



United Nations

**CENTRAL  
EMERGENCY  
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
REPUBLIC OF HAITI  
UNDERFUNDED EMERGENCIES ROUND I 2013**

**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 was conducted during the end of the year review carried out in October-December 2013 as part of the elaboration of the HAP 2014 with inter-cluster and Humanitarian Country Team (HCT) members

- 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

The report was shared with the HCT and the Inter-cluster coordination for review.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 152,343,810		
Breakdown of total response funding received by source	Source	Amount
	CERF	5,985,036
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	945,244
	OTHER (bilateral/multilateral)	71,642,773
	<b>TOTAL</b>	<b>78,573,053</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 21-Feb-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-033	Health-Nutrition	1,179,995
UNICEF	13-CEF-034	Water and sanitation	1,000,740
FAO	13-FAO-012	Agriculture	1,180,000
WFP	13-WFP-013	Health-Nutrition	1,165,954
WHO	13-WHO-014	Health	549,298
IOM	13-IOM-006	Water and sanitation	499,999
UNOPS	13-OPS-003	Health	409,050
<b>TOTAL</b>			<b>5,985,036</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,658,704
Funds forwarded to NGOs for implementation	2,293,072
Funds forwarded to government partners	33,260
<b>TOTAL</b>	<b>5,985,036</b>

## **HUMANITARIAN NEEDS**

Early in 2013, Haiti was still confronted with a number of critical needs which national capacities alone could not resolve. Aside from the residual humanitarian needs generated by the 2010 earthquake, during 2012, Haiti suffered the effects of a drought, Tropical Storm Isaac and Hurricane Sandy, and heavy rains in its northern provinces, which generated new humanitarian needs. The national contingency plan for the 2013 hurricane season anticipated that an estimated 600,000 Haitians could be affected during the cyclone season from June to November.

As a result, critical humanitarian needs were identified in four key areas: food security and nutrition; prevention and response to the cholera epidemic; the situation of Internally Displaced Persons (IDPs) still living in camps; and emergency preparedness and response.

Three million people were estimated to be in need of humanitarian assistance.

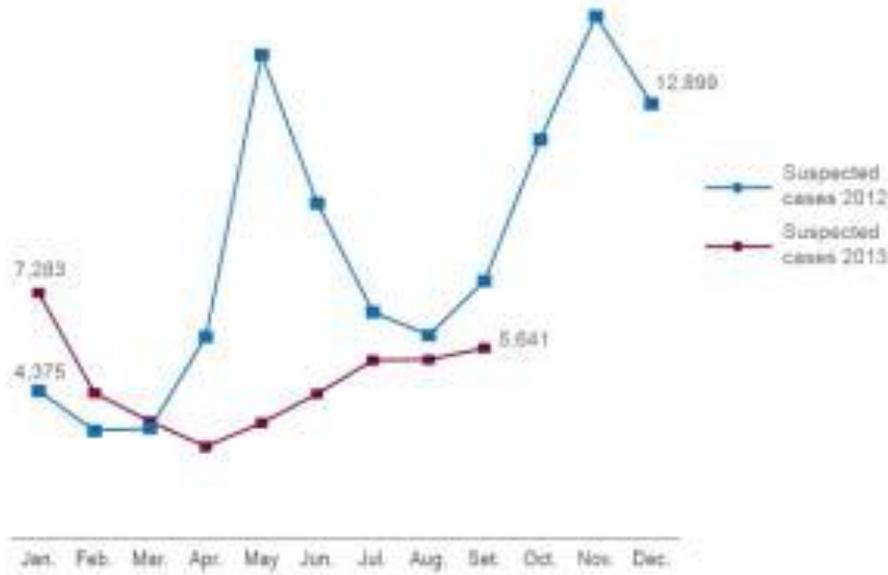
- 2.1 million people affected by food insecurity and at risk of a nutritional crisis.
- 81,600 children under five acutely malnourished, 20,000 of whom suffered from severe acute malnutrition and were nine times more likely to die than healthy children.
- 347,000 IDPs were still living in camps and faced deteriorating living conditions and increased vulnerability to protection incidents. They were in urgent need of return solutions.
- An estimated 54,897 suspected cases of cholera were reported in 2013 due to the persistent localized peaks of cholera and the reduction of prevention and curative capacities
- Large segments of the population faced continuous vulnerability due to their limited capacity to withstand external shocks, particularly those related to natural disasters (planning figure for the cyclone season was 600,000 Haitians who could potentially be affected by one or several hazards).

The 2013 Haiti Humanitarian Action Plan targeted 1 million out of the 3 million Haitians in need focusing on the above mentioned priority areas.

Funding support for humanitarian action, however, has been a challenge. Only 46% of funding requirements that were reflected in the CAP 2012 were met and only 47% of the 2013 HAP requirements were mobilized. This lack of support and engagement has generated a number of serious risks. As widespread hunger and persistent food deficits have continued to affect many Haitians, the risk of increased global acute malnutrition among children under 5, pregnant and lactating women has increased (from 5.1% (EMMUS 2012) to 6.5% (ESSAN 2013). Urgent actions were necessary to address the needs of those severely acutely malnourished and prevent a further slide of vulnerable populations into moderate and severe malnutrition in the medium term.

With regard to cholera, advances that had been made since the eruption of the outbreak were slowly reversing. Since November 2012 resurgence in the number of victims of cholera had been noted, compared to the epidemiological situation during the same period last year. As indicated in the graph below, the number of suspected cases of cholera in January 2013 (7,283) was higher than the number of suspected cholera cases in January 2012 (4,375). An increase in mortality rates in certain departments was also noted (up to 4.6 per cent in the North department, three times the national average). This situation resulted from the deterioration of cholera treatment facilities and the withdrawal of humanitarian actors due to lack of resources. The Cholera Elimination Strategy developed by the Government of Haiti to guide and lead cholera elimination efforts in the country had recently been launched but limited resources had been mobilized to implement it. This gap risked resulting in another serious upsurge of the disease if no urgent measures were taken.

Comparison of suspected cholera cases per month (2012 to Oct. 2013)



Given limited resources, the present CERF grant application focused on the first two main risks - malnutrition and cholera - in view of preventing a further deterioration of the situation that could lead to a deeper crisis.

## II. FOCUS AREAS AND PRIORITIZATION

The humanitarian response strategy to address the situation and risks identified in Haiti was formulated in the Humanitarian Action Plan 2013. The following are the key strategies proposed for each critical priorities that were identified, the funding requirements and gaps in the response.

### Food and Nutrition Security

It was estimated that 2.1 million people were living in severe food insecurity in Haiti, compared to 800,000 in 2011. The combined impact of a drought beginning in 2012 and the successive shocks of Tropical Storm Isaac and Hurricane Sandy have had a devastating effect on the food security situation in Haiti. Emergency surveys conducted in collaboration with the National Commission for Food Security (CNSA) and partners revealed that 92 out of the country's 140 communes were facing a situation of severe food insecurity as a result, leading the government to declare a state of emergency at the end of October 2012. A long period of stress for the entire country was envisioned. Most vulnerable households have depleted food stocks.

In this context, the Food Security and Nutrition strategy contained in the HAP 2013 sought to provide a comprehensive package to food-insecure and at-risk households. The strategy aimed to improve 1) access to food through cash inputs to households having lost key assets, with a focus on the most vulnerable, including female-headed households, the elderly and people living with disabilities or HIV/AIDS; 2) to improve food availability in the longer term by providing agricultural inputs and support to increase production; and 3) to improve the quality of food consumption, through the provision of food vouchers, nutritional support and nutrition services including for pregnant and lactating women, adolescent mothers and young children.

Funding against the emergency revision of the CAP 2012 following Hurricane Sandy focused mostly on improving access to food through cash for work initiatives and agricultural production. An estimated 50% of the funds requested by World Food Programme (WFP) for these activities in 2012 were mobilized through Department for International Development, ECHO and the Swiss Cooperation. As such, the key gap in interventions concerned nutritional activities and agricultural production. The CERF rapid response grant allocated after Sandy therefore focused on these two types of interventions. These activities were also complementary to the interventions supported by the rapid response grant as they targeted different geographical areas not previously reached. Between the two grants, most geographical areas that were affected by the various shocks of 2012 would receive adequate coverage for the duration of the grant. It should be noted that UNICEF and WFP's nutritional programmes were also complementary: UNICEF's therapeutic feeding programme should be accompanied by WFP's supplementary feeding activities for greater impact.

## **Cholera Elimination:**

The Health and Water Sanitation and Hygiene (WASH) strategy contained in the HAP 2013 aimed to curtail the spread of cholera by engaging in critical prevention measures as well as by ensuring adequate medical treatment to victims. Critical actions proposed include prevention measures, such as improved water provision, waste management and health promotion in medical facilities, as well as the provision of swift, local medical care to victims across the country. Focus was placed on cholera treatment facilities as the deterioration of infrastructures, lack of personnel and the non-implementation of medical and hygienic standards and protocols made these facilities a primary source of new infections amongst the population.

Despite growing concerns over the increase in the number of suspected cases of cholera in the country, little funding had been made available to support elimination or immediate response efforts. A gap was therefore present caused by the downsizing of emergency humanitarian response efforts/capacities while longer-term/development interventions aimed at addressing the structural causes of cholera had not yet gathered sufficient engagement and support. This gap in capacities and investment was one of the factors that may explain the resurgence of cases at the time. Aside from CERF funding, European Community Humanitarian Office (ECHO) had also pledged 5 million Euro to cholera elimination activities and advocacy intensified to mobilize further funds.

Four projects related to cholera were proposed for funding by the CERF, all in line with the priorities established in the HAP 2013 and the Government's two year operational plan. They were complementary and addressed critical priority gaps. Their focus was on the geographical areas where infection and mortality rates had significantly increased at the time. In certain cases, they also complemented cholera elimination activities supported by the CERF rapid response grant.

Pan America Health Organisation/World Health Organisation (PAHO/WHO)'s project proposed reinforcing the epidemiological surveillance system to facilitate the early detection of outbreaks and to strengthen medical care capacities or an adequate response to new cases through the rehabilitation and reinforcement of cholera infrastructures damaged by Tropical Storm Isaac and Hurricane Sandy in 2012. United Nations Office for Project Service (UNOPS) focused on the South department and continued with emergency response efforts to areas affected by Sandy and that had not previously been affected by the epidemic. IOM continued efforts focused on life-saving response, referrals and sensitization in priority IDP camps and targeted communities in the South East Department and continued actions taken in response to Hurricane Sandy. UNICEF's intervention also targeted the southern areas but with WASH activities including the rehabilitation of water systems, decontamination of water sources and the promotion of life-saving hygienic practices.

PAHO/WHO's role in sectoral and inter-sectoral coordination mechanisms, such as the health cluster, helped ensure the complementarity of activities and avoid duplication of efforts. In particular, coordination with UNICEF regarding the planned WASH interventions in health facilities (which has fallen under the responsibility of the health sector) will be ensured through the bi-weekly inter-cluster meetings and through the participation of PAHO/WHO's focal point for water and sanitation and environmental health in regular meetings of the WASH Cluster.

## **III. CERF PROCESS**

As per the letter sent by the HC to the Emergency Relief Coordinator (ERC) on 15 January 2013 regarding the process to be followed for developing the CERF request, the following steps were taken:

A meeting of the HCT took place on 3 January 2013 to agree on the prioritization strategy for the CERF allocation. A set of criteria for the development of the projects was approved (see below) and UN Agency focal points were identified to lead the project development process. Two thematic groups were established: 1) on food security and nutrition led by WFP and Food and Agriculture Organisation (FAO); 2) on cholera response led by WHO and UNICEF.

The division of funding was suggested by the HC on the basis of the funding received by each sector last year as well as on the basis of donor pledges known for the year 2013. As such, the HC proposed an allocation of 59% for food security/nutrition and 41% for cholera elimination. This proposal and its rationale were approved by the HCT.

The generic criteria for project selection given by the HC and approved by the HCT to the two thematic groups was as follows: 1) projects should have 'saving lives' as a principal objective; 2) projects should be aligned to the objectives, expected results and activities identified in the HAP 2013; 3) projects should focus on cholera elimination efforts and/or on food security/nutrition; 4) projects should be realistic and respect technical standards; 5) should be the result of a participative and inclusive process amongst various partners; 6) should take into account the specific needs in terms of gender, age and vulnerability and take into account do no harm principles.

It should be noted that as sector/cluster groups were, during the same period, discussing with sector/cluster members the proposal development process for the HAP 2013 projects, the two processes have been combined. As such, discussions on project prioritization took place at sector/cluster meetings involving sectoral government representatives, UN agencies, national and international NGOs. All projects included in this proposal have been approved/validated by the advisory committees of the sectors created to review the proposed HAP projects. Projects proposed have been validated by these advisory committees as a priority. A more detailed project selection criteria developed for this process was therefore also applied

Further, other considerations were taken into account when selecting/prioritizing projects for CERF submission. These include: 1) continuation of on-going critical life-saving activities (some of these projects have complemented geographically on-going activities funded by the CERF for the Sandy response); 2) meeting critical gaps: the projects selected responded to critical gaps in funding pledges, particularly with regards to nutrition interventions and cholera elimination initiatives; 3) the projects complemented each other. UNICEF and WFP's nutrition interventions were complementary; similarly, WHO's and UNOPS' and IOM's proposed interventions were complementary.

Within the funding envelopes proposed by the HC for the two sectors, the division of funding per agency was agreed by the concerned actors during their discussions in the thematic groups and on the basis of needs identified.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 3 million people				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Nutrition	541,899	29,512	571,411
	Water and sanitation	267,989	201,183	469,172
	Agriculture	30,000	42,500	72,500
	Health	643,590	600,475	1,244,065

#### BENEFICIARY ESTIMATION

The CERF funds have reached about 2,615,122 people. As children are not disaggregated by sex for all projects, it was difficult to classify them in the category of female or male. The estimation of beneficiaries takes into account the geographical repartition of projects and the number of beneficiaries in regard with the implementing areas. However the project UNICEF 13-CEF-033 has reported a number of beneficiaries higher than expected as it was funded by other donors. It was agreed that beneficiaries are being disaggregated according to the level of funding received. UNICEF estimated that CERF funds have reached about 40% of beneficiaries reported.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	1,058,412	1,068,729
Male	762,786	995,829
Total individuals (Female and male)	2,915,786	2,064,558
Of total, children <u>under</u> age 5	1,311,630	550,564

## **CERF RESULTS**

### **Improved nutrition and food security**

Three projects were funded, two in the nutrition sector implemented by UNICEF and WFP and one in the agriculture sector by FAO:

- The project implemented by UNICEF reached 18,574 children, of which 16,036 were children under 5 with severe acute malnutrition (SAM) without complications. The children were identified and enrolled in appropriate nutrition facilities at the community level. The remaining 2,538 children who had Severe Accurate Malnutrition with complications were treated at the in-patient level. In addition, 672,850 children received vitamin A; 387,327 children received deworming tablets (albendazole) and 85,803 children with diarrhoea were treated with Oral Rehydration Salt+(ORP +) and zinc. 686 health professionals were trained on management of severe acute malnutrition and Infant and Young Child Feeding (average of one week training). As a result, by the end of 2013, there were 156 nutrition structures (92 in 2012) that were directly managed by the Ministry of Health (MoH).
- Through the WFP-implemented project, about 643 tons metrics of nutritional supplementation were distributed to 13,732 children under five and 22,500 pregnant and lactating women suffering from moderate acute malnutrition. 487,649 pregnant and lactating women received information on optimal infant feeding practice and iron/folic acid while 22,500 others were encouraged to use health centres for health matters.
- The FAO-led project helped train 860 community leaders on nutritional education, including 550 women (64%). These leaders were chosen from beneficiary families who received agricultural seeds and tools, as well as members of community associations. Regarding livelihoods, FAO helped reach an estimated 13,000 families of which 7,836 vulnerable households with seeds and tools. These distributions resulted in the production of an estimated 1,404 tons of beans; 668 tons of corn, 6 tons of peas, 600 tons of manioc, 500 tons of sweet potatoes and 940 tons of vegetables. The project also assisted 1,500 fishermen organized in 23 associations (900 beneficiaries of 15 associations in the South and 600 of 9 associations in Grande Anse) in 21 coastal communes. They have received environmentally friendly fishery equipment, including 12,432 nylon lines, 1,980 hooks, 16 engines of 15-18 hp and 10 batteries of 50 amperes.

### **Improved cholera response (WASH and Health)**

Two Water, Sanitation and Hygiene (WASH) projects were funded.

For the IOM project, the activities implemented as part of the CERF-funded project reached a total of 406,322 individuals from 97 IDP camps and 23 at-risk communities and have contributed to the following results: 44 oral rehydration points (ORPs) and stations in camps and communities were established/activated; 68,199 individuals affected by cholera and at risk family members and neighbours in camps and communities received support from ORPs and rapid response teams; 206 polyvalent agents and 21 nurses were trained/activated as well as 45 focal points and 23 water committees, this training resulted in increased capacity of the brigadiers, health staff, focal points and water committees in responding to cholera alerts and conducting surveillance and early warning; 203,156 individuals were sensitized on cholera via mass awareness activities; 3 sanitation facilities were maintained/rehabilitated and 6 units of latrines in the community supporting the Cholera Treatment Centers (CTCs) and ORP for cholera patients; 226 individuals affected by cholera were transported to cholera treatment facilities; 432,419 cholera Non Food items were distributed such as Aquatabs, soaps, HTH/bleach, medical and non medical items to cholera treatment centers, buckets etc. These items benefited approximately 150,000 individuals in camps and communities and 2 mobile rapid teams were established and deployed for response.

The second project implemented by UNICEF focused its activities in Grande Anse, South and South East departments. Out of the 67 water points that were identified in areas of cholera persistence, 24 water points (13 water sources, 2 fountains, 3 kiosks, 3 hand pumps, 2 sources and 1 gutter) were rehabilitated in collaboration with the Direction Nationale de l'Eau et l'Assainissement (DINEPA) and gallons of chlorine distributed. In the South East, 140 community health volunteers were trained and deployed in 10 communes; sports activities were organized, reaching 7,000 people with cholera awareness messaging while in the Grande Anse Department, sensitization activities took place in public places (markets and public events), reinforced by radio spots in 4 communes and the mass distribution of materials and products, benefiting around 38,845 people, with the support of DINEPA community agents. 96 members of 16 water committees (6 people in each) were trained on preventive cholera measures regarding use of water in areas of cholera persistence. The selection was based on several criteria, including the number of beneficiaries reached by the repair, its importance for the community, its accessibility for the community. In the South Department, a total of 16,996 direct beneficiaries and 704,760 indirect beneficiaries were reached; Out of 13 reported cholera alerts, all 13 were investigated, and the data generated was used to sensitize DINEPA community agents and MSPP staff.; 146 sensitization sessions were organized, reaching 52,000 people; 50 vendors (47 of whom were women) received training on good hygiene practices in 5 markets in cholera affected zones. Another 17,600 people were reached with sensitization campaigns (121% of those targeted). About 19 DINEPA community agents received training on controlling water quality and 36 other DINEPA community agents and 31 community health volunteers were trained on cholera prevention, water chlorination,

sanitation standards, and community sensitization. 320 hygiene kits were distributed to all 11 cholera treatment centers/units in the South East Department while in the Grande Anse Department, 526,880 Aquatabs, 4,919 pieces of soap, 1,000 hygiene kits were distributed and sensitization was organized in 11 of the most vulnerable communes in the Department. Finally, 16 cholera alerts reported by the MSPP were investigated and promptly addressed.

Two projects in health were approved.

The project implemented by UNOPS aimed to respond to alert in the South department through 3 mobile teams of 5 people each. 523 calls for transport were received and 60 beneficiaries were transported to local health centers located in Hôpital de Port-Salut, Hôpital de Port-à-Piment, Hôpital de Coteaux, and Hôpital des Cayes. 802 houses were disinfected and families received a training after house disinfection. 113 427 beneficiaries (68 078 women /46 349 men) participated in awareness raising training to prevent cholera and 14,223 cholera kits were distributed (11, 663 kits were distributed in schools and 2,560 in households).

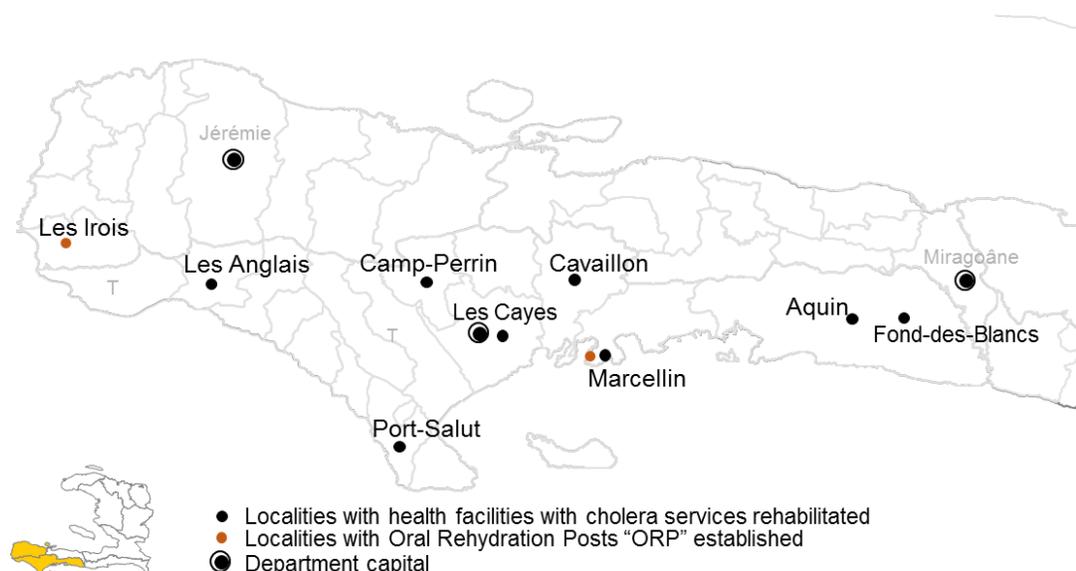
The project implemented by PAHO/WHO allowed detecting and responding to cholera outbreaks in a timely manner. Four mobile teams were put in place. A total of 154 alerts were detected, verified and responded to within 48 hours by the Ministry of Health, PAHO/WHO field teams and partners in all ten departments, 106 of which were directly related to increasing number of suspected cholera cases. The four departments with the highest number of alerts recorded were; West (34), Artibonite (28), Nord (22) and Centre (20). 2,683 cholera patients nationwide benefited directly from the interventions of the PAHO/WHO mobile teams when responding to the detected alerts. Responses included the timely referral of new suspected cases to adequate treatment facilities, the confirmation of suspected cases through rapid tests, the provision of medical supplies and equipment such as tents, cholera beds and treatments, the decontamination of houses or health services, the distribution of disinfection material and water treatment supplies including chlorine, sprayers, soap and aquatabs. Each response to alerts was also accompanied by sensitization activities with the local population to promote good hygiene practices in the communities affected by cholera

Two local early warning systems were established; one in the South department (Agence d'Aide à la Coopération Technique et au Développement (ACTED) and one in Grande Anse (MoH – Médecin Du Monde France, MDM) to support departmental health directorates in the detection of alerts and the coordination of the response. Two databases were developed by ACTED in coordination with the departmental health authorities to undertake a situational analysis of the health facilities responding to cholera and identify the zones with persistence of cases.

Two Oral rehydration posts (ORP) were established in Les Irois and Marcellin, two isolated communities in the South Department, to attend mild cholera cases in a timely and effective manner and prevent saturation of cholera treatment facilities dedicated to treat cholera cases with severe dehydration.

2,672 community members (65 per cent) benefitted from sensitization campaigns carried out during the response to alerts.

The water and sanitation infrastructures and sanitary conditions of eight (8) health facilities with cholera services (Aquin, Camp Perrin, Cavaillon, Port Salut, Les Cayes, Les Anglais, Fond de Bois and Marcellin) were rehabilitated in the South Department in order to prevent further transmission of the disease. WASH rehabilitation interventions in health centers included: 1/ increasing access to safe water by improving water quality and increasing water quantities, through chlorine residual testing, provision of materials to monitor and treat the water, development of norms and protocols for water treatment and facilitating connection to the water supply network; 2/ enhancing sanitation by addressing drainage, wastewater treatment and excreta disposal; 3/ improving solid waste management, and ;4/ promoting hygiene control among health workers in cholera facilities and distribution of personal protection items such as boots, gloves, goggles. This helped ensure proper sanitary conditions in cholera treatment facilities and decreased the risk of contamination within health facilities, contributing to the reduction of institutional fatality rates.



This project also allowed to train 57 nurses and 38 auxiliary nurses in cholera case management and to sensitize more than 2,600 people on cholera prevention.

Finally, these projects facilitated the timely referral of new suspected cases to treatment facilities, the confirmation of suspected cases through rapid tests, the provision of medical supplies and equipment, the decontamination of houses or health facilities, the distribution of disinfection material and water treatment supplies and the sensitization activities to promote good hygiene practices in the communities affected by cholera.

### **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

CERF-funded projects were able to ensure fast delivery of assistance in responding to the urgent needs during cholera outbreaks through the deployment of rapid response teams, sensitization of IDPs and vulnerable communities, WASH facility maintenance, training of community health workers/nurses/ community leaders in responding to alerts of suspected cholera cases and was able to reach a significantly higher number of beneficiaries than projected.

In Food security and nutrition, the funds helped respond to critical gaps with regards to nutritional assistance and to help the production of key food items that could help palliate the food insecurity situation.

**b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES  PARTIALLY  NO

The CERF-funded activities were able to support critical needs through deployment of rapid response, distribution of medical and non-medical supplies to affected population including health institutions such as CTC/CTUs, health centres, ORPs and hospitals, ultimately contributing to reducing the loss of life associated with cholera outbreaks.

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

YES  PARTIALLY  NO

Yes, CERF funding was complemented by other donors during 2013 and the effectiveness of the strategy adopted that year has helped

<sup>1</sup>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.).

mobilize additional funding to sustain this strategy during 2014 from a variety of donors, including ECHO, DFID, United States of America (USA), Canada, and Sweden.

- d) **Did CERF improve coordination amongst the humanitarian community?**  
 YES  PARTIALLY  NO

CERF funding helped strengthen the coordination among the humanitarian community in terms of prioritization of needs, identification of response activities, implementing agencies and implementing activities. CERF-funded projects were implemented through a well-coordinated mechanism building constructive collaboration between in-country capacities, beneficiaries and cluster/sector leads.

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

## V. LESSONS LEARNED

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

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Declining funding makes prioritization difficult	OCHA needs to play a bigger role in suggesting broad sectoral funding priorities as increased competition for limited funding makes democratic decisions on funding allocations ever more difficult.	HC/OCHA
There is a need to avoid fragmentation	Limiting the number of sectors to be funded and the number of projects avoids fragmentation	HC/OCHA
There is a need to ensure better coordination and a division of responsibilities with other donors	Organize a special meeting with other humanitarian donors to discuss the proposed CERF allocation and a possible division of responsibilities (either sectoral or geographic)	HC/OCHA
A strong coordination and collaboration among WASH and Health actors reduced cholera cases in communities	Strengthen coordination among WASH and Health mobile teams	OCHA/Health, WASH actors, especially the National Water and Sanitation Authority (DINEPA) and the Ministry of Health (MSPP)

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
<b>CERF project information</b>			
1. Agency:	UNICEF	5. CERF grant period:	20 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-CEF-033	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Timely and effective nutrition response for the most vulnerable children under 5, and pregnant and lactating women in Haiti		
7. Funding	a. Total project budget:	US\$ 4,088,469	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,179,995	▪ NGO partners and Red Cross/Crescent: US\$827,486
	c. Amount received from CERF:	US\$1,179,995	▪ Government Partners: US\$0
<b>Results</b>			
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	250,000	487,649	This is the total number of pregnant and lactating women who received specific interventions such as micronutrient supplementation (iron, Vitamin A). This does not include lactating women reached with counselling on breastfeeding.  The beneficiaries of this project (women, children under 5 and adolescents) were reached with the full intervention package (micronutrient supplementation, BCC, CMAM )  Our NGO partners provide disaggregated data (numbers of boys and girls). However, few government counterparts use disaggregated data.  For the disaggregated data we collected, we recorded a total of 756,964 children under 5, of which 386,051 were girls.
b. Male	N/A	N/A	
c. Total individuals (female + male):	1,312,148	1,652,203	
d. Of total, children <u>under age 5</u>	1,062,148	1,164,554	
9. Original project objective from approved CERF proposal			
The present project aims to mitigate the risks of malnutrition among children and women and treat children suffering from life-threatening severe acute malnutrition (SAM) throughout the country, preventing avoidable loss of life and mitigating the short- and long-term adverse impacts on children's health and growth.			
10. Original expected outcomes from approved CERF proposal			
400 people are trained.  5,000 children with severe acute malnutrition are identified and referred to appropriate nutrition facilities;  Of those 5,000, those with medical complications (usually 20-25%) receive adequate care in health facilities (in-patient level) and those without medical complications (usually 75-80%) receive appropriate care at the community level (outpatient level);			

<p>At least 80% of children aged 6-59 months receive vitamin A and those aged between 12-59 months get albendazole;  Lifesaving supplies (RUTF and essential medicines) made available in 100% of nutrition rehabilitation centers (in-patient and outpatient);  15,000 children receive ORS + zinc.  8,000 children receive MNPs.  At least 250,000 pregnant and lactating women receive information on optimal infant feeding practices and iron/acid folic supplements.</p>	
11. Actual outcomes achieved with CERF funds	
<p>The following actual outcomes were achieved:</p> <ul style="list-style-type: none"> <li>• 686 health professionals were trained, including community health workers</li> <li>• 18,574 children (of which 16,036 were children under 5) with severe acute malnutrition (SAM) without complications were identified and enrolled in appropriate nutrition facilities at the community level. The remaining 2,538 children with SAM with complications were treated at the inpatient level.</li> <li>• 672,850 (68 %) children aged 6-59 months were supplemented with vitamin A.</li> <li>• 387,327 (40.43%) children aged 12-59 months received albendazole</li> <li>• 85,803 children received ORS+ Zinc</li> <li>• 28,299 children received Multiple Micronutrient Powders ( MNP)</li> <li>• 487, 649 pregnant and lactating women received information on optimal infant feeding practice and iron/folic acid</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The results achieved in Vitamin A and albendazole were obtained through the government's routine strategy. It is important to note that the Ministry of Health did not organize Child Health Week (advanced strategy) despite the availability of Vitamin A and albendazole stock, which explains that only 68% of the targeted children received vitamin A and only 40.43% children received albendazole.</p>	
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><b>If 'YES', what is the code (0, 1, 2a or 2b):</b> Yes . 1  <b>If 'NO' (or if GM score is 1 or 0):</b> The project respects gender equity by implementing activities that prevent malnutrition in children (boys and girls) and women. The provision of nutritional supplements and nutrition education to pregnant and lactating women ensures their good health and that of their children.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Assessment has not yet been made, but monitoring is done through supervisory visits and analysis of monthly reports received on a regular basis to ensure quality service delivery.</p>	

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	21 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-CEF-034	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency WASH Response – Cholera Outbreak -- HT-13/WS/57756/R		
7. Funding	a. Total project budget:	US\$ 5,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 5,800,740	▪ NGO partners: US\$ 610,042
	c. Amount received from CERF:	US\$ 1,000,740	▪ Government Partners: US\$ 0
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	50,000	32,322	During the preparation of the proposal, the total targeted population was estimated, and in the first three months of implementation, communities were selected based on NGO preliminary assessments. As a result: - Final localities reached were less populated than those planned; - Projects designed for localities with high rates of cholera, mainly in the South and the South-East, were modified.
b. Male	50,000	30,518	
c. Total individuals (female + male):	100,000	62,841	
d. Of total, children <u>under</u> age 5	12,500	7,540	
9. Original project objective from approved CERF proposal			
Provide an emergency response to cholera outbreak for affected populations in South East; South, and Grande-Anse, to mitigate and contain the spread of cholera in the most affected areas, preventing avoidable loss of life.			
10. Original expected outcomes from approved CERF proposal			
Provide an emergency response to cholera outbreak for affected populations in South East, South, and Grande-Anse, to mitigate and contain the spread of cholera in the most affected areas, preventing avoidable loss of life, by: Increasing access to safe water:			
Emergency rehabilitation of an estimated 20 water systems in the areas affected by cholera outbreak with high fatality rate;			
Decontamination and emergency rehabilitation of 10 water sources and 50 wells in the same areas			
Supply and promotion of HWTS products (water filter, chlorine)			
Promotion of life-saving hygienic and sanitation practices at the community level, in coordination with the rapid response teams supported by WHO, IOM and UNOPS through this CERF intervention.			
Reinforcing the response capacity of the Emergency Department (DRU) of DINEPA to enable them to respond to and contain cholera outbreaks:			
Support to DINEPA to extend the national water quality monitoring system (SISKLOR) that is being established to affected areas, to enable testing of residual chlorine in treated water points and ensure at-risk populations are consuming safe water. This activity will not only support effective implementation of life-saving activities, but will also contribute to the longer-term development of			

sustainable capacity to monitor water quality.

Training of 74 DINEPA municipal technicians on immediate response to cholera outbreaks. The communal departments of DINEPA, TEPAC, will also be supported to provide life-saving messages on health and hygiene practices related to cholera and other water-borne and sanitation-related diseases to households;

- Provision of emergency response supplies (Aquatabs, Soap, HTH, hygiene kits, Bucket etc.) to replenish depleted stocks in the affected areas
- Training of 20 DINEPA staff on stock management, emergency equipment, warehouse management, fleet management and procurement, to support them distribute and manage emergency supplies in affected areas.

#### 11. Actual outcomes achieved with CERF funds

UNICEF's advocacy and leadership helped build partnerships with 10 NGOs. The response was organized on a geographical basis, with one NGO in the lead for each of the 10 Departments of the country. CERF funding contributed to setting up this geographic coverage, which proved essential in improving the speed and quality of the response to cholera alerts. This strategy contributed to the reduction by 54 per cent of cholera cases in the country (101,503 cases in 2012 down to 54,897 cases in 2013).

The following actual outcomes were achieved with CERF funds (activities and results in three departments):

- Increasing access to safe water: Emergency rehabilitation of an estimated 20 water systems in the areas affected by cholera outbreak with high fatality rate; decontamination and emergency rehabilitation of 10 water sources and 50 wells in the same areas.
  - Out of the 67 water points that were identified in areas of cholera persistence, 24 water points (13 water sources, 2 fountains, 3 kiosks, 3 hand pumps, 2 sources and 1 gutter) were rehabilitated in collaboration with DINEPA.
  - In the South East Department, 13 water points were rehabilitated
- Supply and promotion of HWTS products (water filter, chlorine)
  - In the South East Department, 10 gallons of chlorine were distributed to local health authorities;
- Promotion of life-saving hygienic and sanitation practices at the community level, in coordination with the rapid response teams supported by WHO, IOM and UNOPS through this CERF intervention.
  - In the South East, 140 community health volunteers were trained and deployed in 10 communes; and sports activities were organized, reaching 7,000 people with cholera awareness messaging.
  - In the Grande Anse Department, sensitization activities took place in public places (markets and public events), reinforced by radio spots in 4 communes and the mass distribution of materials and products, benefiting around 38,845 people, with the support of DINEPA community agents. 96 members of 16 water committees (6 people in each) were trained on preventive cholera measures regarding use of water in areas of cholera persistence. The selection was based on several criteria, including the number of beneficiaries reached by the repair, its importance for the community, its accessibility for the community. In the South Department, a total of 16,996 direct beneficiaries and 704,760 indirect beneficiaries were reached; Out of 13 reported cholera alerts, all 13 were investigated, and the data generated was used to sensitize DINEPA community agents and MSPP staff.; 146 sensitization sessions were organized, reaching 52,000 people; 50 vendors (47 of whom were women) received training on good hygiene practices in 5 markets in cholera affected zones. Another 17,600 people were reached with sensitization campaigns (121% of those targeted).

Support to DINEPA to extend the national water quality monitoring system (SISKLOR) that is being established to affected areas, to enable testing of residual chlorine in treated water points and ensure at-risk populations are consuming safe water. This activity will not only support effective implementation of life-saving activities, but will also contribute to the longer-term development of sustainable capacity to monitor water quality.

- Training of 74 DINEPA municipal technicians on immediate response to cholera outbreaks. The communal departments of DINEPA, TEPAC, will also be supported to provide life-saving messages on health and hygiene practices related to cholera and other water-borne and sanitation-related diseases to households;
  - 19 DINEPA community agents received training on controlling water quality
  - In the South East, 36 DINEPA community agents and 31 community health volunteers were trained on cholera prevention, water chlorination, sanitation standards, and community sensitization

- Provision of emergency response supplies (Aquatabs, Soap, HTH, hygiene kits, Bucket etc.) to replenish depleted stocks in the affected areas-
  - 320 hygiene kits were distributed to all 11 cholera treatment centers/units in the South East Department
  - In the Grande Anse Department , 526,880 Aquatabs, 4,919 pieces of soap, 1,000 hygiene kits were distributed and sensitization was organized in 11 of the most vulnerable communes in the Department;
- Training of 20 DINEPA staff on stock management, emergency equipment, warehouse management, fleet management and procurement, to support them distribute and manage emergency supplies in affected areas.
  - 24 DINEPA community agents were trained on social mobilization approaches and cholera prevention and response. Finally, 16 cholera alerts reported by the MoH were investigated and promptly addressed.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The number of beneficiaries was adjusted during the implementation of the activities by UNICEF implementing partners. As explained above, the localities in which the response was deployed included fewer inhabitants than initially planned in the CERF proposal, which explains the difference between the number of population reached and the one that was planned. There is no discrepancy between planned activities and the achieved outcomes.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES  NO

**If 'YES', what is the code (0, 1, 2a or 2b): 1**

The project respects gender equity by implementing emergency response activities to cholera targeting both men and women

**If 'NO' (or if GM score is 1 or 0):**

14. M&E: Has this project been evaluated?

YES  NO

No formal evaluation of the project has been conducted, however, according to the implementing partner (ACTED, PLAN and CARE) project reports, follow up visits were conducted to ensure progress. Through these regular visits, the targeting of the most vulnerable communities with the mass distribution of WASH items and the sensitization of the population on the proper utilization and management of water points in selected areas was achieved.

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	FAO	5. CERF grant period:	21 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-FAO-012	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency agricultural assistance for rural populations affected by natural disasters in 2012 (drought, tropical storms Isaac and Sandy) in the West, South, South-East departments with a view to re-establish their production capacity.		
7. Funding	a. Total project budget:	US\$ 6,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,180,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 554,375
	c. Amount received from CERF:	US\$ 1,180,000	▪ <i>Government Partners:</i> US\$33,260
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	35,000	30,000	The number of beneficiaries (individual) receiving seeds and fish assets was scaled up from 65,000 to 72,500 individuals after the Departmental Agricultural Directorate recorded an important number of families whose harvests were destroyed by hurricane Sandy on the eve of the planting season.
b. Male	25,000	42,500	
c. Total individuals (female + male):	65,000	72,500	
d. Of total, children under age 5	5,000		
9. Original project objective from approved CERF proposal			
Contribute to the improvement of food security and means of subsistence of vulnerable populations affected by natural disasters in 2012, by a rapid recovery of their agricultural and fisheries production			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• 10,000 households whose vulnerability has increased owing to recent natural disasters (Tropical Storms Isaac, Hurricane Sandy and an extended period of drought) in the South, West and South-East departments, are assisted by the project with seeds and seedlings to quickly recover from their agricultural losses : 6,000 families assisted at the start of the spring season and 4,000 families assisted at the start of the summer season</li> <li>• 3000 fishermen affected by natural disasters in the South and South East are given materials/small fishery equipment to re-launch their fishery production activities</li> <li>• Community leaders belonging to local associations and community based organizations are trained in nutritional education, agriculture and public health as well as in the promotion of the local production of highly nutritious food stuffs. They will transmit their knowledge to the rest of the associations and organizations.</li> </ul>			

## 11. Actual outcomes achieved with CERF funds

### **Outcome 1: 10,000 households whose vulnerability has increased owing to recent natural disasters (Tropical Storms Isaac, Hurricane Sandy and an extended period of drought) in the South, West and South-East departments, are assisted by the project with seeds and seedlings too quickly recover from their agricultural losses**

- 13,000 households were reached, of which 7836 vulnerable households – including 3935 women (approximately 50%) selected on the basis of availability of arable land adapted for food crop production and their expertise in this regard, have each received at least 60 grams of food crop seeds of species adapted to their crop potential according to their geographic location. In total, 447 kg of food crop seeds were distributed: 60 kg of peppers, 38 kg of tomato seeds, 40 kg of cabbage seeds, 40 kg of leak seeds, 40 kg of carrot seed, 40 kg of gombo, 40 kg of Swiss chard, 60 kg of aubergines, 50 kg of onion seeds and 9 kg of spinach seeds.
- With the 60 g of food crop seeds, every beneficiary household has been able to work a surface area of approximately 1,2 acres, which corresponds to a production of approximately 120 kg of vegetables which can be consumed over a period of at least 80 days (1,5 kg per day). This gives a total of 940 tons of leguminous crops.
- The 13,000 vulnerable households, including 44 % headed by women, have each received vouchers worth 1500 gourdes to allow them to buy a variety of food crop seeds at the markets organized by FAO and her partners: comprising 4200 households in 5 communes of the West department, 4300 households in 5 communes in the South and 4500 households in 5 communes of the South-east.
- With the vouchers the beneficiaries have obtained a total of 147 tons of bean seeds, 11 tons of maize seeds and 0,1 ton of congo pea seeds. This corresponds to an average kit of 11,4 kg of leguminous seeds (beans and congo peas) and 1,2 kg of maize per household, but few of the beneficiaries have bought maize and congo pea seeds.
- If one considers only the bean seeds which were amongst to most preferred items by the beneficiaries of the vouchers, an average of 11 kg of seeds were obtained by each household. This corresponds to an arable area of approximately 18 acres, or a production of approximately 108 kg of beans which equals meals for 2,5 months. In total, 1404 tons of beans were produced.
- The congo pea and maize seeds resulted in a total production of 668 tons of maize and 6 tons of congo peas.

### **Outcome 2: 3000 fishermen affected by natural disasters in the South and South East are given materials/small fishery equipment to re-launch their fishery production activities**

Plate-forme pour l'Amélioration de la pêche artisanale et du développement Intégré (PADI) is a local NGO trained by United Nations Environment Programme (UNEP) in techniques to monitor and assist fishermen and women. The NGO has first identified fishermen associations affected by Sandy and analyzed their needs for the recovery of their livelihoods. .

- 1.500 fishermen organized in 23 associations (900 beneficiaries of 15 associations in the South and 600 of 9 associations in Grande Anse) in 21 coastal communes have received environmentally friendly fishery equipment, including 12432 nylon lines, 1980 hooks, 16 engines of 15-18 ph and 10 batteries of 50 amperes.
- Other equipment has been bought by the project for the recovery of the DCP (Dispositif de Concentration de Poissons) of the South department to improve the fish capture rates, while avoiding capture of small fish in line with environmental protection norms: 51 Viroll Galvanize ½, 26 Snakle, 5200 Rops and 13 Praela. Aside from the distribution of the equipment, PADI has trained the fishermen's associations in the roll-out of a disaster risk reduction plan, in preparation for the hurricane seasons which often affect their livelihoods. The training also focused on the use of materials to protect the environment and sustainable fishing, in order to protect the resource from over-fishing.
- In collaboration with the DPC, PADI has also worked on contingency plans for the coastal communes of Grande Anse and the South departments.
- Fishermen of the South-east have not received assistance from the project, to avoid overlap and duplication with the Spanish cooperation who assists them.

### **Outcome 3: Community leaders belonging to local associations and community based organizations are trained in nutritional education, agriculture and public health as well as in the promotion of the local production of highly nutritious**

**food stuffs. They will transmit their knowledge to the rest of the associations and organizations.**

- For nutritional education, FAO has used two methodologies depending on the presence of partners for each commune: (1) Recruitment of a team of six experienced nutrition technicians who organised trainings in those communes where no partners were available: Ganthier, Thomazeau, Leogane, Petit-Goave, Arcahaie a l'Ouest, Camp Perrin, Torbeck, Chantal and Cavaillon in the South department ; Cayes, Jacmel, La Vallee, Cote de Fer, Marigot and Lavanneau for the South East. (2) Signing of MOUs with partner ACPAPES for trainings in the following communes : Cayes, Les Anglais and Saint Jean du Sud and Flore des Femmes Cayes Jacmel (FFCJ) for the trainings in the commune of Belle Anse in the South-East.
- Trainings for the maintenance of food crops were done simultaneously by the three agronomists of the FAO (one per department) who took care of the accompaniment of the beneficiaries of the project, in collaboration with the agronomists of the concerned Bureau Agricole Communale (BAC)s.
- The targeting of the community leaders for the train-the-trainers exercise by the concerned BAC was done in collaboration with the local administrative authorities (Conseil d'administration des Assemblées des Section Communales -CASEC, Assemblée des Sections Communales -ASEC), farmers associations and the FAO technical staff.
- The nutrition education focused on the following thematic issues : individual and household food hygiene, the three big food groups, balanced and diversified meals, food for vulnerable populations (pregnant women, under-5 year old children), exclusive breastfeeding, roles and principal sources of vitamins (A, C, B9, D, E, K) and minerals (Iodine, Iron, Zinc), promotion of local fruits and vegetables, conservation and processing techniques for local food stuffs and participatory cooking sessions.
- During the 24 theoretical and practical training sessions organized by the project (3 days of training/session), 860 community leaders, including 550 women (64 %) received training: 162 community leaders in the West department, 299 leaders in the South and 399 in the South-East.
- Those leaders, chosen among the beneficiary households of the agricultural distributions of the project and the members of the local community-groups and associations, have subsequently transmitted their knowledge to the members of their respective organisations.

**Additional information on the project approach and methodology:**

Development of selection criteria for targeting of households.

Beneficiaries were selected using the following criteria: (1) being a direct victim of recent natural disasters (storms Isaac and Sandy and/or extended period of drought) which have caused enormous damage to agricultural and fisheries production. (2) having agricultural or fisheries activities as principal revenue earning activity; (3) in addition to these two criteria a selection of the most vulnerable households of the following category will be given priority,

- Households with limited financial means or without coping mechanisms to resist shocks
- Households with more than 5 children under the age of 10, taking care of a person with a chronic disease (HIV-Aids, Tuberculosis, etc) or households with handicapped persons with a child needed nutritional assistance and/or who has recovered from such assistance less than six months ago
- Households taken care of non-active elderly persons (over 55 years old) who have no other assistance
- Single-women households
- Widow or widower households

Targeting of beneficiary households

- FAO and its NGO partners have worked in collaboration with local administrative authorities (CASEC, ASEC, Mairie), decentralized technical entities (Direction Départementale de l'Agriculture-DDA, BAC) and representatives of community based organizations (CBOs) for the targeting of beneficiaries of seeds, seedlings and fishery equipment. For the targeting of the latter, FAO's partner has also coordinated with Direction for Civil Protection in the departments of the South and Grande

Anse.

- All stakeholders mentioned above have also participated in the choice of community leaders who received a train-the-trainers course in nutritional education and in maintenance of market gardening, who will transmit their knowledge to the beneficiaries of the project
- For the targeting of the beneficiaries who receive vouchers to buy seeds in local seed markets, a selection committee has been set up for each communal section (administrative part of a department) for all stakeholders. A preliminary list of beneficiaries selected by the committees has been submitted for approval to local communities and monitored by the partner NGOs, the BAC, the local administrative authority and community leaders.

#### Identification of partners for project implementation

For the implementation of the activities of the project, partner NGOs (Haitian or International) were selected following the following selection criteria applied by FAO: a call for proposals, analysis of technical and financial aspects and signature of a protocol with the selected partners. Depending on the activity, FAO had the following partners Selection of the beneficiaries of vouchers, organization of seed markets and payment to sellers: (1) Mouvement Paysans 3eme Section Camp Perrin-MP3K, , Fédération des Associations pour le Développement de Les Anglais -FADA, Association des Cadres pour la Protection de l'Environnement-ACAPE and Association des Cadres pour la Promotion de l'Agriculture et la Protection de l'Environnement du Sud-ACPAPES for the South department; (2) Centre d'Appui pour la Promotion de l'Agriculture et de l'Artisanat -CAPACO, FFCJ, Organizasyon pou Devlopman Kominote Koray Sou/Marigo-ODEK, Association Technique pour la Promotion de l'Agriculture et la Protection de l'Environnement du Sud Est-ATEPASE et Groupe Horizon Vert-GHV for the South East and (3) Institut de Recherche pour la Promotion du Développement Soutenable/Agriculture-Plus-IRPDS/PLUS, Agence Locale pour le Développement Intégral des jeunes-ALDIJ et Institut de Recherche et d'Appui au Développement Local IRADEL for the West department.

- distributions of seeds and cuttings : CARITAS Haïti ;
- Selection of fishermen and distribution of fishery equipment and tools: PADI with technical oversight from UNEP.
- Training in nutritional education : ACPAPES in theSouth, FFCJ in the South-East and a team of six nutritional technicians provided by FAO

The DDA and BAC are always associated as coordinators of the agricultural activities in the departments and communes under their responsibility.PADI is a local NGO trained in techniques to assist and do follow-up with fishermen.

#### Organisation of food crop seed markets

- The partners' staff selected to organise seed markets have been trained by the consultants of the FAO's unit supporting the seed sector, on the approach to take: collaboration with local administrative and technical authorities, identification of local sellers of high-quality seeds primarily in favor of the Groupements de Production Artisanales de Semence (Groupments of artisanal seed producers), analysis of seed quality available in the stocks of potential sellers prior to their registration, identification of a site to organize the seed market in proximity of the homes of the vulnerable beneficiary households.

#### Coordination avec with local and humanitarian organisations intervening in the covered areas

- The Ministry for Agriculture, Natural Resources and Rural Development (MARNDR) was informed of the activities of the project, to ensure coordination of the agricultural assistance to the populations affected by hurricane Sandy.
- At the field level, the DDA and the BAC of the concerned communes of the West, South and South-East were in charge of the coordination of the project's activities at the level of the department. At the beginning of each planting season covered by the project, the FAO team and its partners held planning meetings for the rollout of the activities with the Directors of the DDA West, South and South-East. They assisted in the selection of the communes where activities would take place and on the number of beneficiaries according to the level of vulnerability and the interventions of other humanitarian actors.
- FAO is an active participant in the meetings organised by the GTSAN (Groupe Technique de Securite alimentaire et nutritionelle/Food security and nutrition working group) organized by the CNSA (National Food Security Authority) who

are the primary source of information on the evolution of the food security situation in the various departments and communes, and who give direction to the interventions of the stakeholders,

- FAO also participates in the meetings of the Sectoral Group for Food Security organised by the MARNDR to ensure good coordination of the interventions in the agricultural sector to avoid duplication and the improve synergies.

#### Monitoring and knowledge management

To ensure timely delivery of results, emphasis was put on the collaboration between local authorities for a follow up of the rollout of the project and the support of beneficiaries.

The FAO seed support unit, coordinated by an international seed specialist (consultant) has monitored closely all the activities related to the seed and seedlings assistance through : elaboration of specificities of the seeds, seedlings and cuttings required, analysis of seed quality and inspection of the plots where the cuttings were taken to ensure and verify the variety quality of the crops, the training of partners in the organization of seed markets, the visits of the production sites of some of the beneficiaries to make estimates of the expected production output, etc. All these activities were closely coordinated with the staff of the DDA and the BACs.

In each department the FAO recruited an agronomist technician who closely assisted the beneficiaries of the agricultural assistance and held trainings in close collaboration with the agronomists of the respective BAC and the other partners of the FAO. At least 5 % of the beneficiaries arable land were visited by these teams, assisted by one person of the monitoring and evaluation unit of FAO to monitor the evolution of the crops produced by the seeds provided by the project

- An international consultant in nutrition developed the training modules for nutrition training and in public health agriculture. He first also trained the staff of the partners and the BAC as well as the nutrition technicians hired by FAO. Subsequently, and in collaboration with the national nutrition consultant, they monitored the trainings closely. The agronomists of the BAC have subsequently trained the latter to ensure the cascade trainings to all the members of the farmers' associations.
- PADI worked closely with the DDA of the South (DDAS) and Grande Anse (DDGA) as well as with the DPCs of the two departments to assist and monitor the beneficiary fishermen and for the development of the contingency plans.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<ul style="list-style-type: none"> <li>➤ the number of beneficiaries of seeds at the seed markets has exceeded the 10,000 households foreseen in the project, to 13,000 households (with corresponds to 72,500 individuals), given the enormous needs in terms of seeds for a number of households' whose crops had been affected by Sandy in the three departments</li> <li>➤ The number of fishermen assisted went from 3000 to 1500 because the fishermen in the South-east were already assisted by the Spanish cooperation and were thus no longer considered. The project has instead assisted the fishermen in Grande Anse who had not been foreseen during the project design, because UNEP and GADI's evaluations demonstrated that the coastal communes of this department had been severely hit by Sandy. To increase the capture rate of fish and to avoid the capture of small fish, for obvious conservationist reasons, the project has already provided equipment to the Dispositifs de Concentration de Poissons du Sud.</li> <li>➤ The number of beneficiaries of food crop seeds is 7836, rather than 10000 foreseen because not all of the vulnerable households were in a position to grow crops: land not adapted for food crops, no presence of irrigation water, no labor force for the maintenance of the crops, etc; the DDA and BAC thus readjusted the target number and proposed to increase the number of food seeds.</li> </ul>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b> The distribution of seeds, nutritional education and maintenance of gardens specifically targeted women</p> <p><b>If 'NO' (or if GM score is 1 or 0):</b> Please describe how gender equality is mainstreamed in project design and implementation</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>An external evaluation was not part of the project proposal. However, and since this was an emergency project, FAO and its partners conducted their own monitoring and evaluation to have an idea of the impact.</p> <ul style="list-style-type: none"> <li>➤ At least 5 percent of the beneficiaries of seeds and cuttings were surveyed one month after planting/seeding to evaluate the evolution of the crops and to have an impression of their satisfaction of the assistance they received. The questionnaire used by the partners and agronomist technicians of FAO was designed by the FAO's seed support unit.</li> <li>➤ A nutritional knowledge tool was elaborated and used by the nutrition experts to evaluate the level of nutrition education of the trainees: 80 % of the surveyed persons responded correctly to the questions related to food groups, balanced and diversified diets, corporal hygiene and water treatment. In addition to this, 70 % of those interviewed had already engaged in participatory cooking demonstrations with their respective associations.</li> </ul>	

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WFP	5. CERF grant period:	2 Apr. 2013 – 31 Dec. 2013
2. CERF project code:	13-WFP-013	6. Status of CERF grant:	Ongoing <input type="checkbox"/>
3. Cluster/Sector:	Health-Nutrition		Concluded <input checked="" type="checkbox"/>
4. Project title:	Supplementary nutritional programme provided in a timely and effective manner to support most vulnerable children under 5, pregnant and lactating women		
7. Funding	a. Total project budget:	US\$3,168,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2, 456,981	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 3,266
	c. Amount received from CERF:	US\$ 1, 165,954	▪ <i>Government Partners:</i> US\$ 0
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	37,440	54,250	<p>The planning figures used for the proposal submitted to the CERF were based on the results of the evaluations carried out after the 2012 shocks. Further evaluations conducted in 2013 revealed an increase in the number of needs with regards to nutritional activities as the situation continued to deteriorate in 2013 particularly due to the limited results of the agricultural campaigns early that year as well as an increase in prices.</p> <p>Thus, the prevalence of acute global malnutrition (MAG) amongst children under 5 passed from 4.1% (SMART 2012) to 6.5% (ENSA 2013). The prevalence of MAG amongst pregnant and lactating women also increased from 1.5% (SMART 2012) to 6.3% (ENSA 2013).</p> <p>For these reasons, the number of people reached increased significantly with regards to the number of planned beneficiaries.</p>
b. Male	22,560	29,512	
c. Total individuals (female + male):	60,000	83,762	
d. Of total, children <u>under age 5</u>	47,000	56,754	
9. Original project objective from approved CERF proposal			
The present project aims to mitigate the risk of a nutritional crisis through targeted supplementary feeding and nutritional support throughout the country.			

10. Original expected outcomes from approved CERF proposal

The expected outcomes and indicators are as follows:

- Food and non-food items distributed in sufficient quantities and quality, to pregnant and lactating women (13,000), children 6–59 months (47,000) through supplementary feeding;
- Pregnant and lactating women will be encouraged to visit the pre and post natal clinic and to be supplemented.

The indicators of the most important interventions of the project are:

- Supplementary Feeding
  - Number of skilled health workers in the management of moderate acute malnutrition.
  - Prevalence of acute malnutrition among children 6–59 months / Target: W/H < 5%
  - Prevalence of malnourishment among pregnant and lactating women / Target: MUAC < 21 cm for < 5%
  - Programme performance indicators: recovery rate > 75% ; default rate < 15%;
  - death rate < 10 % ; coverage rate ≥ 75%
  - % of facilities that effectively apply the national protocol for treatment of moderate acute malnutrition
- Nutritional Support to Vulnerable Groups (Pregnant and Lactating Women / Children between 6 and 59 months)
  - Amounts of food distributed, by commodity type and activity, as % of planned
  - Numbers of targeted beneficiaries receiving food and non-food assistance, by activity, as % of planned

11. Actual outcomes achieved with CERF funds

CERF Funds were used to reinforce during 6 months (from March to August 2013) WFP's nutritional activities to treat moderate acute malnutrition (MAM) for children under five and pregnant or lactating mothers in 6 departments across the country most severely affected by the 2012 shocks.

During the project period, WFP distributed fortified food items to prevent and treat moderate malnutrition. Pregnant and lactating mothers received a monthly ration including a mix of corn and soja, vegetable oil and sugar for a period of 3 months. Children under five suffering MAM received a monthly ration of Supplementary Plumpy and a specialized food supplement for a period of 3 months. About 643 tons metrics of nutritional supplementation were distributed to 13,732 children under five and 22,500 pregnant and lactating women suffering from moderate acute malnutrition. 487,649 pregnant and lactating women received information on optimal infant feeding practice and iron/folic acid while 22,500 others were encouraged to use health centres for health matters.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

See section 8 above for an explanation of the difference between planned and actual number of beneficiaries.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES  NO

If 'YES', what is the code (0, 1, 2a or 2b):1

The project mainstreamed gender equality by targeting pregnant and lactating women as beneficiaries of nutritional supplementation items

If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation

14. M&E: Has this project been evaluated?

YES  NO

The project funded by CERF was not evaluated independently but as part of the overall WFP intervention to tackle Moderate Acute Malnutrition in the country. WFP's Monitoring & Evaluation methodology does not permit isolating the necessary data on indicators to identify the specific CERF funded portion of the project. However, the below provides the overall results of the project's evaluation:

The overall impact of the project positively affected the evolution of the prevalence of global malnutrition in the 7 departments

affected by Hurricane Sandy. These areas reflected an increase in the prevalence of malnutrition from April to November 2012 (following the various 2012 shocks): which then diminished in August 2013 as follows: 3.7% (ENSAN 2012), 4.8% (post Sandy evaluation) and 2.5% (ENSAN 2013).

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WHO	5. CERF grant period:	02 Apr. 2013 – 31 Dec. 2013
2. CERF project code:	13-WHO-014	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project title:	Ensure rapid detection and provision of timely and quality response to cholera outbreaks in chronically affected areas HT13H57738R HTI13H57554R		
7. Funding	a. Total project budget:	US\$953,258	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 549,298	<ul style="list-style-type: none"> <li>▪ NGO partners and Red Cross/Crescent: US\$ 297,902</li> <li>▪ Government Partners: US\$ 0</li> </ul>
	c. Amount received from CERF:	US\$ 549,298	
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	576,512	576,512	7,133 cholera patients and community members directly benefited from interventions in Grande Anse and the South departments. The activities developed under this project also indirectly benefitted the entire population of the two departments of Grande Anse and South through improved capacity to rapidly detect alerts and timely respond to increases of cholera cases. The project also benefitted beyond the two target departments, thanks to the implementation of the nationwide alert and response system supported by this project.
b. Male	554,126	554,126	
c. Total individuals (female + male):	1,130,638	1,130,638	
d. Of total, children <u>under age 5</u>	146,982	146,982	
9. Original project objective from approved CERF proposal			
Ensure access to timely and quality health services for cholera-affected population to reduce cholera-associated mortality and morbidity. The project was focused on guaranteeing the provision of a quality response to outbreaks and safe treatment conditions for cholera patients, through the early detection of outbreak at community level, the deployment of trained medical staff, the development of staff capacities in case management, the provision of essential medical supplies, the rehabilitation of access to safe water and proper sanitation conditions in health facilities receiving people affected by cholera			
10. Original expected outcomes from approved CERF proposal			
Outcomes			
<ul style="list-style-type: none"> <li>• Cholera outbreaks are detected and responded to in a timely manner.</li> </ul>			

- Cholera treatment facilities provide quality care and safe environment to cholera patients and their families in the South and Grand Anse Departments.

#### Indicators

- At least 85% of suspected cholera outbreaks are investigated and responded to, when needed, within 48 hours.
- One community early warning and response system created and functioning at the end of the project.
- One ORP created and functioning at the end of the project in remote and chronically affected areas.
- At least 70% of beneficiaries of sensitization campaigns are able to replicate at least 3 good practices in the framework of cholera prevention and good hygiene.
- Level of chlorine in water samples collected at cholera treatment facilities rehabilitated within normal range.
- At least 70% of trained health workers demonstrate an increased knowledge and/or are able to put into practice the fundamental steps for cholera treatment and emergency response.

#### 11. Actual outcomes achieved with CERF funds

##### **Cholera outbreaks are detected and responded to in a timely manner.**

- 100% of the suspected cholera outbreaks were investigated by PAHO/WHO field teams and partners and responded to when needed. PAHO/WHO mobilized a total of four mobile health response teams to cover cholera outbreaks response in areas affected by cholera persistence and respond to new outbreaks. In 2013, a total of 154 alerts were detected, verified and responded to within 48 hours by the Ministry of Health, PAHO/WHO field teams and partners in all ten departments, 106 of which were directly related to increasing number of suspected cholera cases. The four departments with the highest number of alerts recorded were; West (34), Artibonite (28), Nord (22) and Centre (20). The Department of Grande Anse and the South reported 10 and 14 alerts respectively. 2,683 cholera patients nationwide benefitted directly from the interventions of the PAHO/WHO mobile teams when responding to the detected alerts. Responses included the timely referral of new suspected cases to proper treatment facilities, the confirmation of suspected cases through rapid tests, the provision of medical supplies and equipment such as tents, cholera beds and treatments, the decontamination of houses or health services, the distribution of disinfection material and water treatment supplies including chlorine, sprayers, soap and aquatabs. Each response to alerts was also accompanied by sensitization activities with the local population to promote good hygiene practices in the communities affected by cholera.
- Two local early warning systems were established; one in the South department (ACTED) and one in Grande Anse (MSPP – MDM France) to support departmental health directorates in the detection of alerts and the coordination of the response. Seven coordination meetings were held and a report on the evolution of the epidemic at departmental level was carried out after each meeting. Seven monthly reports and 25 weekly reports were produced with the participation of PAHO/WHO, ACTED, local health authorities and CRS. The data collection and health information management system of the South Department was also reinforced to support the departmental health authorities in analysis of the evolution of the epidemic and inform decision to guide response operations. Two databases were developed by ACTED in coordination with the departmental health authorities to undertake a situational analysis of the health facilities responding to cholera and identify the zones with persistence of cases. The analysis of incidence rates in all treatment facilities were published online at <http://haiti.reach-iniciative.org>

##### **Cholera treatment facilities provide quality care and safe environment to cholera patients and their families in the South and Grand Anse Departments.**

- Two Oral rehydration posts (ORP) were established in Les Irois and Marcellin, two isolated communities in the South Department, to attend mild cholera cases in a timely and effective manner and prevent saturation of cholera treatment facilities dedicated to treat cholera cases with severe dehydration.
- 2,672 community members (65%) benefitted from sensitization campaigns carried out during the response to alerts and
- 100% of all water samples collected in the eight cholera health facilities rehabilitated that showed level of residual chlorine out of range triggered water treatment interventions, through the chlorination of water, in order to ensure access to safe water and

reduce risk of contamination. The water and sanitation infrastructures and sanitary conditions of eight (8) health facilities with cholera services (Aquin, Camp Perrin, Cavailon, Port Salut, Les Cayes, Les Anglais, Fond de Bois and Marcellin) were rehabilitated in the South Department in order to prevent further transmission of the disease. WASH rehabilitations interventions in health centers included: 1/ increasing access to safe water by improving water quality and increasing water quantities, through chlorine residual testing, provision of materials to monitor and treat the water, development of norms and protocols for water treatment and facilitating connection to the water supply network; 2/ enhancing sanitation by addressing drainage, wastewater treatment and excreta disposal; 3/ improving solid waste management, and ;4/ promoting hygiene control among health workers in cholera facilities and distribution of personal protection items such as boots, gloves, goggles. This helped ensure proper sanitary conditions in cholera treatment facilities and decreased the risk of contamination within health facilities, contributing to the reduction of institutional fatality rates. The rehabilitation of these facilities ensured the prevention or reduction of the spread of vibrio cholerae from affected patients to non-affected individuals within the health facilities. This intervention therefore benefitted not only patients suffering from cholera and diarrheal disease but also patients of other services, health staff, visitors and family members.

- Treatment and medical care capacity of the MSPP was strengthened in the Grande Anse Department, with technical assistance from WHO implementing partner MDM France. MDM France ensured the continued operation of cholera treatment services in the hospitals of Jeremie and Moron through capacity building of medical staff in these facilities. A total of 57 nurses and 38 auxiliary nurses (72% of the target) were supported and trained in cholera case management to provide timely treatment and basic health care to cholera patients. During the project implementation a total 1,788 patients received treatment and medical attention from these nurses.
- A total of 57 nurses and 38 auxiliary (72%) nurses were supported and trained in cholera case management to provide timely treatment and basic health care to cholera patients. During the project implementation a total 1,788 patients received treatment and medical attention from these nurses.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES  NO

**If 'YES', what is the code (0, 1, 2a or 2b):**2a

The project contributed in some limited way to gender equality. It should be consider that cholera affect both women and men, but in the development of activities and staff selection the gender was taken in consideration

**If 'NO' (or if GM score is 1 or 0):**

14. M&E: Has this project been evaluated?

YES  NO

PAHO Country Office performed three (3) supervision visits to the area of implementation of the project to monitor progress on the proposed activities and outcomes. The findings of these visits were taken into account when defining the cholera response strategy in the 2014 HAP. PAHO/WHO will continue to gather evidence on the impact of the activities developed on the health of the affected population, compiling data and producing monthly reports.

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	IOM	5. CERF grant period:	25 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-IOM-006	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Community Based Cholera Response in IDP Camps and Vulnerable Rural Communities HT13H57654R		
7. Funding	a. Total project budget:	US\$ 1,509,556	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 499,999	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 499,999	▪ Government Partners: US\$ 0
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	70,500	235,667	A significant increase was noted due to the expansion of the CERF-funded project to additional 87 camps compared to 10 camps in the proposal. This increase was made due to increasing needs for support and response to displaced population and as well as reported cholera alerts.
b. Male	64,500	170,665	
c. Total individuals (female + male):	135,000	406,322	
d. Of total, children <u>under</u> age 5	15,000	40,632	
9. Original project objective from approved CERF proposal			
To provide life-saving first-line treatment of cholera cases, through the established surveillance and alert system, and flexible rapid response in priority IDP camps in the West Department and community level in South-East Department, and to support the MSPP's efforts to integrate cholera response into existing primary health care facilities in order to facilitate access to cholera treatment and further decrease morbidity and mortality rates.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Up to 60,000 individuals out of the 135,000 planned beneficiaries received support from ORP and mobile rapid response team.</li> <li>Up to 18 water committees trained / re-trained.</li> <li>Up to 18 water points repaired/rehabilitated such as leakage on water tanks, replacing taps and/or water tank and manual water pump.</li> <li>Up to 108,000 individuals in IDP camps and at-risk communities sensitized on cholera via mass awareness activities.</li> <li>Up to 12 sanitation facilities maintained/ rehabilitated.</li> <li>Up to 150 polyvalent agents (both male and female) trained / activated.</li> <li>Two mobile rapid response teams established.</li> <li>Hygiene promotion activities carried out in up to 18 IDP sites.</li> <li>Up to 300 persons, both male and female, from IDP camps and at-risk communities participated in training sessions on management of cholera response.</li> <li>Up to 45 ORP Plus established/ activated.</li> </ul>			

- Transportation support for referrals and logistics for cholera-related NFI distribution to ORPs and individuals affected by cholera.

11. Actual outcomes achieved with CERF funds

- A total of **68,199** individuals affected by cholera in camps and communities received support from ORP and rapid response teams
- 23 water committees trained/re trained on management of water points management
- No water points were rehabilitated out of the planned 18 owing to the fact that most of the water points were in good condition; however the project supported the construction of 6 units of latrines in the community supporting the CTC and ORP for cholera patients.
- 203,156 individuals in 97 IDP camps and 23 at-risk communities sensitized on cholera via mass awareness activities
- 3 sanitation facilities were maintained/rehabilitated out of 12 targeted sanitation facilities due to the fact that other sanitation facilities were being rehabilitated by other partners.
- 206 polyvalent agents and 21 nurses trained on cholera response;
- Two mobile rapid response team were established and deployed for cholera response.
- Hygiene promotion activities were carried out in 97 IDP sites
- 295 persons were trained on different cholera related topics (cholera response, water management, surveillance & alert, cholera awareness)
- 226 suspected cholera cases were transported and referred to cholera treatment centers in IDP camps and South-East department.
- 44 ORPs and ORPs Plus stations in camps and communities were established/activated;
- 432,419 cholera NFI items were distributed and transported (including aquatabs, soap, bleach, ORS, wash basins, juice pots, sprayers, buckets, gowns, goggles) which benefited approximately 150,000 persons in camps and communities

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The significant increase between planned and actual outcomes, especially with regards to the targeted beneficiaries can be justified by the below reasons:

Only 10 IDP sites were targeted by in the initial proposal. These had been identified on the basis of the history of cholera cases; However, during the implementation phase of the CERF project, there were several cases reported from different IDP sites so the coverage areas were expanded to 97 IDP camps. IOM had the resources to do so thanks to the fact that certain medical and non-medical items were sourced from other partners and donors. Furthermore, IOM's network of brigadiers and polyvalent agents - in existence since 2010 - has contributed to the expansion of alert and surveillance in camps and vulnerable communities and sensitization activities. In addition, the trained medical staff (nurses and auxiliary nurses) also supported the mobile rapid response team in responding to cholera alerts and treatment.

The decision to expand was made based on the overall response and surveillance levels in camps and it was deemed necessary to provide additional activities to camps due to the risk for cholera contamination, reported cholera alerts and lack of basic/minimal services that pose high risk of exposure to cholera. Furthermore, in South-East Department communities, IOM mobile rapid response team were able to reach isolated areas with reported cholera alerts, which added additional beneficiaries reached through cholera response activities.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES  NO

If 'YES', what is the code (0, 1, 2a or 2b):2a

If 'NO' (or if GM score is 1 or 0):

To assure gender equality, IOM ensured that gender perspectives and attention to the goal of gender equality were central to all activities. For instance, this project prioritized the delivery of services to vulnerable populations (IDP female-headed households, adolescent-headed households, pregnant women, women with children, the elderly, people with disabilities and medical conditions,

among other conditions of vulnerability).

14. M&E: Has this project been evaluated?

YES  NO

No formal evaluation of the project was made. However, the project received several evaluation visits from government partners, UN Cholera Coordinator, Health/WASH cluster. Furthermore, IOM has followed internal M&E guidelines through a set of monitoring and evaluation tools in order to ensure activities performed within the scope of the project produced the outcome sought.

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNOPS	5. CERF grant period:	20 Mar. 13 – 1 Feb. 14
2. CERF project code:	13-OPS-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Mobile Teams for Emergency Response to Cholera in Haiti HT13H57569R		
7. Funding	a. Total project budget:	US\$1,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$409,050	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$409,050	▪ Government Partners: US\$ 0
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	68,400	67,078	13,427 people participated in awareness raising activities, representing 95 per cent of the target.  The project was designed to respond to alert in the South Department. The mobile team was mandated to respond quickly to any alert, therefore the number of actual beneficiaries depended on the number of alerts and the evolution of the situation in the Department.
b. Male	51,600	46,349	
c. Total individuals (female + male):	120,000	113,427	
d. Of total, children <u>under</u> age 5	23,000	3,411	
9. Original project objective from approved CERF proposal			
<p>The CERF component of the project was immediate support to the cholera response in South , Southeast and Grand Anse departments, through four main activities, namely distribution of kits, raising awareness, disinfection, referrals and treatment. The specific objectives were :</p> <ol style="list-style-type: none"> <li>1. Improve the logistics of medical case management and create a life-saving transport system with institutional partners</li> <li>2. Raise awareness in the population affected by flooding and hurricanes, and on the modes of transmission and prevention of cholera, to eliminate the spread of the disease.</li> <li>3. Increase access to water treatment products and to basic hygiene products to reduce the risk of infection during flooding and hurricanes in the Southern Department.</li> <li>4. Reduce the disease through distributing cholera kits and training in how to use the kits.</li> <li>5. Reduce the spread of cholera through disinfecting houses and shelters for cholera victims as well as disinfecting neighboring houses.</li> <li>6. Ensure referrals to health centers for treatment and ensure that the affected population knows where they can get medical support.</li> <li>7. Support to epidemiological surveillance in coordination with other response organizations in order to have updated information on the situation.</li> </ol>			
10. Original expected outcomes from approved CERF proposal			

<ul style="list-style-type: none"> <li>• 400 calls for transport received</li> <li>• 400 beneficiaries transported to a hospital</li> <li>• 400 families received a training</li> <li>• 3 mobile teams of 5 people (2 women and 3 men) put in place</li> <li>• 120,000 beneficiaries participated in awareness raising activities to prevent cholera (51, 600 men and 68, 400 women)</li> <li>• 5 000 cholera kits were distributed</li> <li>• 400 beneficiaries were referred to cholera treatment centres</li> <li>• 600 houses were disinfected</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>• 523 calls for transport were received</li> <li>• 60 beneficiaries were transported to local health centers: Hôpital de Port-Salut, Hôpital de Port-à-Piment, Hôpital de Coteaux, Hôpital des Cayes.</li> <li>• 802 families received a training after house disinfection</li> <li>• 3 mobile teams put in place/ 5 people per team</li> <li>• 113 427 beneficiaries (68 078 women /46 349 men) participated in awareness raising training to prevent cholera</li> <li>• 14,223 cholera kits distributed (11, 663 kits were distributed in schools and 2,560 in households).</li> <li>• 802 houses were disinfected</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The objective of 400 transports was not met, as the mobile team responded to the calls received and the number of calls requiring transport was lower than expected. However, with regards to responding to calls the objective was largely exceeded, and beneficiaries who called the call centre received information and advice on the illness.</p> <p>The project was able to distribute more kits than expected as a change in supplier implied a reduction in expenses which allowed increasing the quantity of purchases.</p>	
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><b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b>  UNOPS ensured that the mobile teams were mixed (men and women). The response targeted cases reported and not according to gender considerations. However, awareness campaign reached more women than men.</p> <p><b>If 'NO' (or if GM score is 1 or 0):.</b></p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>To monitor the activities, the teams used PDAs to get information on the number of beneficiaries, disinfections and distributions. A database manager had the responsibility of managing data on a daily basis. Monthly reports were produced and information about the interventions were shared with MSPP, DINEPA and other actors.</p>	

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

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
13-CEF-033	Nutrition	UNICEF	Hospital Albeert Schweitzer	INGO	\$87,703	11-Sep-13	13-May-13	CERF funded activities fully achieved.. This PCA (programme cooperation agreement) was funded with different funds (thematic and emergency) from different donors. Accordingly, the installment payment was prioritized in terms of the expiration date of the grants. Therefore, the CERF funds were used for the payment of the second and the third tranches
13-CEF-033	Nutrition	UNICEF	Hospital Albeert Schweitzer	INGO	\$22,297	10-Dec-13	13-May-13	
13-CEF-033	Nutrition	UNICEF	Foundation St Boniface	INGO	\$60,000	2-Jul-13	5-Jun-13	CERF funded activities fully achieved.The partner experienced a delay requesting the payment which explains that they received the funding in July 2013 while activities were initiated on 5 june. This was not a limitation to meet the expected results since they had planned to use the first month to recruit people, meet community stakeholders and prepare the training costs. This part of the budget was exclusiveley supported by the partner as per the programme cooperation agreement.

13-CEF-033	Nutrition	UNICEF	Medecins du Monde-France	INGO	\$167,374	20-Sep-13	1-Jun-13	CERF funded activities fully achieved.. This PCA (programme cooperation agreement) was funded with different funds (thematic and emergency) from different donors. A Thematic fund was debited to pay the first installment of this PCA in order to prioritize fund management in terms of the expiration date of the grants. The CERF funds were used for the payment of the second tranches .
13-CEF-033	Nutrition	UNICEF	FONDEFH	NNGO	\$371,000	9-Dec-13	15-Mar-13	CERF funded activities fully achieved. This PCA (program cooperation agreement) were funded with different funds (thematic japanese Government ,DFID). in this current situation the CERF funds were used for the payment of the third and last tranches of funding
13-CEF-033	Nutrition	UNICEF	AVSI	INGO	\$69,112	18-Dec-13	13-Jun-13	CERF funded activities fully achieved. This PCA (program cooperation agreement) were funded with different funds (thematic and DFID). in this current situation the CERF funds were used for the payment of the second and last tranche of funding

13-CEF-033	Nutrition	UNICEF	Medecins du Monde-Suisse	INGO	\$50,000	16-Jul-13	15-Jun-13	CERF funded activities fully achieved. This PCA (program cooperation agreement) were funded with different funds (Japanese Government , French Natcom and DFID). in this current situation the CERF funds were used for the payment of the first tranches of funding therefore there was a delay in the fund request . The partner has funded activities with its own contribution until it received the first tranche
13-CEF-034	Water, Sanitation and Hygiene	UNICEF	Care	INGO	\$120,157	25-Jun-13	15-Jun-13	CERF funded activities fully achieved.NGO signed the agreement on 15-jun-13 and anticipated activities with their own funds. There was a delay in the funding request, which explains that the first installement was transferred on 25-jun-13.
13-CEF-034	Water, Sanitation and Hygiene	UNICEF	Plan Haïti	INGO	\$240,000	27-Sep-13	14-Jun-13	NGO has anticipated activities with their own funds to ensure cholera response
13-CEF-034	Water, Sanitation and Hygiene	UNICEF	ACTED	INGO	\$249,885	27-Jun-13	28-May-13	NGO has anticipated activities with their own funds to ensure cholera response
13-FAO-012	Agriculture	FAO	Caritas Haiti	NNGO	\$15,045	1-Jun-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	PADI	NNGO	\$89,078	16-Aug-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	MP3K	NNGO	\$44,099	26-Jul-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	FFCJ	NNGO	\$18,655	25-Jul-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ODEK	NNGO	\$22,479	26-Jul-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ALDIJ	NNGO	\$11,471	7-May-13	21-Mar-13	CERF funded activities fully achieved

13-FAO-012	Agriculture	FAO	IRPDS/Plus	NNGO	\$48,120	25-Jul-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ACPAPES	NNGO	\$43,337	25-Jul-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	IRADEL	NNGO	\$44,327	25-Jul-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ATEPASE	NNGO	\$21,844	25-Jul-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	CAPACO	NNGO	\$23,642	25-Jul-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	FADA	NNGO	\$22,320	25-Jul-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	GHV	NNGO	\$21,827	25-Jul-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	AKSYON ZANMI DEVLOPMAN SOLIDARITE LOKAL	NNGO	\$1,327	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ASOSYASYON AGRIKILTÈ AK ELVÈ KADIK BÈLANS	NNGO	\$1,339	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ASOSYASYON PEYIZAN POU DEVLOPMAN KORAY	NNGO	\$965	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ASOSYASYON IRIGAN FOCHE	NNGO	\$965	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ASOSYASYON PLANTÈ POU DEVLOPMAN LAGRIKILTI	NNGO	\$2,025	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ASSOCIATION DE PRODUCTEUR DE SEMENCES LES ANGLAIS	NNGO	\$3,875	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	Association des Femmes pour le Développement de Platon	NNGO	\$2,184	17-Oct-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ASSOCIATION DES IRRIGANTS DE DUBREUIL	NNGO	\$6,311	10-Dec-13	21-Mar-13	CERF funded activities fully achieved

13-FAO-012	Agriculture	FAO	ASSOCIATION DES IRRIGANTS DE LA ZONE 2	NNGO	\$4,036	28-Nov-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ASSOCIATION DES JEUNES DE SAINT MARTIN POUR LE DEVELOPPEMENT COMMUNAUTAIRE	NNGO	\$4,575	28-Nov-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ASSOCIATION DES PAYSANS POUR LE DEVELOPPEMENT DE TENO	NNGO	\$960	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	APUMOC	NNGO	\$4,838	20-Oct-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	APV	NNGO	\$4,650	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ASSOCIATION DES PLANTEURS PROGRESSISTES DE GERARD	NNGO	\$6,319	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	Association des Planteurs Progressistes pour le Développement de Laval	NNGO	\$2,541	18-Oct-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ASSOCIATION DES USAGERS PALMIS LAMY 7EME SECTION BAINET	NNGO	\$799	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	Association Fraternité Billie 2	NNGO	\$4,894	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ASSOCIATION ORGANIZASYON PLANTE KANAL ANDRE	NNGO	\$4,279	28-Nov-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	COOPERATIVE AGRICOLE SAVANE BRULEE	NNGO	\$961	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	EMAVAD	NNGO	\$1,327	10-Dec-13	21-Mar-13	CERF funded activities fully achieved

13-FAO-012	Agriculture	FAO	COORDINATION PAYSANNE DE LA VALLEE DE BAINET	NNGO	\$965	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	GOUPEMENT POUR L'AVANCEMENT DE L'ANSE -A -PITRES	NNGO	\$1,359	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	GROUPE DE REFLEXION ET D'ACTIONS SOCIALES POUR UN DEVELOPPEMENT INTEGRE EN HAÏTI	NNGO	\$1,348	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	La Ferme Laitmart	NNGO	\$3,384	15-Oct-14	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	MOUVEMENT DES JEUNES PREGRESSISTES POUR LE CHANGEMENT COLLECTIF DES PAYSANS D'HAITI	NNGO	\$2,025	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	MOUVEMENT PAYSAN AGRICOLE POUR LE DEVELOPPEMENT	NNGO	\$3,807	9-Oct-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	MULTI-SERVICE AGRICOLE HAITIEN (LoA)	NNGO	\$1,346	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ODVA	GOV	\$8,458	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	OGANIZASYON MEN LEVE PEYIZAN TOBEK	NNGO	\$1,345	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ORGANISATION DE DEVELOPPEMENT D'AIDE ET D'ASSISTANCE SOCIALE INTEGREE	NNGO	\$2,165	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	Organisation Jèn Tèt Ansanm Côte de Fer	NNGO	\$5,313	15-Oct-13	21-Mar-13	CERF funded activities fully achieved

13-FAO-012	Agriculture	FAO	ORGANISATION LEOGANAISE POUR LE DEVELOPPEMENT DURABLE	NNGO	\$7,261	12-Oct-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	ORGANISATION PAYSANNE POUR LE DEVELOPPEMENT DE POSTE PIEROT	NNGO	\$1,329	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	Organisation Soutien Gros Morne pour le Développement	NNGO	\$3,191	10-Oct-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	Organisation Union des Frères Sud-Est pour le Développement Humain	NNGO	\$3,684	12-Oct-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	PLAN DE DEVELOPPEMENT INTEGRE	NNGO	\$19,224	26-Nov-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	PLAPREDEM	NNGO	\$4,503	12-Oct-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	COOPERATIVE FRATERNELLE POUR L'EDUCATION SOCIALE ET ECONOMIQUE	NNGO	\$2,696	10-Dec-14	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	SOCIETE DES NEGRES DE LA LUMIERE	NNGO	\$1,339	10-Dec-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	Union des Paysans de Marmelade	NNGO	\$2,676	10-Oct-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	FAMV	GOV	\$13,335	26-Nov-13	21-Mar-13	CERF funded activities fully achieved
13-FAO-012	Agriculture	FAO	COORDINATION NATIONALE DE LA SECURITE ALIMENTAIRE	GOV	\$11,466	2-Jul-13	21-Mar-13	CERF funded activities fully achieved
13-WFP-013	Nutrition	WFP	SHASSMEPP	NNGO	\$1,013	31-May-13	15-Mar-13	CERF funded activities fully achieved. The NGO co-funded the project and started activities with its own funds until receiving the CERF contribution via WFP.

13-WFP-013	Nutrition	WFP	FONDEFH	NNGO	\$1,110	15-May-13	15-Mar-13	CERF funded activities fully achieved. The NGO co-funded the project and started activities with its own funds until receiving the CERF contribution via WFP.
13-WFP-013	Nutrition	WFP	RHASADE	NNGO	\$490	7-May-13	15-Mar-13	CERF funded activities fully achieved. The NGO co-funded the project and started activities with its own funds until receiving the CERF contribution via WFP.
13-WFP-013	Nutrition	WFP	MACAYA LIB	NNGO	\$65	20-Jun-13	15-Mar-13	CERF funded activities fully achieved. The NGO co-funded the project and started activities with its own funds until receiving the CERF contribution via WFP.
13-WFP-013	Nutrition	WFP	Zanmi la Santé	NNGO	\$588	31-May-13	15-Mar-13	CERF funded activities fully achieved. The NGO co-funded the project and started activities with its own funds until receiving the CERF contribution via WFP.
13-WHO-014	Health	WHO	MDM France	INGO	\$150,000	15-Jul-13	9-Jul-13	CERF funded activities fully achieved. The NGO co-funded the project and started activities with its own funds until receiving the CERF contribution via WHO.
13-WHO-014	Health	WHO	ACTED	INGO	\$147,902	16-Jul-13	5-Jul-13	CERF funded activities fully achieved. The NGO co-funded the project and started activities with its own funds until receiving the CERF contribution via WHO.

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACAPE	Association des Cadres pour la Protection de l'Environnement
ACPAPES	Association des Cadres pour la Promotion de l'Agriculture et la Protection de l'Environnement du Sud
ALDIJ	Agence Locale pour le Développement Intégral des jeunes
ASEC	Assemblée des Sections Communales
ATEPASE	Association Technique pour la Promotion de l'Agriculture et la Protection de l'Environnement du Sud Est
BAC	Bureau Agricole Communale
CAP	Consolidated Appeal Process
CAPACO	Centre d'Appui pour la Promotion de l'Agriculture et de l'Artisanat
CASEC	Conseil d'administration des Assemblées des Section Communales
CARE	Cooperative for Assistance and Relief Everywhere
CNSA	National Commission for Food Security
CTC	Cholera Treatment Centre
CTU	Cholera Treatment Unit
DDA	Direction Départementale de l'Agriculture
DDAGA	Direction Départementale de l'Agriculture de Grand d'Anse
DDAS	Direction Départementale de l'Agriculture du Sud
DINEPA	Direction Nationale de l'Eau Potable et l'Assainissement
ECHO	European Community Humanitarian Office
ERC	Emergency Relief Coordinator
FADA	Fédération des Associations pour le Développement de Les Anglais
FAO	Food and Agriculture Organization of the United Nations
FFCJ	Flore des Femmes Cayes Jacmel
GHV	Groupe Horizon Vert
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IDP	Internally Displaced Person
IOM	International Organization for Migration
IRADEL	Institut de Recherche et d'Appui au Développement Local
IRPDS/PLUS	Institut de Recherche pour la Promotion du Développement Soutenable/Agriculture-Plus
MAM	Moderate Acute Malnutrition
MARNDR	Ministry of Agriculture, Natural Resources and Rural Development
MDM	<i>Médecins Du Monde</i>
MNP	Multiple Micronutrient Powders
MoH	Ministry of Health
MP3K	Mouvement Paysan 3eme Section Camp Perrin
NFI	Non-Food Item(s)
NGO	Non-Governmental Organization(s)
OCHA	Office for the Coordination of Humanitarian Affairs

ODEK	Organizasyon pou Devlopman Kominote Koray Sou/Marigo
ORP	Oral Rehydration Post
ORS	Oral Rehydration Salt
PADI	Plate-forme pour l'Amélioration de la pêche artisanale et du développement Intégré
PAHO/WHO	Pan American Health Organization/World Health Organization
SAM	Severe Acute Malnutrition
UN	United Nations
UNEP	United Nations Environnement Programme
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Projects Service
USA	United States of America
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme