

**HAITI CHOLERA MPTF  
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2020**

<p align="center"><b>Programme Title &amp; Project Number</b></p> <p><b>CLH05</b> Operational and Technical Support to the OSE for a UN response to cholera in Haiti <b>Project ID: 00109990</b></p>	<p align="center"><b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>1</sup></b></p> <p>Haiti and UNHQ</p>															
<p align="center"><b>Participating Organization(s)</b></p> <p>Department of Operational Support</p>	<p align="center"><b>Implementing Partners</b></p> <p>Office of the Special Envoy for Haiti</p>															
<p align="center"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: MPTF /JP Contribution<sup>2</sup>:</p> <p><i>by Agency</i></p> <table border="1"> <tr> <td>DOS/OSE</td> <td>Tranche 1</td> <td>\$70,000.00</td> </tr> <tr> <td>DOS/OSE</td> <td>Tranche 2</td> <td>\$267,300.00</td> </tr> <tr> <td>DOS/OSE</td> <td>Tranche 3</td> <td>\$117,122.00</td> </tr> <tr> <td>DOS/OSE</td> <td>Tranche 4</td> <td>\$389,308.00</td> </tr> <tr> <td align="center" colspan="3"><b>TOTAL: \$843,730</b></td> </tr> </table>	DOS/OSE	Tranche 1	\$70,000.00	DOS/OSE	Tranche 2	\$267,300.00	DOS/OSE	Tranche 3	\$117,122.00	DOS/OSE	Tranche 4	\$389,308.00	<b>TOTAL: \$843,730</b>			<p align="center"><b>Programme Duration</b></p> <p>Overall Duration (<i>months</i>): 48 months</p> <p>Current End date<sup>3</sup> 31-03-2022 Start Date<sup>4</sup> 04-04-2018</p>
DOS/OSE	Tranche 1	\$70,000.00														
DOS/OSE	Tranche 2	\$267,300.00														
DOS/OSE	Tranche 3	\$117,122.00														
DOS/OSE	Tranche 4	\$389,308.00														
<b>TOTAL: \$843,730</b>																
<p><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Assessment/Review - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i> Mid-Term Evaluation Report – <i>if applicable please attach</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<p align="center"><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Name: Ramsey Ben-Achour</li> <li><input type="checkbox"/> Title: Representative of the Special Envoy</li> <li><input type="checkbox"/> Participating Organization (Lead): OSE</li> <li><input type="checkbox"/> Email address: ramsey.ben-achour@un.org</li> </ul>															

<sup>1</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

<sup>2</sup> The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

<sup>3</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

<sup>4</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

## NARRATIVE REPORT FORMAT

### **EXECUTIVE SUMMARY**

The Special Envoy for Haiti, Josette Sheeran, announced that after more than 3.5 years, her mandate as Special Envoy would end on December 31st 2020. During her mandate, important progress was made in halting the spread of cholera in Haiti. To that end, 2020 saw the second consecutive year without a single confirmed case of cholera anywhere in Haiti, inching significantly closer to reaching the 3-year benchmark for declaring Haiti cholera free. This is in stark contrast to the peak of the outbreak, when upwards of 18,500 suspected cases were recorded per week.

Achieving this feat is the result of deep partnership with the leadership of the Government of Haiti, tireless efforts of Haitian front-line workers and civil society, coordinating efforts under one unified and innovative Government of Haiti/United Nations plan, and raising funding to be strategically deployed at critical moments of the cholera response.

Despite the end in mandate, the Special Envoy worked closely with the Secretary General and Deputy Secretary General to ensure a transition strategy that will ensure the continued prioritization of the UN's new approach to cholera in Haiti. To ensure prioritization of Haiti's sustainable development, inclusive of cholera eradication and support to hardest hit communities, the global leadership of the UN's efforts will remain with the Secretary-General, with the Deputy Secretary-General and Chair of the UNSDG, providing strategic direction to guide implementation.

In Haiti, key members of the UN Country Team, including UNICEF, UNDP, UNOPS and WHO/PAHO will continue to implement direct programming at the operational level, and will be led by the DSRSG/Resident and Humanitarian Coordinator, Bruno Lemarquis. The Office of the Special Envoy, which has led the UN's efforts for the past 3.5 years, will remain in place for the next year and bring with it, its institutional knowledge and relationships with the Government and other stakeholders. OSE will support both the Deputy Secretary General, the DSRSG/RC/HC and the UNCT.

### **Results**

The Office of the Special Envoy for Haiti continued to provide strategic guidance and coordination support to all actors working on the new UN approach to cholera in Haiti. This ongoing approach has aided in the systematic steps achieved to eliminate the transmission of cholera in Haiti.

At a strategic level, OSE, under the leadership of the Special Envoy, sought to align the UN's strategy on cholera elimination with the emerging need to combat other infectious diseases, namely COVID-19. To that end, OSE, in its capacity of Haiti Cholera MPTF secretariat lead, worked closely with the Advisory Committee to release funding to the fund's implementing partners for both track 1 and track 2 in such a way that benefited both the cholera response as well as the COVID-19 response. In particular, UNICEF and WHO/PAHO were provided funding to strengthen Haiti's epidemiological and laboratory capacity, as well as to continue the alert-response strategy with the aim of better detecting and responding to suspected cases of cholera as well as COVID-19. Capitalizing on the presence of UNDP and UNOPS in communities that were heavily impacted by cholera, both organizations were provided with additional funding to, among other things, allow for community sensitization on COVID-19 mitigation strategies.

This was enabled, in part, through a country-wide network of Emergency Response Teams that could respond to every single case of suspected cholera. The teams are comprised of UNICEF- trained front-line community health leaders, more than half of which were female. This innovative approach, driven by local knowledge and communications systems is another replicable innovation for infectious disease management in under- developed regions of the world.

Key areas of intervention included the development of laboratory testing capacity, rapid specimen transport systems, and the creation of emergency response teams to respond to all suspected cases. Once laboratory capacity was bolstered, epidemiological analysis became possible, allowing resources to be directed towards confirmed cholera cases, rather than on suspected cases, which often were merely cases of acute watery diarrhea. Focusing on only confirmed cases of cholera was the critical final step needed to surge in support exactly when and where it was needed, and ultimately stop the spread of cholera all together. This was enabled, in part, through a country-wide network of Emergency Response Teams that could respond to every single case of suspected cholera. The teams are comprised of UNICEF- trained front-line community health leaders, more than half of which were female. This innovative approach, driven by local knowledge and communications systems is another replicable innovation for infectious disease management in under-developed regions of the world.

Certifying eradication is a technical process that must be confirmed by both WHO and Haiti. Under the criteria of the WHO's Global Cholera Task Force, three years must pass without any confirmed cases to officially certify that cholera is eradicated from Haiti. Haiti is on track to reach this goal by February 2022 thanks to the strategy, systems, and financial support that have put in place. It is critical, however, that we remain vigilant every step of the way to ensure that cholera can officially be declared eradicated from Haiti by WHO's Cholera Global Task Force and the Government of Haiti.

The Office of the Special Envoy's main partners on the ground, including UNICEF and PAHO/WHO, have been fully funded for this period via the Haiti Cholera Multi-Partner Trust Fund in order to continue their work until the three-year benchmark is reached.

While the UN's first and most immediate goal was to stop the deaths linked to cholera and systematically end the spread of the disease, the work to support victims of cholera under Track 2 has been of paramount importance. This track is critical to Haiti's ultimate recovery from cholera and in seeking to address the pain and suffering experienced by Haitians affected by cholera.

The Office of the Special Envoy sought ways to make progress and expand work with victims in such a way that is both impactful and meaningful, ensuring that any funds reach those that were hardest hit as soon as possible. In practice, this has meant working directly with the communities most affected by cholera and providing them with a platform to engage in participatory planning with the UN so that they may define the support that they themselves identify as most meaningful.

This community-based approach has been very meaningful at the village level, where individual victims have bound together to choose projects that address the challenges of their communities. The project began as a pilot in the five administrative sections of Mirebalais, where the outbreak was first reported in 2010, and has since been expanded to 20 new communities in the North Department. We are in the planning phases of a further expansion to an additional 20 communities.

Moving into a post-Special Envoy era, the UN will double down on its ongoing approach, and will continue to work to ensure cholera transmission is halted in Haiti by investing in its overarching health systems, epidemiological and emergency response capacity, and by addressing the underlying socioeconomic vulnerabilities of the Haitian population.

It is through this holistic approach, in partnership with the Haitian Government, that Haiti can meet their Sustainable Development Goals during the Decade of Action and raise the bar and the ambition for Haiti's trajectory.

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

	<u>Achieved</u> Indicator Targets	Source of Verification
<p><b>Indicator :</b> Number of donors/stakeholders that have contributed with fresh funds to support Haiti</p> <p><b>Target: 40</b></p>	Follows significant donor outreach at the Haiti country level as well as internationally, 43 contributions were provided to the Haiti Cholera MPTF. OSE led a new round of contribution requests in the form of official letters from the Secretary General to all Member States of the world.	MPTF records
<p><b>Indicator:</b> Development of a strategic consultation on Track 2</p>	The UN continued its efforts to raise funds from Member States to deploy in support of this commitment outlined in the New Approach to Cholera. The Representative of the Special Envoy engaged with more than a dozen Member States, advocating for additional contributions to the MPTF. While those appeals continue, the UN is ensuring that initial funds are deployed to the hardest hit communities in a way determined by the affected communities and victims. While these efforts do not preclude broader support if funds are identified, the OSE supported efforts to expand track 2 programming to a new set communities. Further work on the existing methodology was undertaken in partnership with UNDP, resulting in a new set of guidance for all subsequent consultations carried out in the future.	OSE and UN records
<p><b>Indicator :</b> Development of an actionable strategy and support key stakeholders to ensure communities most affected by cholera receive support</p>		OSE and UN partner records
<p><b>Indicator:</b> Number of new communications outreach plans developed</p>	OSE worked directly with all UN implementing partners that are receiving funding from the MPTF to develop communications guidance and strategies. This work focuses both on communication at the local level, as well as at the regional and national levels.	OSE and UN partner records

## IV. Programmatic Revisions

In order to achieve the abovementioned strategic path forward, the Haiti Cholera MPTF met on 17 December 2020 and agreed to extend the current project to 31 March 2022 and increase the budget by \$389,307 for a new total of \$843,730. The project increase will be funded using the interest accrued on the contributions held in the MPTF. Whatever portion of the cost-extension that could not be covered using interest would come from contributions held in the fund.