ANNUAL REPORT OF THE HUMANITARIAN COORDINATOR ON THE USE OF CERF GRANTS IN HAITI 2011

COUNTRY	**HAITI**
RESIDENT/HUMANITARIAN COORDINATOR	**Nigel Fisher**

I. SUMMARY OF FUNDING IN 2011 – US$

Funding	1. Total amount required for the humanitarian response		382,458,072
	2. Breakdown of total response funding received by source	2.1 CERF	10,371,212
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	8,080,810
		2.3 OTHER (Bilateral/Multilateral)	192,628,719
		2.4 TOTAL	211,080,741
	3. Breakdown of funds received by window	☐ Underfunded	N/A
		1. First Round	N/A
		2. Second Round	N/A
		☒ Rapid Response	10,371,212
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation	8,498,279
		4.2 Funds forwarded to NGOs for implementation	1,872,933
		4.3 Funds forwarded to government partners	N/A
		4.4 TOTAL	10,371,212

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	10,000,000
Total number of individuals reached with CERF funding	Female	7,863,950
	Male	7,131,050
	Total individuals (female and male)	14,995,000
	Of total, children under 5	2,435,222

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

The projects were implemented nationwide, particularly in the areas affected by the cholera epidemic.

IV. PROCESS AND CONSULTATION SUMMARY

I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
YES ☒ NO ☐

Remarks: The report was sent by mail to Humanitarian Country Team (HCT) and stakeholders on 14 March, 2012 for comment

II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

Comments gathered were incorporated in the final version on 15 March, 2012.

V. ANALYSIS

1. *The humanitarian context*

Since 19 October 2010, when the first suspected cases of cholera were reported in the Bas-Artibonite area, the epidemic has spread steadily all over the country. As of 30 November 2010, the Ministry of Health and Population (MoHP) reported 1,882 deaths and 84,391 hospitalised cases of cholera. The in-hospital case fatality rate nationwide was 3.6 per cent, while the case fatality rate at health services was 1.6 per cent.

This outbreak was made more complex by the humanitarian situation that resulted from the 12 January 2010 earthquake, which killed an estimated 230,000 people and injured 300,000 others. Nearly 1.5 million people were left homeless and moved into spontaneous settlement sites.

The structural poverty prevailing in Haiti also makes the country extremely prone to high contamination levels. The Haitian population has no natural immunity against cholera. Water, sanitation and hygiene conditions for millions of Haitian leaving in informal settlement were precarious. The lack of knowledge and awareness of the population about cholera favours not only inappropriate behaviour about the disease, but also heightens fear among the population due to traditional beliefs. Delivery and access to basic health services, institutional knowledge and Government capacity were extremely poor.

The World Health Organisation/Pan-American Health Organisation (WHO/PAHO), together with the Government and the broader humanitarian community has developed different scenarios that have been revised as the situation evolved.

The first working assumption was based on 100,000 cholera cases. However, this number was revised to between 400,000 and 500,000 cases for the first year. Working assumptions are based on the following:

- There was no cholera outbreak reported in the country for a century. The current one is expected to last for a long period of time and affect almost all segments of the population;
- In addition to the lack of health personnel before the earthquake and at the onset of the outbreak, knowledge about case management and procedures was inexistent;
- Institutional capacity, knowledge and means to manage a large scale and dispersed outbreak does not exist at both national and decentralised levels;
- Lack of water supplies, poor sanitation conditions and inadequate hygiene behaviour contributes to the spread of the epidemic;
- Based on an infection rate of 5 per cent in urban areas and 3 per cent in rural areas, the total number of expected cholera cases for the first 12 months of the epidemic is estimated to be 425,000, including 290,000 in urban areas and 135,000 in rural areas;
- Among those cases, 20 per cent (85,000) would develop a severe form of the disease and would require admission for IV rehydration treatment. Other patients will be needing treatment in out-patient facilities and at the community level;
- Total number of hospitalisations is estimated to reach 150,000;
- 50 per cent of the caseload would be registered during the first three months. The peak is expected during the last two weeks of December 2010.

Considering this assumption, the HCT took the strategic decision to address the problem at the national level by responding quickly, promoting access to safe water, improving sanitation infrastructure, promoting best hygiene practices and strengthening/rebuilding health and wash capacities, both in terms of staffing and infrastructures.

2. *Provide brief overview of CERF's role in the country*

The development of the response strategy to the cholera outbreak was characterised by the strong willingness of the government to take a leading role. This represents a dramatic and positive change compared to the response to the earthquake when the GoH leadership was inexistent.

Sectoral strategies have been developed and endorsed by relevant Ministries and Government bodies with the support of concerned clusters: MoHP and the Health Cluster, Direction nationale de l'eau potable et de l'assainissement (DINEPA) and Water, Sanitation and Hygiene Cluster (WASH), the Ministry of Communication and Communicating with Disaster Affected Community (CDAC).

National emergency operational and coordination mechanisms were activated by the "Département de la Protection Civile (DPC)" at the national, departmental and local level. The humanitarian coordination mechanism adapted accordingly.

The CERF application was discussed at length at all level of the coordination mechanism since the first day the outbreak was officially declared among clusters, between clusters and the HCT. As part of the coordination system, Non-Government Organisations (NGOs) were consulted at cluster and HCT level.

3. *What was accomplished with CERF funding*

CERF rapid response funds covered the main zones where communities were most affected by the cholera epidemic. Joint efforts have been undertaken with other UN agencies, national and international NGOs and donors on various issues through advocacy, hygiene promotion and care for those affected. A massive awareness campaign launched at the national level enabled the delivery of messages about hygiene, environmental sanitation, health and a greater knowledge of the disease. Distribution of supplies for water purification and cleaning, the provision of clean water and rehydration salts as well as support activities for people severely affected, reduced the impact of the epidemic on the Haitian population.

Ultimately, these combined actions have significantly reduced the number of cases and limited the impact of the disease on communities. We can say that through these efforts, the humanitarian situation has improved greatly. Indeed, the death rate decreased from 2.4 per cent in November 2010 to 1.4 per cent in September 2011.

AGRICULTURE CLUSTER

A project implemented by the Food and Agriculture Organization (FAO) has been funded for a total amount of US$512,579. FAO has implemented this intervention in partnership with NGOs. This partnership has resulted in training and awareness-raising on cholera prevention of 19 agricultural workers, 250 members of community-based organizations, 243 community mobilisers and 143,220 people in the Artibonite and Centre departments. These trainings helped reassure rural and urban consumers of the quality of agricultural products and taught them good hygiene practices and food processing, which significantly reduced their vulnerability to diseases related to the quality of water, food hygiene and food preparation.

Monitoring committees have been created by implementing partners, including members of departmental health management (nurses), to systematically monitor and evaluate the knowledge gained by beneficiaries due to training in cholera prevention.

The project covered a population of nearly 3 million people in the areas of intervention through the development and distribution of 24 radio programmes on 40 community radio stations. As community radio stations in Haiti have an audience rating of 85 per cent, 2.53 million people, representing about 500,000 households, have been reached.

CAMP COORDINATION AND CAMP MANAGEMENT CLUSTER (CCCM)

Two projects implemented by the International Organisation for Migration (IOM) and the United Nations Office for Project Services (UNOPS) received $2,814,154.

The International Organization for Migration (IOM) assistance was provided to people living in 250 camps through a grant of $1,997,860.

175 Oral Rehydration Posts (ORPs) were equipped and covered 250 IDPs camps. Each camp received proper training on solid waste management and on safe trash disposal. Each camp was provided with at minimum one trash can. A total of 500 trash cans, built from plastic bottles, were produced and distributed. In addition, 30 solid waste containers were set up in 30 IDP camps while waste collection services were managed by the Service Metropolitain de Collecte de Résidus Solides (SMCRS) and Disaster Waste Recovery. Some 250 hand-washing facilities were placed in ORPs and in camps.

In addition, 27 water points were repaired, 250 maintenance kits (including soap, chlorox, mops, brooms and other items) distributed (a four-month supply per kit). Camp committees were supported through the implementation of small repair work, where possible.

Some 585 hygiene promoters from communities were trained and deployed in camps. In addition, hygiene promotion and cholera sensitisation messages were disseminated through 41 hygiene promoters who were deployed in vulnerable camps and through live radio programmes.

UNOPS received an allocation of $816,294 from CERF
CERF funds enabled UNOPS to tackle one of the major bottlenecks of the crisis - the disposal of human waste. Given Haiti's low sanitation standards (less than 20 per cent of the population have access to sanitation) and the direct link between human waste and the risk of cholera contamination, the decision to fund infrastructure work was critical to mitigate and prevent further peaks.

With CERF funding, the Cholera Treatment Centre (CTC) at centre Gheskio, on Bicentenaire in Port au Prince, was fitted with a concrete platform to prevent flooding following heavy rain in 2011. This enabled patients to receive medical care in a safe environment.

The management of liquid waste was also facilitated. Additional dumping sites were identified and developed:

- A technical evaluation and identification of potential sites for liquid waste dumping and treatment was completed in Jeremie, Saint Christophe, Titanyen and Morne à Cabrit;
- Procurement, contract management and management of the construction of Haiti first dumping and treatment plan for liquid human waste was completed. For the first time in Haiti´s history, the country has a site to treat human waste and thus, reduce the risk of the spread of cholera through the appropriate disposal of waste.

The total capacity of the site when operational is 15,000 m^3 which represents the volume of human waste produced by 500,000 individuals per day. The waste is treated within a 32 day cycle and receiving ponds have a full capacity of 500 m^3 of waste per day. Since the start of the operation, the site operates at 35 per cent of its capacity. As of 31 January 2012, one pond was in use.

HEALTH CLUSTER

The World Health Organization/Pan-American Health Organization WHO/PAHO received $2,771,951 from CERF in 2011. CERF funds enabled the provision, shipment and distribution of life-saving medicines and other key medical supplies to health partners in a timely manner. Purchased items included 1,520,000 solutions of Oral Rehydration Salts (ORS), 260,000 tablets of chloroquine phosphate, 500,000 tablets of Erythromycin Serate (250mg), 90,000 disposable catheters, 2,500 post-mortem bags and 100,000 disposal containers for medical waste. Over 17,000 cholera patients were treated in Cholera Treatment Centres and Units (CTCs and CTUs) and ORPs and timely access to treatment was increased through the establishment of a network of 11 ambulances for the transfer of cholera patients. Massive spraying operations were conducted in camps and highly affected communities. A total of 22,872 houses contaminated by cholera were disinfected. All households benefited from awareness-raising messages and the distribution of hygiene kits. Some 134 hand-washing stations were installed in strategic places such as schools, churches and markets.

CERF's support contributed to the strengthening of human resource capacity for cholera treatment and health promotion. Over 100 nurses, 200 experts in hygiene and 220 communal brigadiers were recruited and trained. PAHO/WHO reinforced the delivery of services at the CTU of the Hospital of the Haitian Community – the reference hospital for severe cholera cases in the capital, 24 hours a day, 7 days a week. At the end of May (the onset of the rainy season), the CTU was transformed in a CTC and its bed capacity was progressively increased from five to 80.

LOGISTICS CLUSTER

Through the World Food Programme (WFP), a project implemented by the United Nations Humanitarian Air Service (UNHAS) received $2,497,860 from CERF to ensure the transport of humanitarian supplies and staff to affected regions. The service offered was essential to implement emergency relief activities in inaccessible areas, unreachable by road.

CERF supported the deployment of one MI171 helicopter and the urgent deployment and associated operational costs of two MI8 helicopters.

UNHAS transported 256 metric tons of humanitarian supplies and 1,417 passengers from various UN agencies, NGOs, donors, governments, embassies and media institutions. All requests for medical and security evacuations were addressed.

WASH CLUSTER

Three agencies received $ 1,774,668 to implement projects aimed to reduce mortality and morbidity related to cholera through effective WASH cholera prevention and response interventions.

The United Nations Children's Fund (UNICEF) implemented a project amounting to $ 861,885. The project helped chlorinate 40 urban water supply systems through the provision of 20 tons of powdered chlorine. Through this project, DINEPA distributed 500,000 bottles of liquid chlorine to treat water at the household lever, benefiting 490,000 people. CERF funds were also used to procure 500 packages of chlorine testers and 50 chlorine test kits.

The United Nations Human Settlements Programme (UN-HABITAT) received $261,292 to implement a project aimed to enable communities to prevent contamination and improve access to safe water

and sanitation. UN-HABITAT also worked to facilitate community acceptance of medical facilities that enables rapid access to treatment, and established procedures for the disinfection of contaminated households. This was a key factor for saving lives and avoiding the rapid spread of the illness in about 10 neighbourhoods. Social mobilisation, sensitization and information were key activities. About 250,000 people were sensitised on the cholera epidemic and prevention.

The United Nations Development Programme (UNDP) implemented a WASH/Early Recovery project in Cap Haïtien for totalling $651,491. The project aimed to save lives and slow the spread of cholera by improving sanitation through improving access to safe drinking water of vulnerable communities and developing infrastructure projects with community members. Through the project, 7,982 linear meters of critical drainage canals were cleaned and rehabilitated, 23,000 cubic meters of organic garbage were disposed of and 7,500 cubic meters of solid waste were recycled at 5 compost toilette centres.

In partnership with a national organisation, UNDP contributed to several awareness-rasing campaigns and trained 1,350 family health workers and 24 community health workers.

4. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?
YES ☒ NO ☐

The immediate allocation of funds allowed for the start of service delivery and assistance to affected people. The rapid availability of CERF funds was instrumental in ensuring availability of essential drugs in cholera treatment facilities and primary health centres as well as providing the necessary logistical and financial support to maintain and strengthen the treatment of thousands of patients. Drugs were provided free-of-charge and a network of CTCs, CTUs and ORPs was established.

In some areas, CERF funds were the first to be disbursed. This contributed to the decrease in the risk of water diseases and the spread of cholera in those areas.

b) Did CERF funds help respond to time critical needs?
YES ☒ NO ☐

CERF funds enabled the deployment of health capacities and the provision, the shipment and the distribution of life-saving medicines and key other medical supplies to health partners in a timely manner. CERF funds contributed to the strengthening of human resource capacity for cholera treatment and health promotion. The funds also allowed for the reinforcement of health capacity (increasing the number of beds) for cholera treatment in at-risk urban areas and remote rural locations and the establishment of CTCs, CTUs, Cholera Stabilisation Centres (CSCs) and ORPs in affected areas to respond to the fluctuation of cholera cases.

c) Did CERF funds result in other funds being mobilized?
YES ☒ NO ☐

In some cases, such as the UNOPS project, additional funds were made available by the European Community Humanitarian Office (ECHO), UNICEF and the American Red Cross to complete the construction of the dumping site in order to implement a complete human liquid waste treatment plan.

The Emergency Relief Response Fund (ERRF) Haiti complemented activities funded by CERF funds. The projects funded through the ERRF were implemented in affected departments including, Artibonite, Centre, Nippes, Sud, Sud-Est, Ouest. Other projects covered more than one department. A total of 21 projects were funded for a total amount of $ 8,080,810 to contribute to the reduction of the impact of the cholera epidemic.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ NO ☐

The development of the response strategy to the cholera outbreak was characterised by the strong willingness of the government to take the leadership for the effort. This represents a positive change from the response to the earthquake when the GoH leadership was not as strong.

Sectoral strategies have been developed and endorsed by relevant Ministries and Government bodies with the support of concerned clusters: MoHP and the health cluster, DINEPA and the WASH cluster, the Ministry of Communication and CDAC.

National emergency operational and coordination mechanisms have been activated by the DPC at the national, department and local level. The humanitarian coordination mechanism adapted accordingly.

The CERF application was discussed at all levels since the first day the outbreak was officially declared within clusters, between clusters and the HCT. NGO's were also consulted at the cluster and HCT level.

In the department where projects were implemented, partners met in coordination meetings led either by the Office for the Coordination of Humanitarian Affairs (OCHA) sub-offices or cluster focal points. These meetings provided the opportunity to share information on the evolution of the epidemic, analyse and adapt strategies, assess gaps and find concerted solutions to the epidemic.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The coordination of the response to the cholera epidemic was instrumental to the improvement of cholera case management and the organization of appropriate responses and provision of supplies	Coordination saves lives and therefore, this type of intervention should be fully acknowledged as a possible intervention that agencies and partners can undertake in the framework of CERF as well.	OCHA/UN agencies/ donors and partners with the mandate and expertise to undertake such work
In the emergency response, UNHAS helicopters proved to be the only way to reach cholera-affected populations with medical supplies and medical teams	Continue assessment of regional airlift capacities in order to further reduce the immediate deployment of UNHAS assets for emergencies in Haiti.	WFP/Logistics Cluster
Cholera cases decreased not only because UN and INGOs were active in the response, but also because of the commitment and involvement of national NGOs in prevention programmes.	Continue to involve national NGOs in awareness-raising activities. Allow them access to funds.	UN/INGO/Local authorities/donors
Enhancing the management capacity of local NGOs is the best way to implement community-based projects.	Continue support to dynamic local NGOs in order to lay a solid foundation for the decentralisation and reconstruction of Haiti	UN/Donors/Government
Waste management in the country is challenging due to the lack of insufficient dumping sites.	Support GoH capacity building by building additional dumping sites in all the departments.	UN/Donors/Government
Temporary job creation through high intensive labour (HIMO) contributed to the decrease in violence among youth groups in Cap Haitien.	Advocacy/mobilisation of funds to create jobs based on the high intensive labour (HIMO) approach	Donors/Government
Despite the active detection of cases and the establishment of referral and transportation systems, many cholera patients arrive at CTCs severely dehydrated due to the long distance between their residence and the CTC.	Set up of several small CTCs (of about 20 beds for instance) in different areas, rather than having one big CTC of 100 bed in a single location.	MoHP, Health Cluster, and Implementing NGOs
Reducing mortality and morbidity in future outbreaks is contingent upon timely access to treatment. Unfortunately, treatment options are diminishing due to the termination or downgrading of services provided by NGOs and insufficient integration of diarrhoeal treatment into the minimum package of health care delivered in fixed health facilities.	The MoHP will need long-term investment in health facilities, including water and sanitation improvement, training of staff, and payment of additional personnel.	MoHP/Donors/UN agencies/NGOs
Field teams have proven to be successful in identifying cases, reducing the number of casualties and limiting the spread of the disease in communities	Maintain strong field presence with mobile teams conducting active surveillance activities, along with a functional first level of care, and reinforcement of a referral system. Those are key elements to contain the spread of the disease and rapidly respond to cholera outbreaks.	MoHP/PAHO/WHO, health partners

Intensive hygiene promotion and cholera communication interventions have been instrumental in containing the spread of the disease among communities. However, prevention messages have not yet been fully assimilated by the population.	Health prevention and hygiene promotion interventions must be sustained in 2012 to support the assimilation of good practices for the prevention of cholera in affected communities and reach out to isolated vulnerable populations.	WASH/Health Clusters, MoHP, DINEPA
The immediate identification and construction of a dumping site through CERF funding completed with a treatment plan for liquid human waste with other funding was and remains decisive and critical in tackling past and future endemic cholera crises in Haiti.	Emergency technical and engineering work should be acknowledged as possible activities that agencies and partners can undertake as part of the humanitarian response and should be identified and communicated in CERF guidelines as allowed under its funding framework, rather than as an exception. Potentially, the timeframe for this type of project could be extended to 6 months depending on the nature of the work and the crisis/emergency.	UN agencies/donors and partners with mandate and expertise to undertake such work
Recipients of CERF funding should be priority agencies which are directly implementing planned activities and not umbrella agencies who later need to further identify and re-transfer the funds received from CERF, causing major delays and unnecessary administrative costs	Prioritisation of recipient agencies for funding should be based on the type of intervention proposed, technical capacities and experience as well as the ability to directly implement the activities.	HCT/United Nations Country Team/ Cluster lead agencies

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

FAO - AGRICULTURE

CERF PROJECT NUMBER	11-FAO-002	Total Project Budget	$ 512,579
PROJECT TITLE	Emergency support to activate communication networks for cholera prevention in isolated rural farming communities affected by the cholera outbreak	Total Funding Received for Project	$ 512,579
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 512,579

Beneficiaries	Targeted	Reached
Individuals	2,500,000	2,530,000
Female	1,500,000	1,500,000
Male	1,000,000	1,030,000
Total individuals (female and male)	2,500,000	2,530,000
Of total, children under 5	500,000	250,642
TOTAL	2,500,000	2,530,000

Gender Equity

Beneficiaries are men, women and children in the Artibonite and Centre departments.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
Rural communities in areas affected by cholera are sensitized on cholera prevention through awareness campaigns specifically targeting women who are particularly at risk of contracting cholera. Communication networks are created in rural areas, with participatory communication processes in place in each department concerned.	▪ Operational partnership with NGOs resulted in the training and awareness raising on cholera prevention of 19 agricultural workers, 250 members of community-based organizations, 243 community mobilizers and 143,220 people in the Artibonite and Centre departments; ▪ Good hygiene practices and food processing have significantly reduced the vulnerability to water borne diseases related to poor hygiene; ▪ A KAP survey was conducted by our main partner ACF to monitor the quality of sensitization: ▪ 47 per cent of respondents noted the importance of good hygiene in the prevention against cholera; ▪ Disease prevention knowledge: hand washing for 75 per cent and the use of treated water for drinking for 36 per cent; ▪ Symptoms accompanying the disease are known to all (100 per cent); ▪ 56 per cent reported using chlorinated water and soap; ▪ Raising awareness allowed them to know the rules of hygiene and respecting prevention against the disease this result shows some efficacy of awareness; ▪ The majority (97 per cent) reported discussing their learning during the training with their entourage. Creation of a monitoring committee on the quality of cholera prevention sensitization received by beneficiaries; ▪ 9 monitoring committees and 96 members were trained ▪ 14 Farmers' organizations (OP) and their 317 members were trained ▪ Diffusion of two spots, four skits and prevention campaigns on 40 community radio stations on good hygiene practices when working in the fields or at sea, and on food preparation reached 2.53 million people; ▪ Organization of consultation meetings with all ministries, media, NGOs and the private sector to strengthen partnerships and coordination; Development and dissemination of communication tools on the cholera epidemic.	Final reports of partners with whom a Memorandum of Understanding was signed Focus group discussions Individual surveys Monitoring surveys Report of the assessment mission

	▪ 12,000 posters were distributed ▪ 1 ,200 Flip Charts 17"x22" were provided to communities	

IOM - CAMP COORDINATION AND CAMP MANAGEMENT

CERF PROJECT NUMBER	11-IOM-001	Total Project Budget	$ 14,096,906
PROJECT TITLE	Life-Saving Response to Cholera Outbreaks in IDP Camps and High-Risk Spontaneous Sites	Total Funding Received for Project	$ 7,119,701
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 1,997,860

Beneficiaries	Targeted	Reached
Individuals	430,000	560,000
Female	223,600	291,200
Male	206,400	268,800
Total individuals (Female and male)	430,000	560,000
Of total, children under 5	39,990	52,080
TOTAL	430,000	560,000

Gender Equity

The project activities targeted IDP communities as a whole, benefiting women, girls, boys and men equally, since access to ORPs was granted equally. In addition, messages were broadcasted in radio stations and benefited both people in and outside camps. Other support activities were open to all partners willing to engage in cholera response activities for the benefit of the population.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
To augment prevention initiatives through community mobilization and hygiene promotion in up to 250 high risk sites with no clear WASH agency or Camp Management agency.	Nr and list of most vulnerable sites identified: ▪ 175 vulnerable sites were identified and supported through this project. More vulnerable camps were reached with other funding. Nr of SMS on cholera prevention sent: ▪ With different funding IOM used SMS to disseminate key messages during the earliest stages of the epidemic. By the time the CERF funds were available; more coordination mechanisms were in place between implementing agencies and MoHP. To avoid overwhelming communities with SMS, the number of SMS to be sent by each agency was reduced and recommendations were made to expand other activities that have a larger and more direct impact. IOM trained 41 people to disseminate hygiene promotion messages as a behaviour change strategy. These 41 persons were deployed for the entire project duration throughout the most vulnerable camps (including the 7 camps with over 10,000 IDP families) to carry out hygiene promotion sensitisation activities, including focus group, demonstration, cholera animation activities to help children understand the messages, door-to-door discussions and other group sensitisation activities. They also distributed a special edition of the comic strip Chimen Lakay devoted to cholera, which was published using other donor funding. The Chimen Lakay was a valuable communication tool for cholera sensitization. Nb. of radio episodes broadcasted: ▪ IOM broadcasted live radio programs on cholera sensitisation from camps and through a network of 30 local community radio stations. Programmes were broadcast live for 13 weeks during the duration of the project. To achieve complementarity, CERF funds were also used to hire 4 national radio experts to develop programs on cholera prevention for distribution on compact disks to a network of hundreds of long distance Tap Taps (public transportation buses) which played them for passengers. Given the urgency of the cholera response and the priority placed by the donors on effective communication to a largely illiterate and impoverished population, IOM opted to leverage a suite of media tools. These included, *inter alia,* mass media (radio and newspapers), one-on-one community mobilisation and sophisticated crowd-sourcing technology (Noula.ht) to triangulate messaging and real-time monitoring.	During the life of the project, a feedback system was developed in the framework of a two-way communication approach. This involved providing incentives to beneficiaries to demonstrate their comprehension of cholera messages received via radio or via print material (Chimen Lakay) and awareness activities. IOM partnered with the Haitian foundation Noula.ht which developed a crowd-source call centre. Beneficiaries were offered free phone calls to the call centre where data was collected on their level of comprehension. The feedback mechanism indicated that the messages were being efficiently transmitted with less than 7.5 per cent of respondents failing the comprehension quiz posed by Noula operators. The installation of WASH infrastructure (hand-washing stations, repair of water points, maintenance/support, solid waste management) funded by CERF complemented the set up of ORPs. Their impact was thus evaluated together with the impact of the whole intervention in a post-intervention survey implemented by IOM Health Team funded via the Office of Foreign Disaster Assistance (OFDA).
To support cholera response initiatives through improving WASH conditions in IDP sites and in centres where Oral Rehydration Solution focal points are established and in need of additional support.	▪ Nb. of hand-washing stations repaired/installed: A total of 250 hand-washing facilities were placed in ORPs and in camps as follows: 175 hand-washing stations established in ORPs (1 hand-washing facility per ORP). Those 175 ORPs were covering 250 IDP camps (175 vulnerable camps and 75 additional camps in the neighbourhood of vulnerable camps). 75 additional hand-washing stations were delivered to IDP camps accompanying existing toilet facilities, where no hand-washing station was present. ▪ Nb. of sites with solid management system: 175 IDP camps. Each camp with an ORP received proper training on solid waste management and on how to dispose trash safely, and was provided with at least one trash can. ▪ Nb. of solid management systems installed: 500 trash cans, built out of plastic bottles, produced and distributed. In addition, 30 solid waste skips installed in 30 IDP camps and collection services negotiated with SMCRS and Disaster Waste Recovery. ▪ Nb. of water tanks repaired/installed: 27 water points repaired. ▪ Nb. of sites provided with WASH maintenance/support: A total of 250 maintenance kits (including soap, chlorox, mops, brooms and other items) where distributed (a four-month supply per kit) and camp	Due to the ongoing nature of hygiene promotion activities, the impact of these activities is continuously being monitored up to today. Improvements in sanitation coverage (emergency as well as durable infrastructures) and access to household-based water treatment products supported by hygiene promotion campaigns contributed to the containment of cholera outbreaks in camps. More cases seen in the ORPs came from the surrounding neighbourhoods than directly from camps, according to caseload monitoring done by IOM Health Unit. This shows that interventions in densely populated camps, which are considered more vulnerable due to environmental circumstances and over-congestion, were

As CCCM Cluster lead agency, continue to provide support to partners to ensure that basic services including access to WASH support, essential Non Food Items assistance and protection are provided to high-risk and cholera affected IDP sites.	committees were supported with small repairs, where feasible. ▪ Nb. of IDP sites covered by hygiene promotion activities: Via 117 community action groups (some work in multiple small camps while some big camps have two community action groups), who were trained as trainers, continuous hygiene promotion activities were implemented in 175 IDP sites, in support of the maintenance and management of ORPs. ▪ Nb. of hygiene promoters trained: 585 ▪ Nb. of hygiene promoters deployed: 585 Nb. of cholera related maps produced: ▪ A total of 88 maps were developed to support overall cholera response efforts. The maps illustrate (at the communal level) the location of Cholera Treatment Centres (CTCs), Cholera Treatment Units (CTUs) and Oral Rehydration Posts (ORPs) in targeted communes. Geographic coverage included: ▪ Carrefour, Cité Soleil, Croix-des-Bouquets, Delmas, Léogâne, Pétionville, Petit Goâve/Grand Goâve, Port-au-Prince and Tabarre ▪ In addition to the above, maps were generated to provide an overview in the Ouest Department and the Metropolitan area ▪ In January, maps were updated and disseminated on a weekly basis, in February twice a month. In March and April dissemination was carried out once a month. Dissemination package consisted of one set of 11 maps each time (Please see numbering above). ▪ The maps were mainly provided to OCHA and the Health Cluster for further dissemination to cholera response actors Nb. of CCCM Cluster Meetings facilitated: ▪ A total of six cluster meetings and six additional meetings of the CCCM technical working group were held in Port-au-Prince. Nb. of agencies participating at the meeting: ▪ Approximately 15 Camp Management actors including CMAs and service providers attended the CCCM Cluster meeting regularly. Nb. of partners assisted with grants: ▪ Sustainable Aid Supporting Haiti (SASH) ▪ J/P Haitian Relief Operations (JP/HRO) ▪ American Refugee Committee ▪ Premiere Urgence ▪ Nb. of lights set up: a total of 11 lamps were installed in camps to provide light to latrine areas. The type of lamps initially proposed to be used for lighting latrine areas in IDP sites was changed due to fire hazards linked to the use of fuel in IDP camps. To mitigate the risks of fire, solar lamps with a longer lifespan were procured and installed in strategic points in IDP sites expected to remain open for longer periods of time so as to guarantee proper lighting to WASH and other common areas.	successful in containing cholera. IOM monitored the activities of CMAs assisted with grants through field visits to camps, regular meetings with CMA representatives, and through weekly, intermediate and final reports that helped follow closely the project implementation process and facilitate information sharing. It was a source of support and advice that helped cope with unexpected time constraints.

UNOPS - CAMP COORDINATION CAMP MANAGEMENT

CERF PROJECT NUMBER	11-OPS-001	Total Project Budge	$ 7,577,509
PROJECT TITLE	Support to Immediate Life-Saving Information and Critical Mitigation Work in Camps and Neighbourhoods Affected by the Cholera	Total Funding Received for Project	$ 2,856,000
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 816, 294

Beneficiaries	Targeted	Reached
Individuals	500,000	175,000
Female	265,000	92,750
Male	235,000	82,250
Total individuals (Female and male)	500,000	175,000
Of total, children under 5		
TOTAL	500,000	175,000

Gender Equity

The target population who benefited from this project is diverse but overall respectful of gender equality: At-risk camps and neighbourhoods, patients affected with cholera, medical personnel, population of the Ouest Department whose liquid human waste will be disposed in the Morne à Cabrit site.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL

To contribute to further reduce the loss of lives and the proliferation of cholera in Haiti.

ACTUAL OUTCOMES

- CTC sites have been improved through interventions to mitigate the impact and spread of cholera:
- Engineering work completed in the Gheiskio Bicentenaire Cholera Treatment Centre to enable patients to receive medical care in safe (and dry) conditions.

- The management of liquid waste is facilitated by the identification and building of additional dumping sites:
- Technical evaluation and identification of potential sites to build a liquid waste dumping and treatment site completed in Jeremie, Saint Christophe, Titanyen and Morne à Cabrit;

- Procurement, contract management and management of the construction of Haiti first dumping and treatment plan for liquid human waste completed;

- For the first time in Haiti sanitation history, a site to de-sludge and treat its human waste exists, decreasing the risk of exposure to cholera.

MONITORING AND EVALUATION MECHANISMS

Cholera prevention interventions, including infrastructure projects were completed in the main Cholera Treatment Centre which was established and became operational with CERF funding during the implementation period. UNOPS mitigation team employed engineers to supervise the work according to recommendations of technical evaluation of the needs in the site. Field visits were undertaken and reports are archived in the UNOPS office.

The liquid waste dumping and treatment site was established. In collaboration with DINEPA and with strong support from the WASH Cluster and UNICEF. The site was selected and approved by the DINEPA and construction work began according to site planning conducted by UNOPS technical teams. Regular visual inspections of the site were used to monitor the activity.

WHO - HEALTH

CERF PROJECT NUMBER	11-WHO-002	Total Project Budget (revised)	$ 16,069,598
PROJECT TITLE	Response to Cholera Outbreaks in Haiti	Total Funding Received for Project	$ 16,069,598
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 2,771,951

BENEFICIARIES	Targeted	Reached
Individuals	10,000,000	10,000,000
Female	5,100,000	5,100,000
Male	4,900,000	4,900,000
Total individuals (female and male)	10,000,000	10,000,000
Of total, children under 5	1,300,000	1,300,000
TOTAL	10,000,000	10,000,000

Gender Equity

Special attention was paid to vulnerable populations, including displaced population, women and children under 5. Interventions particularly targeted camps, schools and remote areas. Focus groups with targeted audience (including women, children and farmers) were organized to tailor awareness campaigns to their needs

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
Improvement of case management Improvement of access to medical care for cholera patients Strengthened local capacity to carry out outbreaks investigation, needs and gaps analysis and implement the response Emergency medicines and supplies distributed to facilities and communities in need; Infection control in dedicated facilities meeting international standards; Widespread knowledge within communities and staff working in health care facilities of key messages to prevent cholera and to react; Coordinated implementation of the Haitian National Plan for the Cholera Response	▪ Cholera mortality and morbidity rates were reduced. Hospital cholera fatality rate dropped from 2.2 per cent to a low 0.29 per cent in the cholera facilities supported by the project; ▪ Cholera case management was improved through the recruitment and training of nurses and brigadiers, and the implementation of a network of ambulances for the early referral of severe cases to CTCs and health facilities; ▪ Over 17,000 cholera patients were treated between November 2010 and July 2011 in the CTCs, CTUs and ORPs; ▪ Essential medicines and health supplies were provided by Programme Medicaments Essentiels to cholera facilities and primary health centres for cholera response. In particular, 1,520,000 sachets of Oral Rehydration Salts (ORS) were procured with CERF funds; ▪ Timely access to treatment was increased through the establishment of a network of ambulances for the transfer of cholera patients. Over 2,500 patients benefited from this service; ▪ Massive spraying operations were conducted in camps and highly affected communities. A total of 22,872 houses contaminated by cholera were disinfected. All households benefited from awareness messages and the distribution of hygiene kits; ▪ Intensive hygiene promotion and cholera awareness campaigns were conducted in affected communities and at cholera treatment facilities; ▪ 134 hand-washing stations were installed in strategic locations to support the prevention and control of cholera, with a special focus on schools, churches and markets;	The Health Cluster worked with health partners (Ministry of Health, NGOs and other national partners providing free care) to identify needs related to essential medicines and treatment facilities, and coordinated the overall cholera response. The WHO/PAHO office in Haiti carried out field monitoring visits and follow up on the funds implemented by NGOs.

Contribution to situation reports, resource mapping and information sharing among partners through dedicated exchange plate-forms such as bulletins, websites, meetings, etc.).	▪ 897 alerts were received, investigated and responded to through the Alert and Response System; ▪ Coordination of information and cholera response activities were improved among health partners; ▪ Regular bulletins on epidemiological trends of cholera were produced with inputs received from the Alert and Response Teams and shared with partners. The Alert and Response System also contributed to the mapping of CTCs/CTUs and the coordination of Health Cluster meetings in the field which served as main coordination forums.	

WFP - LOGISTICS

CERF PROJECT NUMBER	10-WFP-001	Total Project Budget	$ 3,737,626
PROJECT TITLE	Provision of Air Services to the Humanitarian Community in Haiti	Total Funding Received for Project	$ 2,908,904
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 2,497,860

Beneficiaries	Targeted	Reached
Individuals	1,500	1,417
Female		
Male		
Total individuals (female and male)		
Of total, children under 5		
TOTAL	1,500	1, 417

Gender Equity

NA

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL

Provision of air transport on behalf of the humanitarian community to implement emergency relief activities in inaccessible areas, unreachable by surface transport;

Transport of passengers and humanitarian relief cargo, such as medical supplies; emergency food rations and information communication technology equipment;

Ensure an organized supply-chain at the Port-au-Prince international airport for humanitarian cargo;

Provision of capacity for timely assessments and medical evacuations.

ACTUAL OUTCOMES

- UNHAS services were vital to delivering essential humanitarian supplies to the crisis-affected regions;
- In line with the humanitarian air transport needs, UNHAS operational fleet was gradually downsized. In 2010 during the earthquake and the peak of the cholera response, the UNHAS fleet consisted of nine aircrafts; in 2011 during its final three months in operation, UNHAS only had a MI171 heavy lift helicopter available in order to cover continuing emergency relief activities;
- During the reporting period (January-March 2011) UNHAS transported 256 metric tons of predominantly medical items and emergency food rations to remote locations, inaccessible by road;
- 33 humanitarian organisations made use of the service.
- In addition, UNHAS transported 1,417 passengers from various UN Agencies, NGOs, donors, governments, embassies and media institutions;
- All requests for medical and security evacuations were addressed.
- The CERF supported a one-month deployment of the MI171 helicopter (based in Port-au-Prince), as well as an urgent deployment and associated operational costs of two MI8 helicopters for a period of one month; both MI8s were deployed from November 2010 to January 2011.

MONITORING AND EVALUATION MECHANISMS

UNHAS monitored the projects by recording requests and planning flights. It kept flight statistics based on the Flight Booking System and Cargo Movement Requests

UNICEF - WATER, SANITATION AND HYGIENE

CERF PROJECT NUMBER	11-CEF-001	Total Project Budget	$ 25,226,907
PROJECT TITLE	Emergency Water, Sanitation and Hygiene for Cholera Preparedness and Response	Total Funding Received for Project	$ 6,362,779
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 861,885

Beneficiaries	Targeted	Reached
Individuals		
Female	760,500	720,000
Male	730,500	700,000
Total individuals (female and male)	1,500,000	1,420,000
Of total, children under 5	300,000	300,000
TOTAL	1,500,000	1,420,000

Gender Equity

This project aimed at providing safe water to the general population, thus reducing their vulnerability to cholera. As a result, the project benefited equally all groups: women, girls, boys and men. However, clean water at the household level is understood to have a greater impact on the status of women and children.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	Monitoring and Evaluation Mechanisms
To reduce mortality and morbidity related to cholera through an effective WASH cholera prevention and response.	▪ Chlorination of 40 urban water supply systems by DINEPA through the supply of 20 tons of HTH (powdered chlorine), thus making the water provided to approximately 930,000 people safer: ▪ The number of beneficiaries is estimated based on DINEPA cholera response plan. This plan estimates that the amount of HTH was required to provide safe water to 3 million persons through urban water systems was 64 tons. UNICEF procured and distributed 20 tons to DINEPA, covering approximately one third of the target population in urban areas. Distribution to DINEPA occurred in March 2011. Distribution of 500,000 bottles of locally-manufactured liquid chlorine (Gadyen Dlo) by DINEPA in the departments of the Nord, Nord-Ouest and Nord-Est, thus providing 490,000 people with the possibility to treat water at the household level : ▪ Beneficiary estimates are conservatively calculated based on the results of the UNICEF-sponsored study conducted by the Centres for Disease Control in the Nord-Ouest Department. This evaluation, conducted in August and September 2011, was specifically designed to determine the effectiveness of this CERF-funded chlorine distribution in one of three departments. The evaluation was divided into a monitoring of the distribution process at the commune and locality level (22 distributions observed) and a family-level assessment (365 families interviewed). The evaluation concluded that 49 per cent of targeted households had received the cholorine product as of August 2011. However, non-targeted households were not included in the survey and some distributions could have been delayed, which means that it is difficult to determine if supplies were provided outside agreed distribution plans, if they were given late, or if they were actually not distributed. Not being able to determine definitively the exact number of beneficiaries, UNICEF has used this assessment as being indicative of the other two departments, and calculated 49 per cent of the target population in rural areas as benefiting from the distribution process. ▪ CERF funds were used to procure 500,000 bottles of locally-manufactured liquid chlorine and distribute to DINEPA.	UNICEF field monitoring and DINEPA cholera response plan. Monitoring and Evaluation study conducted by UNICEF and the Centre for Disease Control in August and September 2011. A report was written and transmitted to DINEPA.

	Water quality testing in Port-au-Prince by DINEPA Municipal Teams, through the supply of testing kits and consumables to measure free chorine residual, thereby contributing to the strengthening of national authorities capacities to monitor water quality in the metropolitan area: ▪ DINEPA Municipal Teams for water quality testing have consistently reported taking approximately 5,000 measures every month. It can therefore be estimated that these testing materials contributed to approximately 15,000 tests during the three-month implementation period, thereby helping to ensure a responsive and flexible response to variations in water quality at water distribution points (kiosks, hand-pumps, bladders and other sources) in the Port-au-Prince region; ▪ CERF funds were used to procure 500 packages of chlorine testers and 50 chlorine test kits. Special Note: *As per the small budget revision communicated to the CERF Secretariat in March 2011, soap supplies were not procured, after DINEPA confirmed that sufficient stocks were made available through other WASH sector partners. Costs savings were redistributed to cover increased cost of HTH shipping and the additional, unforeseen cost of bottling chlorine products (instead of covering only liquid supplies). Proposed results associated with distribution of soap in schools for cholera prevention activities are therefore not addressed in this report.*	DINEPA/WASH Cluster monthly WASH reports and weekly SIS-KLOR reports. Monthly meetings between UNICEF and DINEPA Municipal Teams Manager.

UN-HABITAT - WATER, SANITATION AND HYGIENE

CERF PROJECT NUMBER	11-HAB-001	Total Project Budget	$ 500,000
PROJECT TITLE	Community Based Response to the Cholera	Total Funding Received for Project	$ 261,292
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 261,292

Beneficiaries	Targeted	Reached
Individuals		
Female	135, 000	135, 000
Male	115, 000	115, 000
Total individuals (female and male)	250, 000	250, 000
Of total, children under 5	32, 500	32, 500
TOTAL	250, 000	250, 000

Gender Equity

The initiative targeted all the population living in selected informal settlements. Beneficiaries were male and female and from all age category. Particular attention was given to the most vulnerable population, especially elderly people and children (as less resistant to the vibrio cholerae bacteria).

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL

The objective is to enable communities in informal neighbourhoods to organise a collective response to the cholera epidemic in order to:

Prevent cholera;

Improve access to safe water and sanitation;

Promote acceptance by communities of the set-up of medical facilities that allow rapid access to treatment and the establishment of procedures for disinfection of contaminated households as key factors for saving life and avoiding the rapid spread of the illness in about 10 neighbourhoods.

ACTUAL OUTCOMES

- The work of UN-HABITAT has generally consisted of the creation of appropriate conditions for acceptance and ownership by the communities and their representatives so that health actors (such as the International Alliance for Medical Action and Aide Médicale Internationale) jointly with communities, could develop in optimum conditions (safety, efficiency and speed) a local response to the cholera epidemic at the heart of neighbourhoods targeted by the project.

- Adapted approaches have been developed considering neighbourhoods specificities. For instance, in Carrefour Feuilles neighbourhoods (Port-au-Prince), a sensitive area due to the circulation of small arms and the presence of some armed groups, UN-HABITAT established contacts with at-risk groups in order to ensure the security of social mobilization and health teams and that the whole population benefit from the project.

- Commune of Pétionville: Neighbourhoods of Bristout/Bobin, Meyotte, Dupont, Boulay/Nan Rak, Bois Moquette and Jalousie; population estimate: 150, 000; health partner: ALIMA.

- Commune of Port-au-Prince: Neighbourhoods of Fort Mercredi, Cité 9, Descayettes, Savane Pistache (Doko, Vénus) and Grande Ravine; population estimate: 100, 000; health partner: AMI.

Indicator 1.1
All communities have been sensitised on prevention measures for cholera and how to react in case of contamination.

- Creation of cholera committees, comprised of community representatives and health actors, in charge of coordinating sanitary interventions in respective neighbourhoods: Bristout/Bobin, Jalousie with ALIMA, and Fort Mercredi & Cité 9, Descayettes with AMI;
- Meetings with CBOs, neighbourhood by neighbourhood, for the purpose of awareness raising on the issue of cholera and discussion and agreement on their involvement in the local response to the cholera epidemic, together with ALIMA (neighbourhoods of Bristout/Bobin, Meyotte, Dupont, Boulay/Nan Rak, Bois Moquette and Jalousie/Descajou in Pétionville) and AMI (neighbourhoods of Fort Mercredi, Cité 9, Descayettes, Savane Pistache (Doko, Vénus) and Grande Ravine in Port-au-Prince);
- Identification of appropriate spaces in neighbourhoods for open-air diffusion on preventive and

MONITORING AND EVALUATION MECHANISMS

Minutes of meetings facilitated by UN-Habitat in respective neighbourhoods and minutes of weekly meetings by the social facilitation team.

Activity report from the Fondation MWEN;

21 VOX POP (Dupont, Boulay/Nan Rak, Meyotte, Bois Moquette 7, Bristout/Bobin 3, Jalousie et Descajou 4, Fort Mercredi/Cité 9 et Descayettes 4, Saieh, Savane Pistache, Beauboeuf 3) ;

Sessions of questions/ answers during Sinéma Anba Zetwal events;

Attendance and participation in broadcasting events and visual observation.

Minutes of meetings facilitated by UN-HABITAT in respective neighbourhoods and minutes of weekly meetings by the social facilitation team.

Epidemiological Monitoring Workbook from ALIMA and AMI.

In Carrefour Feuilles (Port-au-Prince), 1,196 cases have been treated through Oral Rehydration Centres (ORCs), of which 166 cases have been referred to the CTU administered by Médecins du Monde in Sanatorium and other structures so patients could receive appropriate treatment over the period from March to September 2011; In Pétionville, between November 2010 and September

	informative messages on cholera (Pétionville and Port-au-Prince); ▪ Mobilisation and support to our partner Fondation MWEM for the shooting of cholera-related VOX POP involving the population, leaders and notables in the neighbourhoods targeted by the project. ▪ A partnership was established with the Fondation MWEM which had experimented with the concept of Sinéma Anba Zetwal (cinema under the stars) on various topics. The Sinéma Anba Zetwal is an open-air educating and entertaining event alternating videos, sketches and questions and discussions. Five editions of Sinéma Anba Zetwal, dedicated to the cholera issue, were held in various neighbourhoods. A lot of children and teenagers participated in these events; ▪ Conception, production and realisation of 21 audiovisual messages (VOX POP) on the cholera issue involving CBOs in the targeted neighbourhoods; ▪ Diffusion of VOX POP, together with other informative videos produced by DINEPA, UNESCO, etc, during Sinéma Anba Zetwal events: Dupont – 600 participants, Bristout/Bobin – 800 participants, Jalousie - 500 participants, Saieh – 600 participants, Beauboeuf – 300 participants; ▪ Sinéma Anba Zetwal events also created opportunities for health actors to present their activities and support structures in related neighbourhoods, i.e. ALIMA and SOLIDARITES Inter in Bristout/Bobin, ALIMA in Dupont and Jalousie, AMI in Carrefour Feuilles; ▪ Information campaign via megaphones by UN-HABITAT social facilitators in collaboration with the health actors on cholera-related preventative messages and information on curative structures located in the neighbourhoods. ▪ = All communities duly informed and sensitised through meetings with CBOs, community/ health platforms at neighbourhood level, campaigns by megaphones and Sinéma Anba Zetwal events. Indicator 1.2 Families have access to an Oral Rehydration Centres (ORC), within a walking time of maximum 5/10 minutes from their households. ▪ Social mobilisation for the identification of sites for the installation of Oral Rehydration Centres (ORCs); ▪ Assistance for the recruitment of teams (to be deployed in the ORC) from the neighbourhoods; ▪ Support for mediation and conflict resolution, especially in Bristout/Bobin during the installation of health structures; 250 000 inhabitants outreached and served ▪ Set up of nine Oral Rehydration Centres (ORCs) with AMI in Carrefour Feuilles (Port-au-Prince) as follows: Fort Mercredi (2), Cité 9 (2), Savane Pistache (2) (Doko et Vénus), Beauboeuf (1), et Grande Ravine (2). The population covered is about 100,000 inhabitants; ▪ Implementation of a network of ORCs in Pétionville : Dupont (1 ORC then CTU), Meyotte, Boulay/Nan Rak (2 ORCs), Bois Moquette (1 ORC), and Bristout/Bobin (6 ORCs). The population covered is about 150,000 inhabitants. ▪ = A network of ORCs is developed in neighbourhoods allowing families to access rehydration within a walking time of maximum 5/10 minutes from their households. Indicator 1.3 Families have 24/7 access to a Cholera Treatment Units (CTU) within a walking time of maximum 15/20 minutes from their households. ▪ Social mobilisation for the identification of sites for the installation of Cholera Treatment Units (CTUs); ▪ Support for mediation and conflict resolution, especially in Jalousie and Bristout/Bobin during the installation of health structures; ▪ Support to the establishment of a partnership with the CTU set up by Médecins du Monde France located in Sanatorium in order to refer cases identified through the network of Oral Rehydration Centres in Carrefour Feuilles (Port-au-Prince); ▪ Implementation of a network of CTU in Pétionville: Dupont (1 CTU) and Bristout/Bobin (one CTU – up to	2011, about 1,000 cases have been handled by the CTU of Bristout/Bobin (neighbourhood population estimate: 20,000) and 115 cases referred to the CTC of the closest hospital (CTC with 40 beds). Over the period, nine people died from the cholera (Source: ALIMA). Some 685 patients attended the CTU in Dupont, including 127 who were referred to the CTC Route Frères (Source: ALIMA). Meetings with ALIMA, AMI and Médecins du Monde. In-situ visits by the social facilitation team.

	10 beds). The population covered is about 150,000 inhabitants. ▪ = A network of CTUs is developed in neighbourhoods allowing families to access treatment within a walking time of maximum 15/20 minutes from their households. Indicator 1.4 Procedure and means are in place for evacuation to Cholera Treatment Centres (CTC). ▪ = Modalities for evacuation to CTC are in place, i.e. ambulances on stand-by near CTUs to reach the closest Cholera Treatment Centre and support to references system from CTU to CTC (support to references system from ORCs to main CTU in Carrefour Feuilles).	

WATER, SANITATION AND HYGIENE - UNDP

CERF PROJECT NUMBER	11-UDP-001	Total Project Budget	$ 1,282,929
PROJECT TITLE	Improved Sanitation of Targeted High Risk Area in Cap Haitian Through the High Intensity Labour	Total Funding Received for Project	$ 651,491
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 651,491

BENEFICIARIES	Targeted	Reached
Individuals	600,000	600,000
Female	300,000	250,000
Male	300,000	350,000
Total individuals (female and male)		
Of total, children under 5		
TOTAL	600,000	600,000

Gender Equity

Five out of six micro-capital grants were provided to female-managed NGOs;
45 per cent of high intensive labour workers were women;
Women played an important role during awareness campaigns as animators or organizers.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
Increased sanitation in targeted high-risk areas in Cap Haitien through clearance of clogged drainage canals/ disposal of garbage and solid waste. 6.5 km of canals cleaned; 500 m3 of canal constructed, 3,500 m2 of canals beds reinforced; 2,500 persons employed (Temporary work).	▪ Clearance of clogged draining canals: ▪ 7,982 linear meters of drainage canals cleared/and or unclogged in the city of Cap Haitien; ▪ 1,200 linear meters of drainage canal rehabilitated; ▪ 430 linear meters of canal Zidor rehabilitated and a pedestrian street built and pave; ▪ 2,150 temporary jobs created (45 per cent of beneficiaries were women) ; ▪ 7,500 cubic meter of solid waste removed and dumping area transformed into green public place; ▪ 23,072 cubic meters of organic waste removed and disposed; ▪ 1,380 cubic meters of canal built; ▪ 215 m^2 of green public area created on dumping place; ▪ 1,500 m^2 of canal bed reinforced; ▪ 10 trucks repaired for the Ministry of Public Works and fuel provided.	Reports/field visits Official visit by the Resident Coordinator on 23 December 2011 to the rehabilitation project of the canal Zidor in Cap Haitien Agreement signed with six NGOs for the use of micro capital grants Final reports of the six NGOs on project implementation.
Access to well /running water for vulnerable communities.	▪ Access to potable water for vulnerable communities increased and maintained: ▪ 34 water wells and hand pumps rehabilitated in Cap Hatien, Limonade, Acul du Nord and Millot; ▪ 2 water systems repaired in Acul du Nord (downtown) and Limonade allowing more than 30,000 persons to have access to safe chlorinated running water; ▪ 1,350 persons from community-based organisations trained on water treatment and prophylactic measures related to water-borne diseases.	
Rehabilitation /construction of new canals to reduce risk of overflow.	▪ Construction of new canal : ▪ 430 linear meters of Zidor canal in Cap Haitien built with concrete and masonry work of rocks.	
Awareness raising and prophylaxis campaigns.	Awareness campaigns/training: ▪ 25 community health workers trained during three months, graduated and deployed in the community health centre to strengthen cholera response in the region; ▪ 1,350 persons trained by different organizations on prophylaxis measures against cholera; ▪ Several information meetings carried out in communities; ▪ Workshops and focus groups discussions organised with the assistance of officers from the Ministry of Health.	

ANNEX 1. CERF FUND DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT

CERF PROJECT CODE	CLUSTER/SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/Remarks
11-FAO-002	Agriculture	FAO	Sosyte Animasyon Kominikasyon Sosyal	NNGO	13,900.00	18/08/2011	20/12/11	Activities were carried out in the great agricultural season of the summer campaign, in order to reach and sensitise more rice producers and rice field's workers in the action area of the project.
11-FAO-002	Agriculture	FAO	Mouvement des Paysans de Papaye	NNGO	47,280.00	18/08/2011	22/08/11	
11-FAO-002	Agriculture	FAO	Association des Jeunes en Marche vers l'Avenir	NNGO	14,800.00	29/08/2011	31/08/11	
11-FAO-002	Agriculture	FAO	Solidarite Fanm Ayisyen	NNGO	17,620.00	19/08/2011	28/08/11	
11-FAO-002	Agriculture	FAO	Association des Frères Unis d'Ennery	NNGO	12,000.00	18/08/2011	28/08/11	
11-FAO-002	Agriculture	FAO	Organisation progressiste des Femmes de Gonaives	NNGO	8,480.00	18/08/2011	14/09/11	
11-FAO-002	Agriculture	FAO	Coordination des Femmes Unies du Haut Artibonite	NNGO	8,480.00	06/08/2011	01/09/11	
11-FAO-002	Agriculture	FAO	Association des Jeunes Progressistes pour le Développement Agricole de Marmelade	NNGO	14,820.00	19/08/2011	12/09/11	
11-FAO-002	Agriculture	FAO	Action Contre la Faim	INGO	24,810.00	09/08/2011	10/08/11	
11-IOM-001	CCCM	IOM	Sustainable Aid Supporting Haiti	INGO	27,420.00	07/02/2011	15/01/2011	This partner was already implementing activities in the field.
11-IOM-001	CCCM	IOM	J/P Haitian Relief Operations	INGO	82,895.00	04/03/2011	15/01/2011	
11-IOM-001	CCCM	IOM	American Refugee Committee	INGO	32,425.00	04/03/2011	15/01/2011	
11-IOM-001	CCCM	IOM	Première Urgence	INGO	57,260.00	10/02/2011	15/01/2011	
11-WHO-002	Health	WHO/PAHO	The Alliance for International Medical Action	INGO	304,820.77	01/03/2011	01/03/2011	
11-WHO-002	Health	WHO/PAHO	French Red Cross	INGO	396,255.46	01/03/2011	01/03/2011	

11-WHO-002	Health	WHO/PAHO	Medical Emergency Relief International	INGO	102,498.96	01/03/2011	01/03/2011	
11-WHO-002	Health	WHO/PAHO	Medicos Del Mundo	INGO	33,904.28	15/04/ 2011	15/04/ 2011	
11-WHO-002	Health	WHO/PAHO	Brigade Medicale Cubaine	INGO	45,720.87	01/04/ 2011	01/04/ 2011	
11-HAB-001	WASH	UN-HABITAT	Fondation Mwen Wé Mwen	NNGO	54,000.00	04/07/2011	June 2011	Preparatory work has been undertaken once the cooperation agreement was signed between UN-HABITAT and the Fondation.
11-UDP-001	WASH	UNDP	Groupe Technologique Intermediaire d'Haïti	NNGO	217,259.75	05/04/2011	10/04/2011	
11-UDP-001	WASH	UNDP	Assosyation Fanm Soley d' HAITI	NNGO	73,582.26	29/03/2011	01/04/2011	
11-UDP-001	WASH	UNDP	Cooperazione e Sviluppo	NNGO	222,096.40	01/04/2011	05/04/2011	
11-UDP-001	WASH	UNDP	KONBIT SANTE	NNGO	53,137.55	04/04/2011	08/04/2011	
11-UDP-001	WASH	UNDP	Sonje Ayiti Organisation	NNGO	7,467.08	15/04/2011	20/04/2011	
TOTAL					**1,872,933.38**			

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CBOs	Community-Based Organisations
CCCM	Camp Coordination and Camp Management Cluster
CDAC	Communicating with Disaster-Affected Communiy
CTC	Cholera Treatment Centre
CTU	Cholera Treatment Unit
DINEPA	Direction nationale de l'eau potable et de l'assainissement
EERF	Emergency Relief Response Fund
FAO	Food and Agriculture Organization
GoH	Government of Haiti
HIMO	High intensive labour approach
HTH	powdered chlorine
IOM	International Organization for Migration
MOHP	Ministry of Health and Population
NGO	Non Governmental Organization
ORPs	Oral Rehydration Posts (ORPs)
UNDP	UN Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UN-HABITAT	United Nations Human Settlements Programme
UNHAS	United Nations Humanitarian Air Services
UNICEF	UN Children's Fund
UNOPS	United Nations Office for Project Services
WASH	Water, Sanitation and Hygiene
WFP	United Nations World Food Programme
WHO	World Health Organization