in the late afternoon. The earthquake struck Ouest Province around an epicentre 17km south-west of Haiti's capital, Port-au-Prince, which suffered extensive damage. The nearby cities of Carrefour and Jacmel as well as other areas to the west and south of Port-au-Prince were also affected, with the town of Léogâne destroyed at around 80 per cent. The Haitian Government estimates that 222,570 people have died and 300,572 have been injured yet the exact death toll will never be known.

Around three million people were affected by the natural disaster, of whom the Government estimates 1.9 million lost their homes and over 511,000 left the affected cities. As many as 188,383 houses collapsed or were badly damaged and 105,000 were completely destroyed. In total, 60 per cent of the government, administrative and economic infrastructure, such as the Presidential Palace, the Parliament, and the Cathedral, was destroyed. The scale of the damages in the cities exacerbated the complexity of the situation since all organisations and institutions – Governmental, national and international – which would normally have responded to the needs were heavily affected through loss of personnel and equipment.

A massive international relief effort was rapidly put in place in spite of extraordinary logistical challenges, more specifically by the earthquake's destruction of entry points into Port-au-Prince. Damage to Port-au-Prince's seaport forced aid agencies to try to supply a city of three million using the sole runway at the capital's airport. Due to the unprecedented destruction of basic infrastructure and disruption of public services and the impact on the capacities of international actors present in Haiti, the Dominican Republic became the main entry point for the relief operations. Logistical hubs were established in the seaport and airport of Santo Domingo (capital of neighbouring Dominican Republic) plus logistical support along the road from Santo Domingo to Port-au-Prince. A staging area was established within days of the earthquake with an alternate supply corridor, which augmented logistics capacity to receive humanitarian aid in the Dominican Republic and transport it to Haiti by air, road and sea.

After the earthquake, 604,215 people left Port-au-Prince and the West Department. An estimated 160,000 persons moved from Port-au-Prince to the border area with the Dominican Republic, an already vulnerable area. Most of the displaced people in the border area were sheltering with host families. In the Haitian communities along the border with the Dominican Republic, the arrival of displaced people increased the population by around 10 per cent. This influx towards rural areas led to an increase in the local prices of basic commodities, such as rice, oil and sugar and added pressure to already over-stretched infrastructure and services in this area, including primary health care and hospitals.

Despite their limited resources, the local communities living on the Dominican side of the border provided assistance to the recently arrived Haitian population, especially with health services. The arrival of many wounded patients and their families seriously stretched the resources and capacities in these locations. In view of the arrival of affected people from Port-au-Prince and the logistics challenges to provide assistance and protection in remote areas, relief operations in the immediate border area (within a stretch of 20km into Haitian territory) were supported by actors based in the Dominican Republic. The coordination arrangements of humanitarian actors in the Dominican Republic were structured to mirror and support the clusters operating in Haiti.

In order to rapidly step up and maintain relief efforts in priority areas, proposals for CERF funding were submitted for the sectors Coordination and Support Services – Logistics, Health, Protection, as well as Shelter and Non-Food Items.

Coordination and Support Services – Logistics

The Government of Haiti (GoH), the Government of the Dominican Republic (GoDR), UN agencies and humanitarian organizations agreed that cooperation should be strengthened to ensure a prompt response to the emergency and aid delivery. The UN Resident Coordinator's Office and the UNDP Country Office in the Dominican Republic acted immediately to ensure a proper response to the crisis mobilizing all resources available at that moment. One of the main priorities was the establishment of a humanitarian corridor that would allow the evacuation of affected persons, the arrival of emergency teams and the provision of immediate relief.

The humanitarian corridor included:

- The establishment of an air bridge in La Isabela Airport to complement WFP operations and facilitate the establishment of UNHAS operations during the first two weeks. Since the day after the earthquake, the Dominican Civil Aviation Institution (IDAC) offered UNDP to handle the air bridge from Santo Domingo to Port-au-Prince facilitating the immediate transit of humanitarian personnel, food and non-food items.
- The establishment and maintenance of a support centre in Jimaní providing support to all UN agencies and humanitarian actors. Jimaní, a Dominican village at the border with Haiti, became a centre for the reception of wounded persons on the one hand, and a hub for the provision of relief on the other. The land corridor was instrumental for the transport of heavy equipment and goods.
- The establishment of a field coordination office in Jimaní facilitated the agencies' projects and inter-agency initiatives implemented in the border area. This enabled a rapid and coordinated humanitarian response to the humanitarian situation, especially in the 20km stretch in Haiti covered by actors from the Dominican Republic.

The CERF was vital to the implementation of the initiative, especially for the coordination from the field office in Jimaní. The CERF provided 33 per cent of the funds implemented by UNDP for the emergency, which covered initial activities of this project as well as other activities related to humanitarian coordination.

Health

CERF financing allowed for a rapid and opportune response to the acute needs of patients affected by the Haiti earthquake. CERF financing was pivotal in the border provinces of the Dominican Republic where help was centred around increasing the response capacity of the General Melenciano Hospital in Jimaní. With a bed count of 36, few medical personnel, and limited drug and medical supplies, the General Melenciano Hospital had to face around 400 acute emergencies from Port- au-Prince in the first hours following the disaster and CERF funds allowed a greater and more efficient response.

Specific actions in collaboration with the Ministry of Health (MoH) of the Dominican Republic (DR) were required to decongest the hospital through patient triage and transfer to other hospitals in order to guarantee transport, medical and paramedical personnel. The CERF funds allowed for a drastic improvement of the patients' welfare and treatment through the purchase of beds, laboratory equipment and reagents, drugs, medical and surgical equipment, emergency equipment, reproductive health emergency kits, public health materials to help with the early detection of communicable diseases, as well as the necessary logistics to ensure the welfare of staff that had been mobilized at the border to attend to the earthquake victims.

The number of critically injured patients and the absence of intensive care units at the border resulted in the need to buy intensive care equipment for the hospitals of Azua and Barahona and to organize training of staff in basic critical care medicine. The fast increasing number of arriving patients made it necessary to refurbish an ophthalmological NGO centre ("Buen Samaritano"). Eight operating theatres and hospitalization areas for post-surgery patients and their relatives were set up in no time, which required the purchase of equipment, drugs and other medical supplies to ensure appropriate treatment of the patients. Additionally, automated laboratory equipment was installed in these two hospitals allowing for over 5,000 laboratory tests and as such, ensuring opportune diagnosis and treatments. Personnel specialized in biosafety, proper disposal of hospital waste, and hospital environmental health were contracted in order to ensure infection control in surgical patients. Fourteen wash basins were constructed using appropriate technology to ensure hand washing of medical personnel, patients and relatives, cleaning and disinfection of theatres, and water quality control to ensure safe water supply.

Around 3,000 patients of whom 80 per cent were surgical required the establishment of two centres for post- surgical care in Jimaní. These centres received sanitary improvements in terms of water supply and latrines for patients and their relatives. Once out of danger and convalescing, patients were transferred to a recuperation centre administered by Harvard University and established in a mission called 'Love a child' in Fond Parisien, Haiti. With CERF funds, PAHO installed two large tents to assist with convalescing

patients and rehabilitation. Again, safe water, sanitation and biosafety were ensured as well as physiotherapy services. For these purposes special equipment and supplies were purchased and voluntary physiotherapy personnel mobilised. In order to ensure sustainability, 40 Dominican and Haitian doctors and nurses were trained in basic rehabilitation techniques.

Haitian nationals older than one year of age and volunteers from the Dominican Republic and other countries were administered 12,544 doses of DT, 200 doses of DPT and 960 doses of Measles Mumps Rubella (MMR) vaccine in order to strengthen the immune protection of the population. A canine anti-rabies immunization day was organized as an additional public health measure resulting in more than 22,000 dogs being immunized.

A health cluster was established as the coordination, communication and information mechanism at the central level. The health cluster met weekly to plan the various activities within the sub-clusters. Five sub-clusters were formed, including logistics, mental health, rehabilitation, intensive care and investigation.

A survey of health necessities was conducted in 3641 homes located in 51 communities identifying 15,397 Haitian persons in the provinces of Bahoruco, Baharona and Jimani. Seven per cent of the homes reported an increase in persons living with them since the earthquake. Thirty-six per cent of the homes did not have access to adequate water and sanitation. It was reported that 35 per cent of the homes sought health care in public hospitals, 44 per cent in Primary Health Care centres while only 5 per cent did not have access to any form of health services. Twenty per cent of the women in reproductive age were pregnant and of those, thirty-two per cent were adolescents.

HIV/AIDS prevalence in Haiti was at 2.2 per cent in the general population and 3.1 per cent in pregnant women, which means that there were approximately 120,000 people living with HIV (DHS 2005-2006 survey). It is reported that 53 per cent of the cases were women. Unfortunately, the earthquake destroyed 46 hospitals and clinics and severely damaged 38 more, making it extremely difficult to obtain HIV drugs. As a result, 43,000 persons living with HIV were in line to receive treatment.

The proposal for CERF funding was coordinated with the Presidential Aids Council (COPRESIDA) in the Dominican Republic, the General Directorate for Control of STI/HIV/Aids (DIGECITSS), as well as with Haitian and Dominican civil society organizations. The proposal was submitted on 24 January and was approved on 25 January. It was the first time in the region that UNAIDS received CERF funds.

The objective of the proposal was to ensure treatment for those individuals who had lost access to it as a lifesaving priority action. Due to the increased number of patients identified in Dominican border hospitals, it was necessary to strengthen the human and material capacity for HIV prevention and response. Also it was essential to prevent mother to child transmission in pregnant women living with HIV/AIDS, and to promote protection measures against exposure to contaminated blood. This support also aimed to prevent the overload of the Dominican sanitary system.

Before the earthquake, more than a third of maternal healthcare services in the Dominican Republic were provided to Haitians. At the time of the earthquake, it was estimated that there were approximately 63,000 pregnant women in Port au Prince 7,000 of whom would deliver in the month following the earthquake. Furthermore, 15 per cent of all pregnant women (9,450 women) would also require care for life-threatening pregnancy complications. It was crucial to undertake urgent measures in the short term to ensure that all health centres provided adequate obstetric care and sexual and reproductive health services as the demand on both sides of the border was expected to increase significantly.

The main reproductive health needs and challenges of the Haitian population after the earthquake included: limited access to quality reproductive health services including obstetric complication care and educational information material on reproductive and sexual rights, family planning, prevention and gender based violence services, abortion, STIs and HIV AIDS.

To guarantee that the UNFPA Country Office's interventions met the needs of the affected population in reproductive age, a CERF project was implemented in coordination with the Ministry of Health. Its purpose was to strengthen the capacity of the Dominican public reproductive health centres in the border area to allow them to implement life-saving activities addressing safe motherhood, STIs (including HIV)

and medical care related to sexual violence. The expected outputs included: strengthened provider capacity to ensure Minimum Initial Services Package (MISP) for Reproductive Health including emergency obstetric care, family planning and comprehensive care for adolescents to reduce maternal mortality; strengthened capacity of the civil society to promote the access of the affected population and community to quality information on reproductive rights, health services, prevention of STIs, HIV/AIDS, GBV and family planning.

Protection

Main needs and challenges of the Haitian population included: inadequate Reproductive Health services; weakness of the social safety support network; lack of employment opportunities; unavailability of psychosocial support; increased levels of violence against women and girls; chaotic rule of law and security and limited availability of appropriate shelter. The displacement dynamic showed that women and children were disproportionately affected by the earthquake, increasing their vulnerability and exposure to poverty and violence.

Given the context, the project was set to extend and complement the institutional capacity of municipal authorities and local organizations along the Dominican Republic - Haiti border. The objectives of the project were to prevent and address violence against Haitian women, adolescents and girls whose physical and mental integrity had been compromised, and to ensure minimum living conditions so that women have means to a life with dignity. The eight provinces along the Haitian/Dominican border in which the project was carried out are: Dajabon – Ouanaminthe, Elias Piña- Belladère and Lascahobas, Jimaní-Fond Parisien and Pedernales. The project responded to the immediate needs of the affected population, with a comprehensive intervention from the Dominican Republic, ensuring ease of access to the border area, through implementing partners, NGO Colectiva Mujer y Salud and the Dominican Ministry of Women. During this project's response, women and girls were able to gain access to essential hygiene items, psychosocial support, information on prevention and services for victims of violence; access to sexual and reproductive health services, and strengthening mechanism for protection and security.

Shelter and Non-Food Items

In the immediate aftermath of the earthquake, the majority of persons displaced in the border zone took shelter with host families while some erected spontaneous lodgings. A small minority were located in organized camps due to medical necessity. Internally Displaced Persons (IDPs) and their host families were found in extremely cramped conditions lacking necessary quantities of basic kitchen items, such as cooking pots, plates and cups, hygiene items, for example aqua tabs, condoms and soap, and shelter items like plastic sheeting and rope. Provision of such basic items can save the lives of an IDP family living at the mercy of the elements, greatly ease the strain IDPs place on their host families, and decrease protection concerns overall. Infusion of CERF funds allowed for delivery of such essential items in the early weeks of the response, before other funding sources had been activated to meet the emerging needs.

The CERF funds were the first to be disbursed and therefore allowed to start up and maintain the relief efforts and the critical life line for Haiti that was provided via the Dominican Republic. The CERF remained an important donor in the overall support operations for Haiti from the Dominican Republic, with 9.9 per cent of the funding received for border area projects through the Flash Appeal.

CERF funding promoted a rapid intervention given the speed with which the funds were disbursed, the agile reporting mechanisms that it required and the flexibility in making changes to the initial proposal. Although agencies made available a limited amount of funds during the beginning stages of the response, CERF funding substantially boosted the capacity to provide relief. These resources allowed the strengthening of the government's and civil society's capacity to attend to the needs of the affected population and promoted stability. Furthermore, this initial response allowed for preventive measures to be established, which resulted in savings during later stages of the response and permitted continuous efforts to take place without major interruptions. Finally, CERF funding facilitated the mobilization of resources to carry out new projects that used as their platform the activities carried out within the context of CERF projects.

III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Coordination and Support Services - Logistics	<p>10-UDP-002</p> <p>UNDP Establishment and maintenance of the humanitarian corridor from Dominican Republic to Haiti HTI-10/CSS/31574/R/776</p>	101,543	170,500	All Humanitarian partners including UN agencies, NGOs, civil society organizations, IGOs, and governmental organizations	<ul style="list-style-type: none"> ■ An entry point to deliver immediate humanitarian aid was established within twenty four hours after the earthquake occurred ■ Civil organizations, NGOs and the private sector provided time critical humanitarian relief that complemented WFP logistic operations during 90 days following the earthquake 	<ul style="list-style-type: none"> ■ With the rapid establishment and maintenance of the humanitarian corridor, the effectiveness of the logistic efforts improved. It allowed emergency responses to arrive earlier and to reach more beneficiaries 	Rapid allocation of CERF funds allowed the establishment and maintenance of the humanitarian corridor between the Dominican Republic and Haiti to provide time critical assistance	<ul style="list-style-type: none"> ■ In the border area, three meetings were carried out to coordinate between the different actors and to assess the different themes 	<ul style="list-style-type: none"> ■ The facilitation of the provision of humanitarian relief equally benefited women, girls, boys, and men

Health	<p>10-WHO-004</p> <p>WHO Health Services for Dominican Republic for Affected Population by the Earthquake in Haiti HTI-10/H/31575/R/122</p>	716,900	5,400,000	<p>Female: 21696 Male: 17894 under 15 years: 14176 Total covered: 53766 persons</p>	<ul style="list-style-type: none"> ■ 100 per cent of Haitians presenting with health problems have received medical care in health centres and settlements near the border between Dominican Republic and Haiti. ■ Installation of two Intensive Care Units in hospitals identified by the MoH. ■ Communicable diseases outbreaks were controlled and treated. ■ Immunization coverage (DT and DPT) in the border provinces increased to 95 per cent. ■ Improved patient registry and patient tracking in the network of health services used by Haitians. ■ Census of Haitian population in the border settlements was made available. 	<ul style="list-style-type: none"> ■ Medical, surgical and rehabilitative services, drugs and medical supplies were ensured for at least 4831 registered patients in the hospitals of Jimani and the rehabilitation and recuperation centre in Fond Parisien in Haiti. ■ Two Intensive Care Units were installed in the hospitals of Baharona and Azua, both identified as priority by the MoH. ■ Preventive treatment of malaria intensified early detection of febrile and respiratory cases were provided and the establishment of rapid response teams to strengthen surveillance were part of the efforts to prevent and control outbreaks in the affected population. ■ Immunization coverage in the border provinces reached 95 per cent with the administration of 12,544 doses of DT, 200 doses of DPT and 960 doses of MMR. ■ Registration instruments for the patients were designed, daily epidemiological surveillance was intensified, registers and the establishment of rapid response teams fed the information system of the seven emergency centres established centrally and along the border. ■ A survey of health necessities took place in the provinces of Bahoruco, Baharona and Independencia in 3641 homes, identifying 15,397 Haitian persons of which 7 per cent had arrived after the earthquake. Almost 80 per cent of the homes received health services from the public health system, while only 5 per cent reported not having access to health care. 	<p>Ensured a rapid and opportune response.</p> <p>Strengthened the government response capacity in health services and public health programmes.</p> <p>Allowed a better coordination of the health sector between humanitarian and government actors through the Health cluster.</p>	<ul style="list-style-type: none"> ■ Situation reports ■ technical reports ■ field visits ■ Health cluster reports verifying field achievements in the various sub-clusters ■ Coordination meetings at national, agency and field levels 	<ul style="list-style-type: none"> ■ The response was given based on diagnosed needs irrespective of age and gender.
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Health	<p>10-AID-001</p> <p>UNAIDS Prevention of Occupational HIV, Mother to Child Transmission, Blood Safety and Continue Treatment for People Living with HIV HTI-10/H/31571/R/5109</p>	24,331	24,331	At least 12,000	<ul style="list-style-type: none"> ■ 4200 blood transfusions made during the emergency complied with the protocol on blood safety. ■ 8000 condoms were distributed with counselling in the border area through health services and non -governmental organizations. ■ 250 Haitian women (adolescents and adults) affected by the earthquake and vulnerable to HIV had access to information, self- care kits with condoms and were referred to health, STI and HIV services. ■ 225 Dominican and Haitian truck drivers vulnerable to HIV that transported humanitarian aid from DR to Haiti had access to information, self-care kits with condoms and were referred to health, STI and HIV services. ■ 460 Dominican and Haitian families living in Jimani had access to information and were referred to health, STI and HIV services. ■ Number of beneficiaries of actions to prevent STI, HIV and AIDS developed in the UNFPA/DIGEMIA CERF project. ■ 45 (male and female adolescents and adults) volunteers in Jimani strengthened capacities to develop community intervention directed to Haitian and Dominican population affected by the earthquake. 	<ul style="list-style-type: none"> ■ The purchase of 23 kit of rapid HIV tests and their donation to the Dominican Red Cross ensured safe blood for 4,200 blood transfusions during the emergency and complied with the protocol on blood safety. ■ The distribution of self-care kits and condoms with the information about their correct use reduced the risk of sexual HIV transmission in Dominican and Haitian women/men in the border. ■ Information was given about STI and HIV services, which contributed to ensuring the early detection and access to treatment in Dominican and Haitian women/men in Jimani. 	<p>The approval of the CERF proposal was the first time in the region that UNAIDS had been integrated in the emergency response.</p> <p>The implementation of the CERF funds in a stabilized phase improved the implementation of the Flash funds in the border.</p>	<ul style="list-style-type: none"> ■ UNAIDS, World Vision and DIGEMIA assessed the number of beneficiaries. ■ UNAIDS received reports from DIGEMIA and World Vision, which made monitoring missions to the border area. 	<ul style="list-style-type: none"> ■ The UNAIDS CERF proposal included the different impact that an emergency situation has on the lives of women and men making them more vulnerable to HIV transmission ■ The CERF projects benefited from the specifically designed information material – funded with regional funds - for men (truck drivers) and women. ■ The monitoring was done with sex disaggregated features.
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Health	<p>10-FPA-002</p> <p>UNFPA Emergency Reproductive Health Services for Haitian Population Displaced on the Dominican Republic's Border Area HTI-10/H/31573/ R/1171</p>	303,666*	616,686	at least 42,000	<ul style="list-style-type: none"> ■ Maternal and neonatal deaths was reduced in the population affected by Haiti earthquake. ■ Obstetric and neonatal services of the municipalities were offered in Jimaní, Elías Piña, Pedernales, Montecristi, Barahona, Dajabón, San Juan de la Maguana and Neyba. ■ Obstetric emergency complications care, prenatal and delivery care services were available to Haitian women affected and attending health centres in the border area. ■ Dissemination materials targeting adolescent and young Haitians were available and distributed concerning pregnancy and STIs prevention. 	<ul style="list-style-type: none"> ■ Training plan on emergency obstetric care was developed and implemented. ■ Six doctors received training in emergency obstetric care and provided support to eight border facilities. ■ 209 MoH staff was trained in emergency obstetric care, disease prevention, family planning, Reproductive Health kits use, unsafe abortion prevention, STIs and GBV. 275 boxes of Reproductive Health kits were distributed -41 per cent in Haiti and 59 per cent in the DR. ■ RH Educational material was also distributed. ■ 24 health promoters and 25 youth promoters were trained. ■ 9,590 community members were trained or informed on Reproductive Health and GBV. ■ 8033 face to face sessions, 163 group discussions and 563 home visits were held. Five youth networks were created, 12, 500 flyers were distributed, and 20 meetings occurred. ■ Radio and Web Reproductive Health campaigns were launched. ■ Educational material in Spanish and Creole was designed and disseminated (contraceptives , alarming signs during pregnancy and post partum, GBV, prevention of unsafe abortion due to unwanted pregnancy, STIs and HIV) 	<p>Greater awareness regarding the correct use of condoms in the population, especially among young persons</p> <p>An increase in the practice of deliveries without episiotomy and of deliveries with an active management of the third phase (22per cent are Haitian women)</p> <p>Increase in the demand for family planning and protection measures</p>	<ul style="list-style-type: none"> ■ A monitoring and evaluation plan was developed by the MoH and joint field missions were conducted. 	
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Protection/Human Rights/Rule of Law	<p>10-FPA-003</p> <p>UNFPA Prevention of Gender-Based Violence and Response to Women Needs HTI-10/P-HR-RL/31572/R/1171</p>	358,985*	1,076,465	50,000 Haitian women and adolescents	<ul style="list-style-type: none"> ■ Violence against women was prevented for Haitian women. ■ Haitian women who were victims of violence had access to care and counseling services. ■ Dissemination materials on prevention of violence against women in Creole were distributed among Haitian population. ■ Security measures for women were implemented in settlements near the border of Dominican Republic. ■ Hygiene kits were distributed to Haitian women. 	<ul style="list-style-type: none"> ■ Psychosocial support to women and girls victims of GBV and women displaced by the earthquake was available. ■ Capacity building of psychosocial support and network in the communities was promoted. ■ 182 women were trained as Agents of Psychosocial support, 353 women received individual therapy, 1,847 women received group therapy, 132 individual cases of SGBV were identified and referred. ■ Enhance protection mechanisms in camps, settlements and host communities were set in place. Seven women's networks established, 150 youth mobilizers trained, and 9,646 women reached through home visits and brief awareness sessions. ■ Capacity building of government local authorities and service providers was offered to help strengthen their role to prevent and respond to GBV with a specific focus on Haitian women in the Dominican Republic ■ An awareness campaign and information dissemination on prevention of GBV were launched and services were available to GBV survivors. ■ Coordination mechanisms for the prevention and response to GBV was strengthened at the local, national and bi-national levels. ■ Dignity kits were purchased and distributed to women displaced by the earthquake. A total of 6,130 dignity kits were distributed. 	Additional funds disbursed in an expedited fashion allowed for a more immediate response to GBV and in reproductive health.	<ul style="list-style-type: none"> ■ The local offices of the Ministry of Women were strengthened in order to monitor and evaluate the situation in the border area. 	<ul style="list-style-type: none"> ■ This project focused on the needs of women by putting systems in place to protect them from GBV and promote their access to reproductive health services.
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Shelter and non-food items	10-IOM-004 IOM Shelter and Non Food Items assistance to Haitians Earthquake Victims in the Border Area with Dominican Republic HTI-10/S-NF/31576/R/298	436,151	436,151	17,544 Haitian individuals displaced in the border zone (within the 20 km strip).	<ul style="list-style-type: none"> The procurement and distribution of non-food items to benefit at least 7,000 displaced persons. 	<ul style="list-style-type: none"> The provision of non-food items (including shelter kits, hygiene kits, kitchen kits, and water bladders) aimed to improve the living conditions of displaced persons. Assistance was provided in existing camps as well as directly to displaced persons living in host communities throughout the border zone. It was originally expected that a great number of camps would develop in the border zone, however it quickly became clear that host family arrangements made up the vast majority of cases; the distribution strategy was adjusted to accommodate this trend. 	The infusion of CERF funds allowed IOM to begin providing for the emergency shelter/NFI needs of the displaced while the agency awaited longer term funding from traditional donors.	<ul style="list-style-type: none"> Staff was deployed to three points along the border to work with UN and NGO partners to monitor conditions and needs. A daily reporting mechanism was put in place to communicate with IOM Santo Domingo, IOM Haiti, and IOM's regional office in Washington DC. 	<ul style="list-style-type: none"> At least 80per cent of the kits were distributed to female heads of households. The hygiene kits were designed with women's needs in mind and included female specific items (sanitary napkins) and family planning items (condoms).
		1,941,576		At least 175,310					

* Of 10-FPA-002 and 10-FPA-003 15,000 USD each are being returned to the CERF Secretariat.

Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded
Progressio	Shelter/NFI	10-IOM-004 HTI-10/S-NF/31576/R/298	US\$ 195,000	9 March
World Vision - Dominican Republic	Health	10-AID-001 HTI-10/H/31571/R/5109	US\$ 9,968	24 June 2010
Colectiva Mujer y Salud	Protection	10-FPA-003 HTI-10/P-HR-RL/31572/R/1171	US\$ 100,000	
			US\$ 304,968	

Funds for Government Implementation

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded
Defensa Civil (Dominican Government)	Shelter/NFI	10-IOM-004 HTI-10/S-NF/31576/R/298	US\$ 50,000	22 March
Ministerio de la Mujer	Protection	10-FPA-003 HTI-10/P-HR-RL/31572/R/1171	US\$ 25,750	
Ministerio de Salud	Health	10-FPA-002 HTI-10/H/31573/R/1171	US\$ 85,301	
			US\$ 161,051	

Annex 2: Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund
COPRESIDA	Presidential Aids Council, Dominican Republic
DIGECITSS	Dirección General de Control de las Infecciones de Transmisión Sexual y SIDA (General Directorate for the Control of STI/HIV/Aids), Dominican Republic
DIGEMIA	Dirección General de Materno Infantil y Adolescentes (General Directorate for Mothers, Infants and adolescents, Dominican Republic)
DT	Diphtheria and Tetanus vaccine
DHS	Demographic and Health Surveys
DPT	Diphtheria, Pertussis and Tetanus vaccine
DR	Dominican Republic
GBV	Gender-Based Violence
GoDR	Government of the Dominican Republic
GoH	Government of Haiti
HC	Humanitarian Coordinator
HIV	Human Immune deficiency Virus
HRF	Humanitarian Response Fund
HQ	Headquarters
IDAC	Instituto Dominicano de Aviación Civil
IDPs	Internally Displaced Persons
IOM	International Organization for Migration
MISP	Minimum Initial Services Package
MMR	Measles Mumps Rubella
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
PAHO	Pan-American Health Organization
PLWHA	People Living with HIV/AIDS
RC/HC	Resident/Humanitarian Coordinator
STI	Sexually Transmitted Infections
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
USD	United States Dollar
WFP	World Food Programme