



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
HAITI
RAPID RESPONSE
DISEASE**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Peter de Clercq

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR process was conducted when drafting the Transitional Appeal 2015-2016. UN agencies, NGO involved in cholera response and sometimes Government officials.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

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

YES NO

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 157,454,956 US\$		
Breakdown of total response funding received by source	Source	Amount
	CERF	8,873,437
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	3,218,356
	OTHER (bilateral/multilateral)	77,763,055
	TOTAL	89,854,884

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 01-May-14			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-082	Health	990,820
WHO	14-RR-WHO-035	Health	1,677,386
TOTAL			2,668,206

As a result of a context of extreme fragility, an estimated three million Haitians was affected by the impact of both chronic and acute humanitarian challenges. They faced displacement, food insecurity and malnutrition. Of these, an estimated 817,000 people in 35 priority communes of 140 in the country were in need of immediate humanitarian assistance. Within this context, the cholera epidemic remained a grave concern.

As of 17 March 2014, the Ministry of Public Health and Population (MSPP) reported a total of 700,742 cases of cholera, and 8,547 deaths since the beginning of the epidemic in October 2010 with 1.2% of global fatality rate. From January to 22 March 2014, 3,617 cases of cholera have been reported reflecting a significant reduction in the number of cases since the beginning of the dry season in December 2013. In fact, it was the lowest number of cases and fatalities registered since the outbreak was declared. According to the Government and the Pan American Health Organization/World Health Organization (PAHO/WHO), an estimated 45,000 suspected cholera cases were expected in 2014, if current trends continued and if consolidated and nationwide efforts deployed in 2013 were sustained. But only 27,388 cholera cases actually occurred in 2014. Despite acute needs, resources to combat the epidemic have been hard to mobilize. The cholera chapter of the Humanitarian Action Plan 2013 (HAP) remained the least funded priority of the year. The continuation of on-going activities and an increased attention on prevention measures were essential to preserve the gains attained so far and to further reduce the number of suspected cases of cholera.

The CERF grant application focused on the implementation of an oral vaccination campaign targeting 200,000 people in areas most affected by cholera, as a preventive and complementary measure to other life-saving initiatives taking place to combat cholera.

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN Agencies /IOM implementation	2,139,284
Funds forwarded to NGOs for implementation	81,874
Funds forwarded to government partners	447,048
TOTAL	2,668,206

HUMANITARIAN NEEDS

In 2013, the Government of Haiti has launched a Cholera Elimination Plan and a short- and medium-term operational plan. The 10-year, \$2.2 billion cholera elimination plan aimed to sustainably tackle the conditions that predispose Haiti to the transmission of cholera by improving access to water, sanitation, hygiene and healthcare facilities for 80-90% of the Haitian population. The two-year, \$448 million plan contributed to the 10 year plan by aiming to reduce the incidence of cholera from 3 to 0.5% by achieving 80% coverage of treated water and vaccinating 600,000 people by 2015. The two-year plan was so far 50% funded but the implementation of activities was slow following many obstacles.

With the view to supporting Government efforts and addressing emergency cholera needs, the two year UN support plan was elaborated in December 2013 to support Government efforts. The plan aimed to reduce the incident rate by cutting the transmission of the epidemic i.e. reducing the annual incidence rate of cholera to less than 0.5 per cent by the end of 2015 and meeting the lifesaving needs of the Haitian population. The plan requested US\$70 million for two years. The 2014 activities of this plan constituted the cholera chapter of the Humanitarian Action Plan 2014 (HAP) which prioritized the life-saving response efforts to be implemented by UN partners and NGOs in support to the GoH. The cost of cholera prevention and response in the HAP 2014 amounted to \$40 million.

The National Cholera Elimination Plan targeted the vaccination of 600,000 people with the oral cholera vaccination in areas of persistence. Of these 100,000 people were vaccinated with UN support during 2013. The UN aimed to support the GoH with the vaccination of the remaining 500,000 people with a target of 200,000 people.

II. FOCUS AREAS AND PRIORITIZATION

Despite numerous advocacy efforts at field and HQ level, additional funding for phase II of the cholera campaign has been hard to mobilize. The critical funding gap requiring CERF funding was therefore to support the implementation of the oral cholera vaccination campaign targeting 200,000 people. This was going to bring the total of people vaccinated in Haiti to 300,000.

The key activities proposed in this CERF submission was the funding of the procurement of the vaccines as well as the operational costs related to the campaign itself. PAHO/WHO and UNICEF worked in a complementary manner in support to national authorities to implement the campaign drawing on lessons learned from the first phase of the initiative.

The funds were going to support MSPP/DINEPA with the support of PAHO/WHO and UNICEF both directly and through NGO partners in areas designated by the Ministry of Health. The criteria to be used in designating those areas were as follows:

- High cholera incidence rate
- High population density
- Limited access to water and sanitation

All activities were identified through the Cholera Elimination Plan for the Island of Hispaniola. The integration of activities in this larger/longer-term action plan aimed to ensure the sustainability of interventions and mechanisms put in place toward the achievement of the overall goal of eradicating cholera from the Hispaniola Island.

The cholera vaccination campaign targeted all persons aged one or above with the exception of pregnant women. The criterions for the selection of these areas were areas of cholera persistence where access to health services is limited; where there is poor access to safe drinking water and poor sanitation. Seven municipalities of 3 departments were identified:

Health Departments	Municipalities/Localities
Center	Lascahobas
	Savanette
	Seau d'Eau
	Mirebalais (section communale de Sarazin)
Artibonite	Ennery
	Gonaives (commune de Poteau)
West	Arcahaie (5eme Délice)

The target areas of interventions were confirmed by the Ministry of Health, in coordination with other implementing partners. The campaign was carried out through the mobilization of qualified health workers and community workers properly trained and supervised on cholera prevention measure and vaccination procedures.

III. CERF PROCESS

Following the announcement of the Rapid Response allocation to support cholera vaccination, the HC informed accordingly all stakeholders and asked UNICEF and PAHO/WHO to conduct the necessary process of prioritization and response. WASH and Health cluster leads organized meetings aimed to identify priorities to be funded and to maximise the impact of those funds in most vulnerable communities. UN agencies and NGOs involved in cholera response participated in those meetings. Following conclusions of these meetings, the HC approved priorities and informed CERF secretariat.

The priorities and gaps were in line with critical gaps and the strategy agreed within the HCT to meet minimum cholera response requirements and the National Cholera Elimination Plan.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 200,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health	96,493	86,791	183,284

BENEFICIARY ESTIMATION

The Oral Cholera Vaccination (OCV) campaign in Haiti forms part of the National Plan for the Elimination of Cholera 2013–2015 developed by the MSPP which targets the vaccination of the population most at risk of contamination of cholera due to their location in vulnerable areas (30 to 40 percent of the population; approximately 600,000 people).

As part of this plan, a first round of cholera vaccination was carried out in 2013 with the technical and financial support of UNICEF, PAHO/WHO, CDC, GHESKIO and Partners In Health. The Ministry of Health performed the campaign in two communes at risk, Petit Anse (North Department) and Cerca Carvajal (Centre Department). 107,906 people benefited from this first phase of the vaccination.

On March 2014, PAHO/WHO, acting on the behalf of the Government of Haiti, submitted a request to the Secretariat of the Global Task Force for Cholera Control in order to obtain OCV. Due to the limited supply of OCV worldwide, Haiti obtained 400,000 doses of vaccines, and thus a maximum of 200,000 beneficiaries could be vaccinated with 2 doses of OCV. The Ministry of Health focused its efforts on high-risk areas based on patterns of cholera persistence. The population of the seven (7) selected municipalities in three (3) prioritized departments was then targeted excluding children under one year of age (2.68% of the target population) and pregnant women (3.2% of the target population). Therefore the total targeted beneficiary population in these high-risk areas was 186,385, including 92,197 females and 92,855 males. 98% of these individuals were covered by the vaccination campaign for total reached beneficiaries of 183,284 individuals. The remaining OCV doses were donated to the Ministry of Health following an outbreak of cholera in the prison of Port au Prince in order to vaccinate 16 prisons in other parts of the country to prevent further outbreaks. To this end, PAHO/WHO also provided technical support to the Ministry while the International Committee of the Red Cross helped the ministry implement this targeted vaccination campaign as well as WASH activities.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	100,000	96,493
Male	100,000	86,791
Total individuals (Female and male)	200,000	183,284
Of total, children under age 5	20,620	26,038

CERF RESULTS

The vaccination strategy targeted health care centers, hard to reach areas through outreach interventions and door-to-door visits. A mass sensitization and hygiene promotion campaign accompanied the vaccination campaign to improve preventive and protective practices among the general population. Activities were supported by a total of 1,488 field operators, 372 trained community health workers, 74 field supervisors, 14 central level supervisors, 7 national epidemiologists, 7 cold chain technicians and 5 overall coordinators.

400,000 doses of Shanchol were received and 380,301 doses were administered during two vaccination rounds; for a total number of 183,284 vaccinated individuals (number of people who received the two required doses). This represents an administrative coverage of 98% and wastage rate of only 2%.

Constant multi sector coordination was ensured with all actors involved in the mass vaccination campaign, including DINEPA, DPEV, UNICEF, Centers for Disease Control and Prevention (CDC), and PAHO/WHO, from the planning process, to the implementation of the campaign and the final review of the campaign results. An evaluation of the vaccination campaign and vaccination coverage reached was conducted by the Haitian Institute of Childhood (*Institut Haïtien de l'Enfance- IHE*), on behalf of the MSPP. The final report of this evaluation is still pending and will be shared with Office for the Coordination of Humanitarian Affairs (OCHA) and CERF when finalized.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

The funds allowed fast implemented of vaccine activities with support of MSPP structures and staffs.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

CERF funds were the only source of funding available, outside of the MSPP's own investment, to support this critical cholera control intervention that was the mass vaccination campaign. The campaign was extremely successful, with a high level of participation of the local population and great acceptance of vaccine. The final coverage evaluation is still pending. The results, lessons learned and recommendations of such evaluation will be disseminated to the national authorities and partners to support resource mobilization for the replication of this initiative in other vulnerable areas to further improve disease control.

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

YES PARTIALLY NO

The country did not received enough funds to respond to cholera epidemic

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

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

YES PARTIALLY NO

Coordination between UNICEF, PAHO/WHO and MSSP was reinforced through these activities. Coordination meetings were regularly organised to monitor activities and to identify constraints.

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

NTR

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
NA	NA	NA

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Carrying out mass vaccination and sensitization campaign during holidays helped reach out to more individuals. However, it is important that the two rounds of the vaccination campaign be carried out during holidays to ensure that both vaccine doses are administered to each individual, and thus guarantee the vaccine efficacy.	When planning mass vaccination campaign, holiday period should be identified as a strategic period to target additional individuals at community level. However, it is critical to ensure the two round of vaccination can be carried out during the holiday period and avoid having individual return to the big cities without receive the second dose of vaccine.	MSPP and implementing partners
The implementation of Water, Sanitation and Hygien (WASH) activities and sensitization about preventive measures and hygiene during the vaccination campaign proved to be successful due to the mass participation of the population in the campaign	Sensitization activities are complementary to the vaccination and the strategy of pairing awareness campaigns with highly visible and popular public health interventions such as vaccination need to continue	MSPP and implementing partners
Community mobilization and the timely availability of essential resources guarantee the success of a vaccination campaign, even when implemented in a difficult environment.	For future campaigns, community mobilization needs to be maintained, and coupled with stronger logistical supports, to ensure the successful implementation of the vaccination campaign.	MSPP and implementing partners

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

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CERF project information			
1. Agency:	WHO UNICEF	5. CERF grant period:	WHO 23.05.14 – 22.11.14 UNICEF 13.05.14 – 12.11.14
2. CERF project code:	14-RR-WHO-035 14-RR-CEF-082	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project title:	Scaling up prevention efforts towards the elimination of cholera in Haiti through the implementation of an oral cholera vaccination campaign		
7. Funding	a. Total project budget:	US\$ 2,741,445	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2,304,592	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	WHO US\$ 1,677,386 UNICEF US\$ 627,206	▪ Government Partners: US\$ 404,033 MSPP \$234,033; DINEPA \$170,000
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	100,000	96,493	Despite extremely high acceptance of the vaccine by the local population, the number of people living in the targeted areas was less than the population originally estimated. As the OCV targets population excluding children under1 and pregnant women, the pool of individuals to be vaccinated was slightly reduced. This was somehow compensated by the fact that individuals from the big cities were on vacation in their village of origin at the time of the campaign and could also get vaccinated.
b. Male	100,000	86,791	
c. Total individuals (female + male):	200,000	183,284	
d. Of total, children <u>under</u> age 5	20,620	26,038	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Reduce the incidence of the cholera epidemic on the health of the Haitian population through the implementation of a cholera vaccination campaign in areas with highest cholera persistence Improve the knowledge of cholera prevention practices among the Haitian population, focusing primarily on communities most at-risk of contamination. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 200,000 people receive OCV2 150 community health workers trained in cholera prevention and mobilized to the field Daily coordination meetings for cholera vaccination are held at all level of care (national, departmental, and municipality) 90% of the population living in the target areas receive OCV 2 (two doses of OCV) 80% of population living in the target areas is aware of at least 3 hygiene and prevention practices 			

11. Actual outcomes achieved with CERF funds

- 200,000 people receive OCV2

191,275 persons (101,052 females and 90,223 males) were vaccinated during the first round of the campaign, for an administrative coverage of 103%. This is due to the fact that the vaccine was really well accepted by the population and additional individuals originally from the main big cities of the country but on holiday in their village at the time of the campaign also got vaccinated.

183,284 persons (96,493 females and 86,791 males) received the required second dose of OCV during the second round of the campaign, for total vaccination coverage of 98%. The second round took place in September, and the coverage reached can be explained by the fact that some of the people vaccinated in the first round went back to the big cities for school or work. A total of 400,000 of Shanchol (OCV) were received and 380,301 doses were used during the two rounds, for a wastage rate of just 2%. Empty vaccine vials were collected and securely stored during the campaign by the team supervisors, and then transported to the cremation center in Port au Prince where they are destroyed.

- 150 community health workers trained in cholera prevention and mobilized to the field

372 community health workers were trained in cholera prevention and mobilized to the field to support sensitization and hygiene promotion activities during the mass vaccination campaign. The mobilization of community health workers was a complementary intervention to the cholera vaccination campaign and an essential component of its success in the medium and longer-term. The sensitization targeted the dissemination of key cholera prevention messages elaborated at central level before and during the mass vaccination campaign. Community health workers were trained in those messages to support public talk and communication activities at community level during the two rounds of vaccination in order to improve the population's knowledge of good practices and preventive measures

- Daily coordination meetings for cholera vaccination are held at all level of care (national, departmental, and municipality)

Daily coordination meetings involving all actors (community health workers, vaccinators, supervisors, cold chain technician, coordinators) were held every evening in each health centre of the targeted municipalities after the fieldwork. The aim of these meetings was to review the activities of the day, identify challenges and find solutions to difficulties as they occur as well as to improve performance.

Before the mass campaign, planning meetings with DINEPA, DPEV, UNICEF, CDC, and PAHO/WHO were held to establish the OCV mass campaign process. United Nations' Secretary General Ban Ki-moon personally delivered the OCV to the national health authority. During the actual campaign, daily coordination between UNICEF, CDC and PAHO/WHO epidemiological experts was ensured, as well as with the cold chain technician, national epidemiological professionals, central level supervisors and team supervisors, all mobilized to facilitate the proper implementation of the campaign.

At the end of the first round, a review workshop with all campaign actors was held in PAHO/WHO office in order to analyse the results of that first phase and to improve the second round. A second review workshop was held in UNICEF office at the end of the mass campaign in order to address final recommendations and to share lessons learned.

- 90% of the population living in the target areas receive OCV 2 (two doses of OCV)

Out of the 186,385 individuals living in the targeted areas, 183,284 people received the two doses of OCV, for a total percentage of vaccinated population of 98%. Only 5 minor adverse events were recorded such as nausea, diarrhea, abdominal pain, fever, etc. All cases were attended in health care centers and treated.

- 80% of population living in the target areas is aware of at least 3 hygiene and prevention practices

Health promotion and hygiene sensitization activities were carried out by community health workers before and during the first and second round of vaccination to raise awareness about cholera transmission, protective measures and hygiene good practices, as well as promote the vaccination campaign. Hand-washing stations were installed at vaccination points and 400 buckets and 1600 soap blocks were provided to support hygiene promotion. Key messages received by the population targeted advocacy for the use of latrine (in response to the high rate of open air defecation in Haiti), proper hand-washing and hand-washing at critical times (before preparing food, after using latrines, etc.), treatment of water and consumption of chlorinated water, etc.

As part of the comprehensive package of cholera prevention interventions, to complement vaccination in the high-risk areas, DINEPA has been supported for the rehabilitation of 4 water networks in Centre (Saut d'Eau, Mirebalais and Savanette). This included repairing faults in pipes, cleaning of the water networks, construction of public water kiosks and a reservoir (Mirebalais), installation of DINEPA chlorination system HYPOKLOR 24. Further funds, have been identified to protect additional water sources

in 5 ^{ème} Delices commune and to begin work on the water network in Arcahaie that supplies 5 ^{ème} Délice, while water networks in section Poteau in Gonaives will receive rehabilitation as part of UNICEFs durable WASH project in Artibonite.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The population living in targeted areas was less than the population planned. The OCV targets population excluding children under1 and pregnant women, which slightly reduced the pool of individuals to be vaccinated.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): 1</p> <p>The population in targeted areas were estimated by gender and by age group. Results of the campaign are disaggregated by gender and age group distribution. Although the vaccination campaign excluded pregnant women and children under 1, sensitization activities targeted every member of the community, in particular women due to their role as family and community caretaker.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>An evaluation of the vaccination campaign and the vaccination coverage reached thanks to the CERF project was carried out by the Haitian Childhood Institute. The final report is currently being compiled and will be shared with health authorities and all other involved partners, as well as the CERF Secretariat when available.</p> <p>Throughout the project, continuous monitoring of interventions was ensured. Rapid field assessments and inter sector review meetings were carried out after each round of vaccination to analyse the strengths and weaknesses of the process and draw lessons learned and recommendation to improve immunization and health promotion campaigns in the future. These analytical meetings highlighted that:</p> <ul style="list-style-type: none"> - Important participation and mobilization of the population - High acceptability of the vaccine (very limits number of cases with side effects) - High media interest and coverage of the campaign by local and international journalists - Immediate lessons learned exercise from the first round helped readjust some strategies and improve the implementation of the second round. - Good timing of each immunization rounds is critical to ensure individuals receive the two necessary doses (second round occurred after the holidays had ended and some people had returned the major cities for school or work). - Logistical difficulties encountered in some hard-to-access communities, including lack of communication lien, limited access to electric power, difficult and/or inappropriate transportation, etc. <p>Some key operational and planning recommendations were already identified for future vaccination campaigns and will be consolidated with the ones that will come out of the final evaluation report.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-WHO-035	Health	WHO	Haitian Childhood Institute	Yes	NNGO	\$81,874	15-Oct-14	15-Oct-14	Conducted an evaluation of the vaccination campaign and the vaccination coverage thanks to the CERF project
14-RR-WHO-035	Health	WHO	Departement Sanitaire d'Artibonite	Yes	GOV	\$17,123	11-Aug-14	11-Aug-14	Organization and realisation of the mass Cholera vaccination campagne in Artibonite Department
14-RR-WHO-035	Health	WHO	Departement Sanitaire du Centre	Yes	GOV	\$20,678	11-Aug-14	11-Aug-14	Organization and realisation of the mass Cholera vaccination campagne in the Center Department
14-RR-WHO-035	Health	WHO	Department Sanitaire de L'Ouest	Yes	GOV	\$5,214	11-Aug-14	11-Aug-14	Organization and realisation of the mass Cholera vaccination campagne in the West Department
14-RR-CEF-082	Health	UNICEF	MSPP	Yes	GOV	\$234,033	8-Jul-14	1-Jun-14	
14-RR-CEF-082	Health	UNICEF	DINEPA	Yes	GOV	\$170,000	13-Nov-14	1-Aug-14	Prioritization of areas of interventions, technical assessment and work sites preparation, took place before funds disbursement

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ASCP	Agent de Santé Communautaire Polyvaent
CERF	Central Emergency Response Fund
CDC	Centers for Disease Control and Prevention
DINEPA	Direction Nationale de l'Eau Potable et de l'Assainissement
DPEV	Direction du Programme Elargi de Vaccination
EPI	Expanded Program of Immunization
GHEKIO	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes
HAP	Humanitarian Action Plan
MSPP	Ministère de la Santé Publique et de la Population
NGO	Non-Governmental Organization
OCV	Oral Cholera Vaccine
PAHO/WHO	Pan American Health Organization/World Health Organization
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene