Photo OCHA: Action Contre la Faim, Project # ERF-DDA-3416-137, rehabilitation of water, sanitation and hygiene commodities in health structures, Artibonite department.

United Kingdom

Sweden
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CHAPTER I: FOREWORD, EXECUTIVE SUMMARY AND INFOGRAPHICS

I.1. FOREWORD BY THE HUMANITARIAN COORDINATOR

Haiti is considered the fifth most disaster-prone country in the world, where more than 98% of the population are exposed to two or more natural disaster hazards, including: earthquakes, hurricanes, landslides, flooding and drought. The country’s population remains extremely vulnerable and exposed to a convergence of humanitarian challenges, particularly: severe drought, cholera, internal displacements, and migration inflow from the Dominican Republic (DR). With more than a quarter of the total population living in extreme poverty, domestic capacities to resist and recover from crises remain very low. Hence, even minor shocks can impact substantially the most vulnerable.

While the humanitarian situation in Haiti has improved since the devastating earthquake of 2010, evidence shows that the country remains fragile.

Since early 2015, we have seen a deterioration of the humanitarian situation in Haiti as a result of the convergence of multiple humanitarian risk factors: (1) Thousands of people of Haitian descent have returned or been deported from the DR and remain in need of both protection and humanitarian assistance; (2) Increased cholera cases compared to 2014; (3) Increased food insecurity and malnutrition affecting around 3.6 million people out of a population of ten million aggravated by the drought and the wider effects of “El Niño”. With exposure to the risk of increasing hurricanes and flash flooding; (4) Challenges in ensuring the provision of essential services to the remaining 60,000 people displaced by the 2010 earthquake still living in 35 camps, and the need to provide durable solutions to the vulnerable population.

In this challenging humanitarian context, the lack of humanitarian funding in general and limited contribution to Emergency Relief Response Fund (ERRF) in particular have hampered the ability of the United Nations (UN) and humanitarian partners to provide an adequate and timely humanitarian response - in support to the Government and the civil society’s efforts - to the most vulnerable population affected by multiple and simultaneous humanitarian challenges.

During the year 2015, the ERRF was only supported by Sweden with a contribution of US$0.5 million. The fund has run with an important carry-over of US$3.2 million following contribution of US$1.6 million received in October 2014 from the United Kingdom Department for International Development (UK DFID).

I take this opportunity to thank humanitarian donors in Haiti and particularly UK DFID and Swedish International Development Cooperation (SIDA) for their contribution year after year, to the ERRF.

In 2015, the funds allocated to ERRF allowed humanitarian partners to provide urgent humanitarian assistance to the most vulnerable Haitians. ERRF has strategically focused its funding on the most critical humanitarian needs by contributing to efforts to fight against cholera outbreaks in the most affected areas and to disaster reduction and response. Considering its flexibility, the fund has also supported humanitarian actors in vaccination and in response to the unforeseen emergency following protection and humanitarian challenges in relation to deportation of Haitian migrants from the DR.

In this context, I approved seventeen projects for US$3.5 million.

The Fund reinforced partnership with Non-Governmental Organizations (NGOs) as they received US$2.5 million representing seventy-two per cent of the amount allocated to implemented eleven projects (out of seventeen projects).

Furthermore, coordination was strengthened among actors as I promoted regular consultations among actors under the lead of OCHA and Sectorial group mainly Health and Water Sanitation and Hygiene (Wash) sectors. Aimed to avoid duplication and to maximize impact of funds, consultations were also conducted with Implementing Partners (IP).

Haiti remains one of the most vulnerable countries to natural disasters and epidemics, I therefore call on the international community to devote special attention to making available financial resources to respond to this challenging context.

Mourad Wahba
Deputy Special Representative of the Secretary General
Resident and Humanitarian Coordinator
Resident Representative UNDP
I.2. EXECUTIVE SUMMARY

The Advisory Board (AB) has approved a realistic 2015 annual strategy on 2 February 2015. The strategic approach focused its priorities on the most urgent humanitarian needs to respond to cholera outbreaks, disaster reduction and response and unforeseen emergencies.

The year 2015 received solely a Sweden’s contribution of US$ 0.5 million. However the ERRF had an important carry-over of US$ 3.2 million as UK Aid contribution of US$1.6 million was registered in October 2014.

According to the allocation strategy, the Humanitarian Coordinator (HC) approved seventeen projects for US$3.5 million which represent six per cent of global fund received for humanitarian response in Haiti (US$53.0 million). Four sectors were particularly targeted: cholera response, disaster reduction and response and as unforeseen emergency health and protection.

In response to cholera epidemic and other diarrheic diseases, the Fund reinforced the response to outbreaks. Strong field presence was maintained and reinforced early in 2015 aimed to provide a comprehensive response capacities materialized by efficient operational mobile teams, reinforcement of institutional capacities and huge awareness campaign particularly in remote areas. As result, outbreaks remained under control even if government capacities were very weak. A total amount of US$ 2.2 million has been disbursed for ten projects in Water, Sanitation and Hygiene (WASH) and Health. The main purpose was to cut the chain of transmission of cholera in high risk areas and, ipso facto, to reduce institutional and community morbidity and mortality. Projects funded reached around 888,857 people, including 451,249 women, 359,565 men and 78,043 children.

The fund also supported small mitigation activities in the most high-risk communes mainly to reinforce training of communities on alert systems, rehabilitation of river banks and ravines, creation of community intervention teams, cleaning of canals and rehabilitation of infrastructures included wash commodities that can be used as emergency shelters. Important awareness campaign was also conducted. The sector received US$ 0.8 million for four projects. Projects funded reached around 114,800 people, including 59,700 women, 39,800 men and 15,300 children.

A health and two protection projects were funded in the framework of unforeseen emergencies. Indeed a funding gap regarding vaccination against diphtheria was released and the Fund covered it. Furthermore, in June 2015, DR has deported irregular Haitian migrants. Response to this new humanitarian emergency needed to be quickly engaged. In this regards, the HC agreed to support health activities through a project with US$ 0.1 million. The project vaccinated around 52,700 people. Two protection projects for US$ 0.2 million reached around 55,551 people.

The Fund supported Non-Government Organizations (NGOs), United Nations (UN) and International Organization for Migration (IOM). The main recipients of funds were NGOs. Globally, NGOs received US$ 2.4 million to implement eleven projects corresponding to seventy two per cent of funds among which National NGOs received US$ 0.5 million to implement three projects. UN Agencies and IOM received around US$ 1 million for six projects corresponding to twenty-eight per cent.

Globally, around 1,111,971 people, including 554,845 women, 454,069 men and 103,057 children were reached by the implemented activities which represent US$ 3.12 per capita.

The fund launched an AB meeting in February 2015 and the review process continued to be supported by sectoral leads as cluster were deactivated. However it was noticed that feedback from review members was received with delay due to understaffing of sectors.

The risk continued to be managed through a risk management framework approved by the AB and audit process. Except NGOs which need to be reinforced, it has been noticed that no major concerns were incurred by Implementing Partners (IP). NGOs needed an institutional and technical capacity building but the level of funding didn’t allow these activities. Priority was given to response to urgent need.

The ERRF allowed UN Agencies, IOM and National and International NGOs to continue to implement response to the most urgent humanitarian needs in
Haiti. It was used strategically to kick start response to cholera outbreaks and deportation needs while UN agencies were negotiating substantial funds from Central Emergency Relief Fund (CERF) and other donors.

Efforts to monitor projects were intensified in a political challenging context. Indeed, political demonstrations cancelled field missions as daily UN security section restricted movement in the field.

Audit of twenty-seven NGO’s projects implemented in 2014 and 2015 was undertaken and twenty of them have been audited. Fifteen are financially closed. Administrative processes delayed (since September 2015) audit of the seven remaining projects.

In conclusion, despite its instrumental role in the humanitarian architecture, the main challenge of the Fund remains the mobilization of resources. While it has been requested to keep it opened in 2016, in parallel, it is strongly recommended to undertake a resource mobilization campaign to reach traditional and new donors. It would be better that donors make a support spreading more than a year.
I.3. INFOGRAPHICS

Haïti : Emergency Relief Response Fund in 2015 (January - December 2015)

Background
Established in 2007, the ERRF Haïti is an OCHA-managed strategic pooled fund, ensuring a quick and effective response to any small-scale unforeseen emergency in the country. The Fund - under the leadership of the Humanitarian Coordinator - has responded to the most critical needs against a backdrop of reduced operational and financial capacities on the ground.

Strategic objectives
The Advisory Board decided to focus actions on the following strategic objectives:
- Ensure response to cholera outbreaks
- Promote disaster reduction and response activities
- Respond to any other unforeseen emergency

Fund received/allocated since 2008

<table>
<thead>
<tr>
<th>Year</th>
<th>Projects</th>
<th>Fund Received (million US$)</th>
<th>Fund Allocated (million US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>23</td>
<td>3.7</td>
<td>3.5</td>
</tr>
<tr>
<td>2009</td>
<td>57</td>
<td>8.0</td>
<td>7.0</td>
</tr>
<tr>
<td>2010</td>
<td>21</td>
<td>0.6</td>
<td>0.5</td>
</tr>
<tr>
<td>2011</td>
<td>7</td>
<td>1.4</td>
<td>1.2</td>
</tr>
<tr>
<td>2012</td>
<td>5</td>
<td>2.9</td>
<td>2.8</td>
</tr>
<tr>
<td>2013</td>
<td>15</td>
<td>3.2</td>
<td>3.1</td>
</tr>
<tr>
<td>2014</td>
<td>17</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>2015</td>
<td>15</td>
<td>3.5</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Key figures in 2015

- Allocated Funds: $3.5 million US$
- Fund received: $2.3 million US$
- Fund allocated: $0.2 million US$
- Estimated balance: $0.1 million US$

ERRF Haïti has disbursed around 96.3% of available funds in 2015. In regard to critical needs, support from donors is essential to ensure the Fund’s ability to continue playing this strategic role within the humanitarian financing architecture in Haïti.

Projects per department

- National: a project that covers more than one department

Funds per sector (million US$)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Projects</th>
<th>Fund Received</th>
<th>Fund Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>12</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>WASH</td>
<td>10</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>CSS</td>
<td>11</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Protection</td>
<td>2</td>
<td>0.1</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Funds per type of response (million US$)

<table>
<thead>
<tr>
<th>Response</th>
<th>Projects</th>
<th>Fund Received</th>
<th>Fund Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>6</td>
<td>2.3</td>
<td>2.1</td>
</tr>
<tr>
<td>CSS</td>
<td>10</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Protection</td>
<td>2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Vaccination</td>
<td>1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Funds per type of organizations (million US$)

- Intl NGOs: 6 projects 1.0 million US$
- UN Agencies: 2 projects 1.0 million US$
- Natl NGOs: 3 projects 0.6 million US$

Update date: 01 February 2016 Source: OCHA Haïti ERRF Feedback: ochael@gaol.com www.reliefweb.int https://haiti.humanitarianresponse.info
The boundaries, the names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
HAITI
Emergency Relief Response Fund
2015 Annual Report

The Haiti Emergency Relief Response Fund seeks to mobilize US$5 million in 2016 to respond to bi-national migration crisis with the Dominican Republic, the cholera epidemic, natural disasters, and to any other unforeseen emergency.
II.1. HUMANITARIAN CONTEXT

II.1.1. Cholera outbreaks

Since August 2010, cholera epidemic remains a huge concern in the country. Indeed, the lack of potable water and sanitation commodities is challenging both in town and in remote areas. Outbreaks are regularly reported in rain season and, due to cultural customs, community mortality is an issue. As of 31 December 2015, it has been reported that 36,045 people have been infected by cholera epidemic with 322 deaths registered. It is estimated that around 25,000 people will be infected in 2016. Thus Haiti remains one of the most affected countries in the world.

II.1.2. Vulnerability to Natural Disasters

Haiti is located in the Caribbean region which is the second most-prone region in the world to natural disasters. Haiti ranked as 5th most vulnerable country in the world.

According to the national contingency plan, around 2.8 million living in 58 municipalities are most exposed to flooding and landslides risks while, 500,000 people are under threat of hydro-meteorological hazards hence, even minor natural shocks may trigger large-scale or localized humanitarian crises. For example, the recent Erika storm in August 2015 has affected 4,709 people. These different groups cannot wait for the impact of development programs and the country still needs the support of the humanitarian community to meet the urgent needs.

II.1.3. Internally Displaced Persons and Binational crisis

Since the January 2010 Earthquake, 59,720 individuals are still living in 37 camps mainly located in the metropolitan area of Port-au-Prince. The services in camps are, day by day, deteriorating and not rehabilitated due to the lack of funds.

Since June 2015, Haiti has faced a significant protection crisis with the return of thousands of migrants from the DR. UN Agencies with its international and National partners have focused their support to the Government of Haiti (GoH) in reinforcing monitoring and data collection of border movement through the establishment of a Border Monitoring Tracking System.

As of 01st January 2016, it has been recorded 30,644 households representing 55,551 individuals interviewed on a random and voluntary basis and who have crossed the border into Haitian territory since June 2015. This constitutes only a portion of the total returning population from Dominican Republic to Haiti. In fact, based on data gathered on borders, the bi-national crisis is likely to affect around 171,000 people in 2016.

The living conditions of IDPs and returnees from DR caused a deep protection issues as for IDPs long-term solutions are not clear and returnees are deported without their belongings and as for the first category, are living in site or in hosting already vulnerable communities. The humanitarian community in Haiti is focused on it and is trying to solve the issues.

II.1.4. Severe drought, El Nino and Food insecurity

Haiti faced a huge severe drought due to El Nino effects and remained the most affected in the region. According to CNSA (National Coordination for food security) report on food insecurity, an irregular rain season caused a drought that hit the country in the spring season. It is estimated that approximately 34% of the population in Haiti continues to have significant challenges in meeting their basic food needs. Within this vulnerable group, approximately 1,500,000 persons suffer severe food
insecurity. Approximately 21,500 children need immediate therapeutic feeding as a life-saving measure and 49,000 require supplemental feeding. According to the Assessment Report (EFSA, December 2015) coordinated by the National Coordination of Food Security and Nutrition (CNSA) in collaboration with WFP on the food security situation, some 529,000 rural households country-wide, are severely food insecure due to the negative impact of drought on their agricultural production during the 2015 spring season. This has led to a reduction of more than 50% of their production in the spring season, the main agricultural season, which accounts for –60% of the country’s annual production on average. As a result, there have been significant reductions in the availability of local food products, combined with substantial price increases and reported shortages of main staple foods at household level. Important water shortages have been reported in the most affected departments with more than 120 water systems being non-functional because of water flow reduction during the year (DINEPA assessment, June 2015. This forces people to look for water from nearby unprotected sources with risks of violence and contamination, which further increases the risk of infectious disease outbreaks such as cholera. In particular, 38 communes mostly located in the eastern part of the South-East Department and the lower North-West are seriously affected. They have been categorized as “in food crisis” in the IPC (Integrated Phase Classification) latest report of the “FEWS” report and the Haitian National Commission for Food Security (CNSA).

II.2. DONOR CONTRIBUTIONS

II.2.1. Contribution received in 2015

<table>
<thead>
<tr>
<th>Donors</th>
<th>Amount in US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweden</td>
<td>581,463</td>
</tr>
<tr>
<td>Sub total</td>
<td>581,463</td>
</tr>
</tbody>
</table>

II.2.2. Fund available in 2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5,000,000</td>
<td>3,221,029.00</td>
<td>581,463</td>
<td>3,803,029</td>
</tr>
</tbody>
</table>

The resource mobilisation target was US$ 5 million but the Fund received only 12% of resource expected. Fortunately due to contribution received from DFID in October 2014, an important carryover allowed to fund projects in 2015.

II.2.3. Donor trends since 2008 to 2015
Since 2008, about US$92.8 million were received by the Haiti ERRF. The funds increased drastically in 2010 following the January earthquake and decreased in 2011 and 2012. In early 2012, OCHA/Funding Coordination Section (FCS) was planning to close the fund by June 2013. A closure plan was drafted and approved. For this, no mobilization effort was undertaken. However following the devastating tropical storms Isaac and Sandy in October and November 2012, the humanitarian community agreed to keep the fund open. An advocacy note was elaborated in January 2013 and approved in April 2013 both by the Humanitarian Country Team and OCHA/FCS. Different donors were approached to support the Fund. Contributions from Spain, the United Kingdom (DFID) and Sweden (SIDA) helped replenish the fund in July and August 2013.

In 2014, the United Kingdom (DFID) and Sweden (SIDA) agreed to contribute to the fund again, while Sweden remained the only donor in 2015.

Globally, after the devastating earthquake in 2010, contributions to the ERRF Haiti have drastically decreased even if urgent humanitarian needs remained. Considering the trend of contributions, it is somehow difficult to name donors as regular. However, it can be said that UK Aid and Sweden are the most regular and substantive.

II.3. ALLOCATION OVERVIEW

II.3.1. Allocation Strategy

Haiti didn’t have a Humanitarian Response Plan (HRP) in 2015 but launched a Transitional Appeal early in 2015. That document intended to accompany development and humanitarian actors “in their efforts to reduce extreme vulnerability and foster resilience for the most vulnerable”. The request was estimated to US$401 million.

However, in the comprehensive overview, a separate document isolated the most urgent humanitarian needs estimated to US$140.7 million which represented thirty five per cent of the total needs. The priority actions related to (i) protection and basic services to IDPs living in camps, (ii) response to cholera outbreaks, (iii) food insecurity and malnutrition and (iv) disaster reduction, preparedness and response.

In this regard, the AB, under the leadership of the HC, met on 5 February 2015 and decided that the annual ERRF strategy would be aligned to the priority of the urgent needs of the Transitional Appeal Process (TAP) 2015-2016. Then, according to urgent humanitarian needs identified, the AB decided to focus actions on the following strategic objectives:

- Ensure response to cholera outbreaks
- Promote disaster reduction and response activities
- Respond to any other unforeseen emergency

Following that meeting, the ERRF secretariat undertook field missions to explain the new strategy, the nature of projects to be financed, level of funds available, eligibility criteria for IP, duration of projects and the project approval process. Seven most concerned departments were visited and more than 120 potential partners from national and international NGOs, UN agencies and Government institutions were informed.

Considering the approved realistic strategy and the level of funding, the ERRF has adopted a rolling process, allowing the secretariat to receive project submissions throughout the year. Around thirty-five projects were received but seventeen were approved.

All the approved projects were in line with the most urgent need identified and the check was effective through governance structures and sectoral leads.

Projects were identified by IP with support of the sectoral lead, approved on the first stage through the sector group and submitted to ERRF. A second level of check was undertaken with the sector lead and OCHA to determine whether the project is really a priority in the area/sector and whether it has other source of funding. Once approved, the project was admitted through the technical review process.

Considering the level of available fund (US$3.8 million), the Fund worked through Reserve modalities.
II.3.2. Allocation breakdown

Even CERF supported urgent needs in Food Security and Nutrition, Response to cholera and assistance to returnees from DR, the humanitarian funds remained a challenge in 2015 for Haiti. The TAP 2015-2016 was funded up to 10% of requested funds (US$410 million requested, US$ 44 million received). In August 2015, OCHA decided to launch an appeal for the most urgent humanitarian needs. Once again out of US$25.5 million request, around US$8.6 million were received representing 34%. Donors have shown a kind of fatigue to fund humanitarian activities in Haiti.

Contacts for fundraising were undertaken early in 2015 and only Sweden contributed with $0.5 million. The Fund was only able to run with an important carryover from 2014 due to DFID contribution received in October 2014.

In this context, the HC ensured that the ERRF covered only critical gaps as decided by AB. However contact with CERF Secretariat was intensified to complement ERRF efforts in cholera and bi-national crisis responses (protection). Fortunately, the Rapid Response Window supported strongly those activities with US$0.2 million.

According to the allocation strategy, the Humanitarian Coordinator (HC) approved seventeen projects for US$3.5 million which represent six per cent of global fund received for humanitarian response in Haiti. Four sectors were particularly targeted: cholera response, disaster reduction and response, health and protection.

The average budget is estimated to US$203,795.36 which stayed in line with the annual strategy (max US$250,000 per project).

II.3.2.1. Allocation by type of organization

The ERRF continued to channel its funds through NGOs - both national and international - as they have an effective presence in the field. Ten NGOs, in which three National NGOs, received US$2.5 million representing seventy-two per cent of the amount allocated to implement eleven projects (out of seventeen projects). INGOs implemented 8projects for US$1.9 million while NNGOs received US$0.6 million to implement three projects.
II.3.2.2. Allocation by sector

Four sectors were funded: Coordination and Support Services, Health, Protection and WASH.

Due to cholera outbreaks, the most funded sectors were Health and Wash. Most of the department were affected (Centre, South East, Nippes and North departments) but West and Artibonite were the most affected. Cases started increasing end of 2014 and government capacities were so weak that they could not stem the epidemic. In consultation with Health and Wash sectoral leads, the ERRF funded strategically projects aimed to cover the most important centres of outbreaks in complement of ECHO and UNICEF funding. The HC has also decided to tackle a gap in Health by covering a need of vaccination funds.

Disaster reduction and response received also funds to protect communities in the most at risk communes of West, North and North East department.

Following deportation of Haitian migrants from DR, the HC also decided to fund Protection activities aimed to identify returnees at the border and to assist them.

---

1 Clusters have been deactivated end of 2014. Within year 2015, the coordination architecture was built around sectoral groups.
II.3.2.3. Allocation by department

The most funded department were the most affected by cholera outbreaks. The ERRF has funded Wash and Health projects to break the chain of contamination in remote areas where outbreak centres were identified. Mainly Artibonite and West departments particularly benefited from ERRF funds. Furthermore, most of the national projects were implemented in those departments.

Particularly, West, North and North East departments received funds to reduce impact of flooding in communities by rehabilitating emergency shelters and appropriate commodities, reinforcing community capacities, protecting banks of destructive rivers, etc.

Departments located on the border with DR received funds for Protection activities following flow of Haitian migrants deported from DR.

### Funds per department (million $US)

<table>
<thead>
<tr>
<th>Department</th>
<th>Projects</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>National**</td>
<td>11</td>
<td>2.1</td>
</tr>
<tr>
<td>West</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>North East</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>North West</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Centre</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>North</td>
<td>1</td>
<td>0.2</td>
</tr>
</tbody>
</table>

II.3.2.4. Allocation by type of response

The Advisory Board decided to focus actions on the following strategic objectives:

- Ensure response to cholera outbreaks
- Promote disaster reduction and response activities
- Respond to any other unforeseen emergency

The Fund kept this focus and all its activities turned around those objectives. Unforeseen activities were funded through protection and vaccination projects following deportation of Haitian living in DR and lack of vaccination fundings.

### Funds per response (million $US)

<table>
<thead>
<tr>
<th>Type</th>
<th>Projects</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>10</td>
<td>2.3</td>
</tr>
<tr>
<td>CSS</td>
<td>4</td>
<td>0.9</td>
</tr>
<tr>
<td>Protection</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>Health (vaccination)</td>
<td>1</td>
<td>0.1</td>
</tr>
</tbody>
</table>

3.5 funded
II.3.2.5. Allocation by Implementing Partner

Four UN agencies and ten NGOs implemented the approved projects. Most of the funds were channelled through NGOs (seventy two per cent of funds).

III.3.2.6. Gender mainstreaming

The inclusion of gender equality remained a standard requirement for all approved projects. On average, projects obtained 2a gender mark. Globally, the fifteen projects implemented in 2015 (two will be implemented in 2016) reached around 1,111,971 people, including 554,845 women, 454,069 men and 103,057 children.

Women played an important role mainly in the implementation of projects. For example, the cholera response projects ensured women's participation in sensitization sessions on hygiene promotion and prevention practices against water-borne diseases. During home visits by the mobile teams women were particularly targeted as they directly influence the overall hygiene of the household. In addition, women were prioritized as workers in disaster reduction projects. They ensured that money they gained were used in their households to respond to basic need of their children.

CHAPTER III: PERFORMANCE

III.1. FUND PERFORMANCE AND MANAGEMENT

III.1.1. Strategic objectives

The Fund remained strategic. Indeed it responded to the most urgent needs identified by humanitarian community through different humanitarian documents mainly the Transitional Appeal and the Urgent needs appeal and channelled its funding mainly through NGOs. It kept its flexibility by
responding to unforeseen emergency related to health and binational crisis.

Early in 2015, the AB decided to use strategically paltry available funds by focusing actions on the following strategic objectives:

- Ensure response to cholera outbreaks
- Promote disaster reduction and response activities
- Respond to any other unforeseen emergency

The fund has targeted the current and foreseen priorities requiring a sustained emergency response by supporting:

- Cholera surveillance, prevention and case management: the cholera epidemic still required a significant mobilization of partners in support of Government structures and plans. Aimed to reduce the transmission of cholera in communities, the ERRF has focused its response to life saving cholera rapid response through (i) reinforcement of institutional capacities, (ii) case management, (iii) prevention and sensitization and (iv) epidemiological surveillance activities.

- Key humanitarian preparedness and small mitigation activities, particularly in anticipation of the cyclone season and any other disaster: a number of critical activities have been carried out to prepare and ensure a rapid reaction capacity to respond to new potential humanitarian needs during the hurricane season and other disasters.

- The fund has remained open to unforeseen emergencies. In that framework, it has supported protection activities aimed to identify and assist deported/migrants from DR. and supported vaccination against diphtheria as UNICEF faced a lack of funding.

III.1.2. Process management

Funding allocations were strictly aligned with 2014 humanitarian priorities and the decision of the Advisory Board. The HC also promoted equity, transparency and inclusiveness of all humanitarian actors. Projects approved followed clear criteria and were reviewed through the sector leads teams.

Through the Review Board (RB), the process of approval of projects remained inclusive and transparent. It included sectoral coordination mechanisms and civil society partners. The UN sector leads (WHO/PAHO and UNICEF) played an important role in ensuring that projects on cholera response were in line with sector standards and priorities in term of areas and activities.

OCHA and Directorate of Civil Protection (DPC) ensured that disaster reduction and response projects were in line with Government needs. The main challenge was that this office (DPC) did not responded as quickly as needed maybe due to the fact that it has not sufficient and appropriate staffs to analyse projects. However its field offices were strongly involved in activities and worked closely with IPs.

Furthermore, projects funded through the Fund were requested to comply with IASC Gender Marker guidelines to ensure adequate consideration is given to the particular needs of women and girls during project design and implementation.

III.1.3. Partnerships and inclusiveness

The fund remained inclusive. Efforts to channel funds mainly through National and International NGO started in 2012 and were continued even in 2015. The HC encouraged national NGOs to submit projects to the ERRF. The secretariat received many projects but most of them were excluded as submitting NGOs did not pass the capacity assessment or were out of ERRF’s scope. Nevertheless, NGOs were the main recipients of the fund in 2015. Both national and international NGOs received US$ 2.5 million means seventy-two per cent of funds to implement eleven projects (out of seventeen). This is an important added-value since NGOs are often well integrated in communities and have access to vulnerable households even in remote areas. Furthermore, they are more flexible with security constraints.

Finally, according to exchanges with National NGOs, the funding that they received allowed them not only to be more visible in the
humanitarian community but also to reinforce their technical and institutional capacities. In fact the administrative fees allowed them to purchase some equipment to reinforce their offices.

Consequently, they estimated that they are better prepared to take actively part in future humanitarian interventions.

III.2. ACCOUNTABILITY AND RISK MANAGEMENT

III.2.1. Governance structures

The Fund was managed according to approved guidelines and governance structures were operational.

The AB met solely in February 2015 to decide on the annual strategy and fundraising approach. However, humanitarian community continued to be informed on ERRF activities and level of available funds through different fora and bilateral meetings. In a coordinated manner and in consultation with humanitarian actors, the HC continued to lead strategic decisions related to allocations and to approve projects.

The review process was somehow slow as sectors were understaffed following deactivation of clusters end of December 2014. Particularly for preparedness projects, it was challenging as the Government counterpart the DPC didn’t have sufficient resources to analyse projects.

The Head of Office, supported by the Fund Manager, played an important role in coordination of the complementarity with other sources of funding. He launched meetings and bilateral exchanges aimed to mainstream ERRF funds and other sources of fund such as ECHO (cholera response), USAID (binational crisis) and CERF RR (cholera, drought and binational crisis).

It is estimated that a project was funded thirty days after submission.

III.2.2. Risk management framework

In March 2014, OCHA/ERRF Haiti organized a workshop which saw gathering together international and national NGOs, donors, UN agencies and IOM. About thirty participants were registered.

The workshop aimed to discuss the management of risks in the country based on the humanitarian and political context. Participants identified around fourteen risks, analysed and ranked them and proposed mitigation measures.

Following this workshop, the ERRF secretariat drafted the “risk management framework” according to the guidelines from FCS. The document is available and was shared with HCT and the ERRF Advisory Board.

The main risks identified were (i) the lack of involvement of Review Board members in the review process of projects and during monitoring visits, (ii) weakness of financial monitoring, (iii) the hurricane season and (iv) political tensions and demonstrations.

Those risks were regularly monitored and exchanged with IP with the aim to support them in their day-to-day activities.

The risk management framework is available on OCHA Haiti website.

III.2.3. Partner capacity assessment

The ERRF does not have the resources to carry out micro-evaluations of IPs. In the case of national NGOs, it was required to fill a capacity assessment form and to submit administrative documents such as administrative registration, legal status of the organization, procedure book, etc, etc.

In addition, the secretariat also inquired with sectors leads and/or donors regarding the submitting organization. Based on this
thorough review, the secretariat assessed whether or not the NNGO has capacities to implement a project.

III.2.4. Monitoring and reporting

A monitoring strategy was developed and approved by OCHA’s management. Monitoring visits were conducted and seven NGO projects were monitored (seventy-four per cent). However, security reasons, following political tensions and demonstrations, disrupted field monitoring missions. Access to vulnerable people in general and field missions in particular was too challenging as movements were very restricted and limited in country.

III.2.5. Audit and closure of projects

On the basis of a Long-Term Agreement between UNDP and audits firms, UNDP, on behalf of OCHA, hired an audit firm through a competitive process. Two firms applied. Audit, Management and Finance Expert, “AMF experts” won the contract in February 2014. The planned objective was to audit twenty projects implemented by NGOs in 2014 and 2015. AMF Experts has already audited those projects. Among the first batch of audited projects, nineteen projects are financially closed.

In additional to the twenty projects planned to be audited, seven projects were funded and needs also to be audited quickly. Thus, OCHA has introduced a request for extension of the MoU to audit the remaining batch of projects.
CHAPTER IV: SUMMARY OF ACHIEVEMENTS

As said above, the HC approved seventeen projects for US$3.5 million. Two of them will be implemented in 2016 as they were approved the last week of December 2015. Then their achievements will be captured in 2016 Annual Report.

IV.1. OVERVIEW OF COORDINATION AND SUPPORT SERVICES

<table>
<thead>
<tr>
<th>Number of projects</th>
<th>Budget in US$</th>
<th>Implementing agencies</th>
<th>Geographic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>837,948.72</td>
<td>Systeme d’Appui au Developpement Local(SADEL), International Medical Corps (IMC), Perspectives pour la Sante et le Developpement (PESADEV), Foyer Jeunes Morne l’Hopital(FJMH)</td>
<td>North, North East and West departments</td>
</tr>
</tbody>
</table>

 Outputs

- **Total number of beneficiaries**: targeted:109,500 people
- **Reached number of beneficiaries**: 114,800 people
- **Gender consideration**: 59,700 women, 39,800 men and 15,300 young under 18
- **Project results**: Rehabilitation works were undertaken by communities themselves to minimize/eliminate the negative impact of flashfloods and soil erosion. These resulted in: 900 linear meters of dry masonry; living ramps and slope contours built to protect ravines; 5,000 tree seeds planted; 9,500 linear meters of canals cleaned and rehabilitated; 376 local leaders trained in applied disaster risk reduction techniques and first aid assistance; 35,780 people sensitized on preparation to disasters. The fund also helped organize four emergency simulation exercises for civil protection staff, establish 6 community intervention teams rehabilitate and equip 10 emergency shelters to receive people and rehabilitated 39 wash facilities in case of emergency. These activities created around 1,700 temporary jobs in communities.
- **ERRF’s added value to the response**: Projects have allowed to implement an early warning system, to protect communities to disasters through preparedness actions and consequently to avoid loss of lives in case of disasters.

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2 FTS classifies Disaster Reduction and Response projects in “Coordination and Support Services”
IV.2. OVERVIEW OF HEALTH

A total of six projects have been funded in which five aimed to respond to cholera outbreaks and one for vaccination against diphtheria.

<table>
<thead>
<tr>
<th>Number of projects</th>
<th>Budget in US$</th>
<th>Implementing agencies</th>
<th>Geographic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>1,167,534.53</td>
<td>International Organization for Migration (IOM), Médecin du Monde Canada (MDM Canada), Medics del Mundo Espagna (MDM Espagna), Medics del Mundo Argentina (MDM Argentina), United Nations Office for Project Services (UNOPS), UNICEF</td>
<td>National</td>
</tr>
</tbody>
</table>

**Outputs**

- **Total number of beneficiaries**: 405,225 people
- **Reached number of beneficiaries**: 464,049 people
- **Gender consideration**: 224,408 women, 171,747 men and 67,894 children
- **Project results**: The projects funded allowed to reach following results: 12 rapid medical mobile teams were functional and responded around to 200 alerts in 48 hours. 4,824 people were treated. Institutional capacities were reinforced through support to 36 health centers by distributed essential drugs, cholera kits and equipment and training. In this line, 517 health staffs were trained on cholera management protocol, 2,762 cholera kits distributed, 11 Oral Rehydration Point Plus equipped and reinforced in staffing. 11 water points and 17 health committees were implemented, around 2,960 houses decontaminated, to sensitize about 154,584 and to broadcast 2 spots radio aimed to sensitize communities on cholera and hygiene.
- **ERRF’s added value to the response**: Projects have allowed to strengthening national capacities of response to cholera outbreaks. Furthermore awareness campaign in towns and remote areas has allowed to people to be more aware of cholera and its consequences in communities. Thus, cholera cases were managed according to national protocol standards and outbreaks stayed under control.
IV.3. OVERVIEW OF PROTECTION

The ERRF has funded protection activities related to deportation of Haitian migrants from Dominican Republic. Those populations were living near the border in communities or in camps. One of the two projects was approved end of December 2015 and will be implemented in 2016.

<table>
<thead>
<tr>
<th>Number of projects</th>
<th>Budget in US$</th>
<th>Implementing agencies</th>
<th>Geographic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>219,999.97</td>
<td>IOM</td>
<td>National</td>
</tr>
</tbody>
</table>

**Outputs**

- **Targeted number of beneficiaries**: Approximately 100,000 Returnees, Irregular Migrants, Migrants, (and potential Refugees, Stateless individuals)
- **Reached number of beneficiaries**: 55,551 people
- **Gender consideration**: 19,442 women and 36,109 men
- **Project results**: A database was set up to reinforce monitoring and data collection of returnees as well as strengthen the referral mechanism for vulnerable individuals alongside the border with the Dominican Republic. Via a web portal, partners (such as UNHCR and IBESR/UNICEF) have access to the Database and can assist their respective persons of interest (persons that might fall under their respective mandates for assistance). 101 border crossing points have been mapped. 138 enumerators were trained through 7 courses held in monitoring of activities. As the monitoring process is voluntary and relies on the returnees' voluntary participation, 55,551 people have been registered. A weekly situation report and a monthly report with detailed information are released.
- **ERRF's added value to the response**: The project provides reliable statistical data and information about Haitians and persons of Haitian descent voluntarily returning to Haiti or being forcibly moved to Haiti. It also improves capacities of the Government of Haiti and humanitarian actors in early warning and monitoring of migration patterns.
IV.4. OVERVIEW OF WATER SANITATION AND HYGIENE

Five projects were approved for. A project implemented by UNICEF was approved during the last week of December 2015. Achievements will be reported end of 2016.

<table>
<thead>
<tr>
<th>Number of projects</th>
<th>Budget in US$</th>
<th>Implementing agencies</th>
<th>Geographic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>1,239,039.15</td>
<td>Action Contre la Faim USA (ACF), Agence de Coopération Technique et de Développement (ACTED), Solidarités International (SI), UNICEF</td>
<td>National</td>
</tr>
</tbody>
</table>

**Outputs**

- **Total number of beneficiaries**: targeted: 310,270 people
- **Reached number of beneficiaries**: 477,571 people
- **Gender consideration**: 251,295 women, 206,413 men and 18,863 children
- **Project results**: the projects funded allowed to reach following results: 18 rapid medical mobile teams were functional and responded to 85 percent of alerts in 48 hours and 666 people were treated. 708 health staffs were trained on cholera case management protocol, 15,352 cholera kits distributed, 11 Oral Rehydration Point Plus equipped and reinforced in staffing. 253 chlorination points, 23 water supply systems and 20 sanitation commodities rehabilitated. Projects allowed to decontaminate around 11,628 houses and to sensitize about 337,000 people.
- **ERRF’s added value to the response**: projects have allowed to strengthening national capacities of response to cholera outbreaks. Furthermore awareness campaign in towns and remote areas has allowed to people to be more aware of cholera and its consequences in communities. Thus, cholera cases were managed according to national protocol standards and outbreaks stayed under control.
CHAPTER V: CONCLUSION AND WAY FORWARD

V.1. CONCLUSION

V.1.1. Value for money

The fund reached its objectives in 2015. With well-tailored strategy, the ERRF was able to target critical gaps. The HC played a key oversight role throughout 2015. His decisions ensured that the ERRF covered critical gaps and that the projects funded were complementary to other ongoing initiatives.

Projects funded covered different departments and mainly implemented by NGOs as they are near communities. Strategic planning, with support of sectoral leads, was also strengthened with others sources of funding to avoid duplications and ensure complementarities between projects in a context of diminishing of humanitarian resources in Haiti. Wash projects complemented ECHO funds for ACTED and Solidarité International.

The HC also promoted equity, transparency and inclusiveness of all humanitarian actors. Funding allocations were strictly aligned with strategy. The selection of projects was facilitated by the sectoral leads as clusters were deactivated.

Furthermore, the review of project recommended to minimize staff cost and operational cost and to maximize impact in targeted communities.

Globally, the fifteen projects implemented in 2015 (two will be implement in 2016) for US$3.4 million reached around 1,111,971 people, which represent US$ 3.12 per capita.

V.1.2. Challenges

V.1.2.1. Speed of Strategic review committee

Despite those positive aspects, it is necessary to improve the speed of the Strategic Review Committee. This issue was discussed at the Advisory Board and it was proposed to remove members who doesn’t respond and if necessary the HC will signed a note for the file.

V.1.2.2. Mobilisation of resources

This activity was too challenging both for humanitarian activities in general and ERRF in particular. In a transition context where there is no longer a Humanitarian Action Plan, and where Haiti is no longer prioritized by global humanitarian funding and donors, the ERRF becomes even more critical. However it didn’t received substantial contributions to satisfy all requests. Around ten donors were contacted but only Sweden contributed with US$0.5 million. However an important carry-over from 2014 due to UK Aid (DFID) was used to fund activities in 2015.

V.1.2.3. Monitoring of projects

Due to election issues, the monitoring of projects was also somehow chaotic as political demonstrations obstructed movements in the field. Restrictions of all UN movements in all
departments were quite daily due to pacific or/and violent demonstrations. In this context, many field monitoring missions were regularly disrupted.

V.1.2.4. Disbursement of fund by FCS

The disbursement of fund was challenging. It is important that the financial section in NY disburses funds more quickly. Some implementing partners can pre-fund activities once the agreement is signed, but many others do not. The same request is made for the second instalment. The delay of disbursement penalizes NGOs in general and National one in particular as they do not have sufficient financial capacities.

V.1.2.5. Implementing Grant Management System (GMS)

Except three projects out of seventeen, ERRF Haiti has not yet moved from SharePoint to GMS. However, training of the two members was successfully conducted and IPs identified has to confirm their bank details. Once this is done, projects will be moved in the new system.

V.2. WAY FORWARD

The future of the Fund is somehow unclear. However, the HC has requested to keep opened the Fund for 2016. The main challenge is the resource mobilization. The trend of contribution since its inception shows that, except UK Aid (DFID) and Sweden (SIDA), donors are not responding to requests of contribution. A resource mobilization strategy has to be drafted with support of FCS.
### Annex 1: LIST OF PROJECTS

<table>
<thead>
<tr>
<th>Code</th>
<th>Organization</th>
<th>Type of organization</th>
<th>Title</th>
<th>Amount in US$</th>
<th>Cluster/sector</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERF-DDA-3416-129</td>
<td>SADEL</td>
<td>NGO</td>
<td>Curage, déblayage et protection des berges des ravines « Zétrye et Belle Hotesse (Cap Haïtien)</td>
<td>181,145.42</td>
<td>Coord and Support services</td>
<td>North</td>
</tr>
<tr>
<td>ERF-DDA-3416-131</td>
<td>MDM Espagna</td>
<td>INGO</td>
<td>Appui à la réponse des urgences liées à l’épidémie de choléra dans 6 communes du bas Artibonite et 4 communes des Palmes</td>
<td>101,236.77</td>
<td>Health</td>
<td>National</td>
</tr>
<tr>
<td>ERF-DDA-3416-132</td>
<td>MDM Canada</td>
<td>INGO</td>
<td>Projet de renforcement de la réponse aux urgences liées à l’épidémie de choléra dans le Département du Nord-Ouest</td>
<td>244,990.41</td>
<td>Health</td>
<td>North-West</td>
</tr>
<tr>
<td>ERF-DDA-3416-134</td>
<td>SI</td>
<td>INGO</td>
<td>Réponse d’urgence face aux recrudescences des épidémies de choléra dans les Départements du Sud-Est, des Nippes et de l’Ouest</td>
<td>210,982.33</td>
<td>Wash</td>
<td>National</td>
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<tr>
<td>ERF-DDA-3416-133</td>
<td>ACTED</td>
<td>INGO</td>
<td>Surveillance, Investigation et Riposte au choléra dans les départements de l’Artibonite et de l’Ouest</td>
<td>373,923.56</td>
<td>Wash</td>
<td>National</td>
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<tr>
<td>ERF-DDA-3416-135</td>
<td>IOM</td>
<td>UN</td>
<td>Life-Saving Cholera Prevention, Rapid Response, and Treatment for the Most Vulnerable IDPs Remaining in Camps in Port-au-Prince metropolitan area and for Border communities</td>
<td>249,693.47</td>
<td>Health</td>
<td>National</td>
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<tr>
<td>ERF-DDA-3416-139</td>
<td>IMC</td>
<td>INGO</td>
<td>Effective Disaster Mitigation and Response in the North East</td>
<td>250,000.00</td>
<td>Coord and Support services</td>
<td>North-East</td>
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<tr>
<td>ERF-DDA-3416-137</td>
<td>ACF</td>
<td>INGO</td>
<td>Strengthening the response capacities to cholera outbreaks in the Artibonite and North-West departments, Haiti</td>
<td>250,001.73</td>
<td>Wash</td>
<td>National</td>
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<tr>
<td>ERF-DDA-3416-136</td>
<td>UNICEF</td>
<td>UN</td>
<td>Supporting diphtheria prevention through implementing emergency vaccination campaign in the affected/targeted areas.</td>
<td>129,984.67</td>
<td>Health</td>
<td>National</td>
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<tr>
<td>ERF-DDA-3416-138</td>
<td>UNOPS</td>
<td>UN</td>
<td>Renforcement et appui aux centres de santé pour la diminution du cholera dans le département de l’Artibonite et de l’Ouest (Haïti)</td>
<td>249,985.06</td>
<td>Health</td>
<td>National</td>
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<tr>
<td>ERF-DDA-3416-140</td>
<td>FJMH</td>
<td>NNGO</td>
<td>Projet de protection de 150 ML de berges de la rivière Momance, département de l’Ouest</td>
<td>208,072.20</td>
<td>Coord and Support services</td>
<td>West</td>
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<td>Project Code</td>
<td>Implementor</td>
<td>Type</td>
<td>Description</td>
<td>Amount</td>
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<tr>
<td>ERF-DDA-3416-142</td>
<td>MDM Argentina</td>
<td>INGO</td>
<td>Renforcement des équipes mobiles en santé et de la surveillance épidémiologique de la DSC-MSPP pour une réponse rapide à l’émergence du Choléra dans les zones rurales du département du Centre.</td>
<td>191,644.15</td>
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<tr>
<td>ERF-DDA-3416-141</td>
<td>ACTED</td>
<td>INGO</td>
<td>Surveillance, Investigation et Riposte au choléra dans les départements de l’Artibonite et de l’Ouest</td>
<td>279,594.23</td>
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<tr>
<td>ERF-DDA-3416-143</td>
<td>PESADEV</td>
<td>NNGO</td>
<td>Mobilisation communautaire pour la prévention et la gestion des risques et désastres à Mariani</td>
<td>198,731.10</td>
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<tr>
<td>HTI-15/3416/RA1/P/UN/1771</td>
<td>IOM</td>
<td>UN</td>
<td>Migration Monitoring and Early Warning System: Enhancing national capacities to track return movements between the Dominican Republic and Haiti</td>
<td>100,000.00</td>
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<tr>
<td>HTI-15/3416/RA1/W-P/UN/2056</td>
<td>UNICEF</td>
<td>UN</td>
<td>Emergency water, sanitation and hygiene assistance to deported and returnees population at risk</td>
<td>124,537.30</td>
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<tr>
<td>HTI-15/3416/RA1/P/UN/2162</td>
<td>IOM</td>
<td>UN</td>
<td>Migration Monitoring and Early Warning System: Enhancing national capacities to track return movements between the Dominican Republic and Haiti</td>
<td>119,999.97</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>3,464,522.37</strong></td>
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Annex 2: GLOSSARY

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
<th>Description</th>
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<tbody>
<tr>
<td>AB</td>
<td>Advisory Board</td>
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</tr>
<tr>
<td>ACF</td>
<td>Action Contre la Faim</td>
<td></td>
</tr>
<tr>
<td>ACTED</td>
<td>Agence de Coopération Technique et de Développement</td>
<td></td>
</tr>
<tr>
<td>CLIJO</td>
<td>Cadre de Liaison Inter-Organisations Non Gouvernementales</td>
<td></td>
</tr>
<tr>
<td>CCO</td>
<td>Comité de Coordination des Organisations Non Gouvernementales</td>
<td></td>
</tr>
<tr>
<td>CERF</td>
<td>Central Emergency Fund</td>
<td></td>
</tr>
<tr>
<td>CTC</td>
<td>Centre de Traitement du Cholera</td>
<td></td>
</tr>
<tr>
<td>CTDA</td>
<td>Centre de Traitement des Diarrhee Aigues</td>
<td></td>
</tr>
<tr>
<td>DFID</td>
<td>Department For International Development</td>
<td></td>
</tr>
<tr>
<td>DPC</td>
<td>Direction de la Protection Civile</td>
<td></td>
</tr>
<tr>
<td>ERRF</td>
<td>Emergency Relief Response Fund</td>
<td></td>
</tr>
<tr>
<td>FCS</td>
<td>Funding Coordination Section</td>
<td></td>
</tr>
<tr>
<td>FJMH</td>
<td>Foyer Jeunes Morne l'Hôpital</td>
<td></td>
</tr>
<tr>
<td>GMS</td>
<td>Grant Management System</td>
<td></td>
</tr>
<tr>
<td>HC</td>
<td>Humanitarian Coordinator</td>
<td></td>
</tr>
<tr>
<td>HCT</td>
<td>Humanitarian Country Team</td>
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<tr>
<td>INGO</td>
<td>International Non-Governmental Organization</td>
<td></td>
</tr>
<tr>
<td>IMC</td>
<td>International Medical Corps</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<tr>
<td>IP</td>
<td>Implementing Partner</td>
<td></td>
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<tr>
<td>MDM</td>
<td>Médecin du Monde</td>
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<tr>
<td>NNGO</td>
<td>National Non-Governmental Organization</td>
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<tr>
<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<tr>
<td>PESADEV</td>
<td>Perspectives pour la Santé et le Développement</td>
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<tr>
<td>PONT</td>
<td>Plateforme des Organisations Nationales et Territoriales</td>
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</tr>
<tr>
<td>RB</td>
<td>Review Board</td>
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<tr>
<td>SADEL</td>
<td>Système d'Appui au Développement Local</td>
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<td>SI</td>
<td>Solidarités International</td>
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<td>SIDA</td>
<td>Sweden International Development Agency</td>
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<td>UN</td>
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<td>UNICEF</td>
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<td>United Nations Office for Project Services</td>
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<tr>
<td>WASH</td>
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<tr>
<td>WHO/PAHO</td>
<td>World Health Organization/ Pan American Health Organization</td>
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