



A mother and her daughter waiting to receive their cholera vaccine at the Cite Canada health clinic in Port-au-Prince

UN HAITI CHOLERA RESPONSE MULTI-PARTNER TRUST FUND

2023 Annual Report



Office of the Resident Coordinator in Haiti and
UN Multi-Partner Trust Fund Office
<http://mptf.undp.org/cholera>

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Families wait outside a cholera treatment center in Tabbare, Haiti, as their loved ones undergo treatment inside. Photograph by Ramsey Ben-Achour from the Office of the Resident Coordinator in Haiti.

Foreward



Ulrika Richardson

Deputy Special Representative of the
Secretary-General,
Resident and Humanitarian Coordinator

"As we forge ahead, it is imperative that we sustain the momentum in the fight against cholera in Haiti."

In 2023, Haiti faced a devastating resurgence of cholera, a stark setback in the country's hard-fought battle against the disease. The outbreak, which began in late 2022 and escalated throughout 2023, underscored the fragility of the progress made in previous years.

As of December 31, 2023, the Ministry of Public Health and Population (MSPP) reported a cumulative 77,132 suspected cholera cases, with 4,608 confirmed cases and 1,161 deaths. These staggering figures stand in stark contrast to the preceding three years, during which Haiti had successfully maintained zero reported cholera cases, a hard-fought achievement that had brought the country to the brink of officially eliminating the disease.

The social and political instability, growing insecurity, and deteriorating humanitarian situation in Haiti posed significant challenges to cholera response efforts. However, guided by the Secretary-General's New Approach to Cholera in Haiti, the United Nations remained steadfast in its commitment to supporting Haiti in this critical fight.

The Haiti Cholera Multi-Partner Trust Fund (MPTF) played an instrumental role in rapidly mobilizing and channeling resources to vital interventions when they were needed most. The Fund's flexibility and responsiveness were crucial in kickstarting the emergency response and bridging critical gaps.

As we forge ahead, sustaining the momentum in the fight against cholera is imperative. This will require steadfast partnership, resources, and unwavering dedication.

The support of UN Member States and other donors is now more critical than ever, as the MPTF's funding has been greatly diminished. We cannot risk losing the hard-fought gains made.

On behalf of the United Nations country team in Haiti, I extend my deepest gratitude to all our partners who have steadfastly supported the Haiti Cholera MPTF. Your partnership has been pivotal in the battle against cholera and in building a healthier, more hopeful future for Haiti. Together, I am confident we can surmount this challenge and make meaningful strides towards a cholera-free Haiti.

Ulrika Richardson

Deputy Special Representative of the Secretary-General,
Resident and Humanitarian Coordinator



The Labo Moto project, a joint initiative of the Pan American Health Organization (PAHO) and the Haitian Ministry of Health, provides “nurses on wheels” who travel across the country by motorcycle to collect cholera samples from suspected cases and deliver them for laboratory analysis, contributing to rapid diagnosis and response. Photo Credit: PAHO/WHO



People suffering cholera symptoms receives treatment at Centres Gheskio in Port-au-Prince, Haiti, Friday, Oct. 14, 2022. (Photo/Odelyn Joseph)

Executive Summary

The year 2023 marked a critical juncture in Haiti's fight against cholera. Despite significant progress towards elimination in previous years, the country faced a resurgence of cases since late 2022. The sudden outbreak that emerged in October 2022 rapidly escalated, with 22,365 suspected cases, 1,550 confirmed cases, and 450 deaths reported in the last quarter of 2022 alone. The 2023 resurgence further underscored the severity of the situation, disproportionately affecting children under 10 years of age and erasing the hard-won gains of the previous years.

The UN Haiti Cholera Response Multi-Partner Trust Fund (MPTF) played a crucial role in supporting Haiti's efforts to control the outbreak and deliver assistance to affected communities. The MPTF's flexibility allowed for swift allocation of pooled funds based on evolving needs on the ground, enabling an agile and effective response. The Fund secretariat maintained constant contact with implementing partners and the government, ensuring that funding was provided rapidly to kickstart the emergency response and bridge critical gaps while partners sought more substantial sums from other donors that could not operationalize as quickly.

Key achievements under Track 1 included strengthening surveillance, providing timely treatment, and engaging communities in prevention. UNICEF and PAHO/WHO provided critical support to the MSPP to reinforce the cholera alert-response system, expand laboratory testing capacity, and ensure quality care in cholera treatment centers. Under Track 2, the MPTF advanced community-led projects to address community-identified priorities including water, sanitation, and health needs in cholera-affected areas.

The MPTF's strategic focus enabled targeted investments aligned with evolving needs. However, the road ahead remains challenging. The MPTF's funding has been greatly diminished, with only \$1.2 million remaining out of the \$22.3 million raised over the years. Without new contributions, the ability to build on the hard-fought gains of 2023 will be severely constrained.

As we look forward, the MPTF remains committed to supporting Haiti in ending cholera and building a healthier future for all Haitians, guided by the New Approach and in partnership with the government, communities, and all stakeholders. Eliminating cholera and building resilience will require sustained commitment, resources, and Haitian-led solutions.



Roseline Ceus, 18, comforts her 1-year-old son Phanelson Jean as he suffers from cholera symptoms at the Gheskio Centers in Port-au-Prince, Haiti, Friday, Oct. 14, 2022. (Photo/Odelyn Joseph)

Key Achievements-Track 1

Strengthened Epidemiological Surveillance and Response

- Cholera alert-response system reinforced in all 10 departments
- 6,000+ stool specimens tested for cholera thanks to a diversified specimen transport system and an expanded laboratory network
- 200+ health professionals trained on cholera surveillance and case management
- Nearly 2,800 multipurpose community health workers trained in early case detection and awareness-raising, and 900 community health workers actively deployed in the field

Enhanced Cholera Case Management

- All active Cholera Treatment Centers (CTCs) supported across the country
- CTCs evaluated and scored on quality of care and infection control measures
- Training conducted for CTC staff on cholera treatment protocols and the implementation of IPC measures
- WASH supplies and infection control materials provided to all CTCs



Victims of Cholera receive treatment in a Cholera Treatment Center in Haiti
Photo credit: PAHO/WHO



A young child with an IV taped to his hand sleeps on his bed as he suffers from cholera symptoms at Centres Gheskio in Port-au-Prince, Haiti

Photo credit: UNICEF/UN0721018/Joseph

Prevention, Response and Community Engagement

- All 10 departmental health directorates received technical and financial support for coordination (117 meetings) and the development of 10 community-level intervention plans in the fight against cholera.
- 3 rapid response teams (21 EMIRA and 22 CATI) responded to 12,045 suspected cholera cases, carried out 9,299 sanitary cordons during which 84,055 houses were visited and 2,556 cases were referred to cholera treatment facilities (SPEC), thus reaching 854,113 people.
- Cholera awareness activities were conducted in 699 schools and 456 churches and lakou (spiritual temples), and 148 community-based organizations were trained and engaged in the community response.
- More than 6 million people were reached with cholera prevention messages.
- 854,113 people received WASH products (soap, aquatabs, ORS).
- 303 handwashing stations were installed in public spaces and institutions.
- 50,400 people using handwashing stations.

Key Achievements- Track 2

Participatory Community Assistance

- 20 community platforms established to prioritize needs and guide project selection
- 85 potential community projects identified through local consultations
- Feasibility studies completed for shortlisted projects
- Implementation initiated for selected projects in WASH, health, and livelihoods

Strengthening Community Resilience

- Projects designed to address root causes of cholera vulnerability
- Capacity building for community management and sustainability of interventions
- 14 projects completed, benefitting over 50,000 people with improved access to water, sanitation and health services

Promoting Equity and Social Inclusion

- Consultations ensured participation of women, youth and marginalized groups
- Projects targeted most vulnerable communities based on cholera impact
- 50 water management committees established with inclusive representation



UNDP community mobilizers meet with victims of cholera in Lermithe in Saint Michel de l'Attalaye, to discuss their priority needs
Photo credit: UNDP Haiti

OVERVIEW OF FUND OPERATIONS - TRACK 1

Cholera Epidemiological Situation

The year 2023 marked a distressing chapter in Haiti's fight against cholera, as the country witnessed a major resurgence of cases following the initial outbreak in October 2022. Despite the significant progress made towards cholera elimination in previous years, the renewed transmission underscored the fragility of these gains and the critical importance of sustained surveillance, response, and prevention efforts.

As of December 31, 2023, the MSPP reported a cumulative 77,132 suspected cholera cases, with 4,608 confirmed cases and 1,161 deaths. This represents a staggering increase from the 22,365 suspected cases, 1,550 confirmed cases, and 450 deaths reported in the whole of 2022. The outbreak affected all 10 departments of the country, a marked expansion from the 9 departments affected in 2022. The Ouest department remained the epicenter, accounting for 63% of suspected cases and 51% of deaths in 2023, compared to 70% of suspected cases and 60% of deaths in 2022.



Victims of cholera in the neighborhood of Garde sixième in Saint Michel de l'Attalaye hold a community meeting
Photo credit: UNDP Haiti

The age and sex distribution of cases in 2023 largely reflects the trends observed in 2022, with a disproportionate impact on children under 10 years of age. In 2023, 36% of suspected cases involved children under 10, similar to the 38% in 2022. Moreover, as a large part of the country faces increasing food insecurity (more than 4.4 million people in 2023), children suffering from acute malnutrition have a weakened immune system and are at least three times more likely to die if they contract cholera, further reinforcing the need for urgent action to curb the disease. Women accounted for 53% of suspected cases in 2023, a slight increase from 43% in 2022.

Several factors contributed to the resurgence and spread of cholera in 2023. The ongoing social unrest, gang violence, and population displacement, particularly in the Port-au-Prince metropolitan area, created an environment conducive to cholera transmission. Fuel shortages hindered water treatment efforts and response activities, reducing access to safe drinking water and forcing residents to rely on unsafe sources. These challenges, coupled with the pre-existing fragility of Haiti's health, water, and sanitation infrastructure, allowed cholera to gain a foothold and rapidly spread.

Strengthening Surveillance, Response, and Case Management

In light of the resurgent cholera crisis, UNICEF and PAHO/WHO intensified their support to the Ministry of Public Health and Population (MSPP) to reinforce the cholera surveillance, response, and case management system in 2023. Key areas of assistance included:

1. Enhancing the early warning and alert system:

- Integration of assistant epidemiologists in all 10 departmental health directorates to assist in alert management, field investigations, and data reporting.
- Training and deployment of 900 community health workers to investigate alerts, collect specimens, provide health education, distribute WASH supplies, and refer cases in outbreak zones.

2. Expanding cholera testing and confirmation capacity:

- Over 13,000 stool specimens tested in 2023, with a positivity rate of 33.83%, up from 4,266 specimens and a 36.33% positivity rate in 2022.
- Training of lab technicians on cholera culture and susceptibility testing.
- Strengthening of the Labo-moto network of nurses to facilitate rapid specimen transport from peripheral health facilities to laboratories.
- Support for specimen transport by land and air via UNHAS

3. Supporting case management in 100% of active Cholera Treatment Centers (CTCs):

- Joint MSPP-PAHO evaluation of CTCs on key performance criteria, including quality of care, WASH, and infection prevention and control (IPC).
- Training of healthcare workers on cholera treatment protocols, WASH, and IPC.
- Provision of essential medicines, supplies, and equipment to CTCs.
- Establishment of technical supervision and quality assurance mechanisms for CTCs.

4. Support for data management at the central level and in the country's 10 departments:

- Training and deployment of data managers, sentinels, and epidemiological surveillance officers
- Development and regular publication of SITREPs to improve decision-making

Despite challenges posed by insecurity and access constraints, the decentralized, flexible, and community-based response approach enabled rapid investigation and response, continuity of services, and extension of response reach. However, the response fell short of meeting the immense needs, particularly in the most vulnerable and insecure areas, underscoring the need for long-term investments in resilient health, water, and sanitation systems.

Promoting Cholera Prevention and Control

Recognizing the importance of the emergency response, community engagement and risk communication in cholera prevention, UNICEF and PAHO supported MSPP and partners to implement targeted interventions, including the:

1. Dissemination of cholera awareness messages through mass media, community networks, and outreach activities. In 2023, over 6 million people were reached with key information on cholera prevention and care-seeking, a significant increase from the 1.6 million reached in 2022.
2. The mobilization of 43 rapid response teams (21 EMIRA and 22 CATI) that responded to 12,045 suspected cholera cases, carried out 9,299 sanitary cordons during which 84,055 houses were visited and 2,556 cases were referred to cholera treatment facilities (SPEC), thus reaching 854,113 people.
3. Cholera awareness in 94 schools, 32 churches, and 47 public markets. 42 handwashing points were installed, and 7,549 houses and latrines were decontaminated.
4. Distribution of WASH and rehydration supplies to households at risk, including soap, aquatabs, and ORS. More than 84,055 households benefited from this support in 2023, aimed at interrupting transmission at the household level, notably through handwashing and home water chlorination.
5. Installation of handwashing stations and promotion of good hygiene practices in public spaces and institutions, including markets, transportation centers, and schools. In 2023, a total of 303 stations were installed, allowing 79,443 people to practice hand hygiene and reduce the risk of infection.
6. Promotion of household water treatment, safe storage, and waste management practices, through community-based volunteers and local leaders. This included demonstrations on proper use of aquatabs, safe water handling, and latrine maintenance.

7. Training and mobilization of more than 2,800 multipurpose community health workers to conduct cholera education and community-based surveillance. The 900 workers actively deployed in outbreak zones in 2023 played a critical role in early detection and referral of suspected cases, as well as promoting preventive behaviors.

Challenges and Adaptations

The 2023 cholera response in Haiti faced immense challenges due to the complex humanitarian crisis gripping the country. Escalating insecurity, fuel shortages, and access constraints hampered surveillance and response efforts. Attacks on cholera workers and treatment facilities posed direct threats to the response. Shortage of funding limited the scale and scope of interventions, forcing difficult prioritization decisions.

To adapt to this challenging context, UNICEF and PAHO/WHO supported a decentralized, flexible, and community-based response approach:

1. Support Health Directorates technically and financially in coordinating the response.
2. Provide departmental teams with capacities and resources for locally-led action, to enable rapid investigation and response, even in hard-to-reach areas.



A young boy suffering cholera symptoms receives treatment at Centres Gheskio in Port-au-Prince, Haiti, Friday, Oct. 14, 2022. (Photo/Odelyn Joseph)

3. Utilizing alternative transport and logistic arrangements, including sea and air transport, to deploy response teams and supplies. This involved strategic partnerships with the Coast Guard, WFP, and private sector for safe and reliable access.
4. Leveraging remote support modalities, including hotlines and mobile apps, for alert management, data reporting, and clinical consultations. This allowed for continuity of services even when physical access was constrained. Access difficulties required some agility and adaptation of the strategy at certain times, particularly in terms of prepositioning inputs in areas close to the intervention zones for rapid access when needed by the community.
5. Strengthening security risk assessment and mitigation measures to safeguard response workers and assets. This included use of armored vehicles, security escorts, and crisis communication protocols.
6. Employing innovative strategies, such as the use of community-based focal points and market-based approaches, to extend response reach. Local leaders, youth groups, and women's networks were engaged as key influencers and mobilizers for cholera prevention and early care-seeking.
7. Advocating for flexible funding and reprogramming of resources to meet evolving needs. The MPTF's agility in approving budget revisions and allocations was critical in enabling timely pivots in the response.

Despite these adaptations, the 2023 cholera response fell short of meeting the immense needs, particularly in the most vulnerable and insecure areas. The resurgence laid bare the underlying fragility of Haiti's health, water, hygiene and sanitation systems, and the urgent need for long-term investments in resilience. It also underscored the inextricable links between health, humanitarian, and development challenges in Haiti, and the imperative for integrated, multi-sectoral solutions.

As the cholera outbreak continues to strain Haiti's already overstretched resources and capacities, sustained solidarity and support from the international community remain critical. The UN Haiti Cholera Response MPTF will continue to play a catalytic role in mobilizing flexible funding and technical assistance to address immediate gaps while also building long-term capacity. By working in close partnership with the Government of Haiti, communities, and humanitarian and development actors, the MPTF aims to not only stop cholera in its tracks but also build a more resilient and equitable future for all Haitians.

OVERVIEW OF FUND OPERATIONS - TRACK 2

In 2023, the UN Haiti Cholera MPTF continued its support to Track 2 of the UN's New Approach to Cholera in Haiti: material assistance to communities most affected by cholera. Co-implemented by UNDP and UNOPS, the project expanded to three new communes: Fort-Liberté in the North-East, Belladère in the Center, and Saint Michel de l'Attalaye in the Artibonite.

Participatory Process for Community Assistance

The Track 2 project employs a community-driven approach to identify and implement assistance projects. In each target commune, community platforms are established representing cholera victims, leaders, and diverse population groups. Through an iterative consultation process, these platforms articulate the community's needs and priorities.

In 2023, 37 community consultations were held across the five new intervention areas. These consultations led to the formation of eight new community platforms and the identification of 85 potential projects. Technical assessments were then conducted to determine project feasibility, costs, and sustainability. Feedback sessions with the community validated the final project selection.



Community meeting to launch the track 2 project in Belladère. Photo credit: UNDP Haiti

Priority Projects and Progress

The projects prioritized by communities in 2023 encompassed interventions in water, sanitation, health, education, and livelihoods. Common project types included:

- Construction or rehabilitation of drinking water supply systems
- Installation of water treatment units in schools and health facilities
- Repair or expansion of sanitation facilities (latrines, septic tanks)
- Provision of medical equipment and supplies to health centers
- Establishment of handwashing stations in public spaces
- Support for income-generating activities and vocational training

In Fort-Liberté, 13 projects advanced to implementation, focusing on WASH in schools, health facilities, and public places. For each project, a community management committee was set up to ensure proper operation and maintenance.

In Belladère and Saint Michel de l'Attalaye, feasibility studies were finalized for 41 and 92 projects respectively. Implementation is expected to commence in early 2024 following consultations with communities on project phasing and funding availability.

Strengthening Local Capacity and Ownership

A core objective of Track 2 is to build local capacities to manage and sustain community investments. In 2023, the project teams worked to:

- Provide training and tools to community platforms on project management, WASH system operation and maintenance, and financial management.
- Establish clear roles and responsibilities for community structures in project implementation and oversight.
- Facilitate knowledge exchange and learning across community platforms through joint workshops and site visits.
- Advocate with local authorities to integrate community projects into municipal development plans and budgets.
- Develop phase-out strategies with communities to promote long-term viability of investments.

Challenges and Learning

While the Track 2 project has demonstrated the value of community engagement and ownership, it also encountered challenges in 2023 that hampered progress and necessitated adaptations:

- The volatile security situation and fuel crisis limited field access and delayed project timelines. In response, the project increased remote management and support to community platforms. Flexible planning and budgeting allowed for adjustments based on access windows.
- Ensuring inclusion of marginalized groups, particularly women and youth, required targeted strategies. The project set minimum quotas for representation in platforms, provided coaching to facilitators on inclusive techniques, and monitored participation dynamics.

Looking ahead, the Track 2 project will consolidate gains in the initial target communes while expanding to additional areas severely impacted by cholera. Emphasis will be placed on reinforcing the capacities of community-based management structures to ensure continuity and scalability. Strategic partnerships will be pursued with government, development partners, and private sector to leverage resources and expertise. Ongoing learning and adaptation will be critical to deliver assistance that is responsive to community needs and resilient to future shocks.



PAHO and Haiti's Ministry of Health and Population train community health workers to disseminate life-saving information in most affected communities Photo credit: PAHO Haiti

LESSONS LEARNED

The implementation of cholera elimination and community support efforts in Haiti during 2023 offers valuable lessons to inform future strategies and interventions:

Surveillance and Response

- Decentralizing alert-response capacity to department and community levels is critical to enable rapid and localized action. This requires sustained investments in training, equipping, and motivating frontline workers.
- Strengthening laboratory confirmation capacity, including specimen transport systems, is essential for targeted response. Expansion of cholera testing to more sites, including at sub-national levels, can reduce turnaround times and enhance outbreak detection.
- Engaging communities as active participants in surveillance and response, through local networks and community health workers, can increase coverage, acceptance, and sustainability. This requires providing community actors with the necessary tools, incentives, and links to the formal health system.
- Ensuring a calibrated and efficient response necessitates clear protocols, decision-support tools, and data sharing across all levels. Development of standardized alert thresholds, investigation procedures, and response packages can help rationalize efforts.
- Cross-border and regional collaboration on surveillance and data sharing is important given cholera's epidemic potential. Establishing communication and coordination channels with neighbors is critical for preparedness and control.
- Good intra-sectoral and intersectoral coordination brings efficiency to response strategies and activities.

Case Management

- Improving cholera outcomes requires not only trained staff and adequate supplies, but also attention to WASH and IPC conditions in treatment facilities. Regular monitoring and support to CTCs to maintain quality standards can reduce in-facility transmission risks.
- Referral and counter-referral mechanisms between communities, primary care facilities, and CTCs are essential to ensure prompt and appropriate care. Strengthening these care pathways, through protocols, communication, and logistics support, can improve efficiency and outcomes.
- Differentiated approaches are needed for case management in insecure or hard-to-reach areas. This may include establishing temporary treatment points, increasing ORS availability at community level, and capacitating local partners to deliver care.

Prevention and Community Engagement

- Cholera prevention requires a comprehensive WASH strategy encompassing water safety, sanitation, and hygiene. Prioritizing high-risk communities and settings (e.g., markets, schools) for WASH interventions can have outsized impact.
- Sustaining behavior change requires moving beyond one-off sensitization to ongoing engagement through multiple channels. Empowering local leaders, youth, and women's groups as change agents can enhance reach and resonance of messages.
- In a context of mistrust and misinformation, investing in community dialogue and feedback mechanisms is critical to build trust, address concerns, and adapt approaches. Transparency about intervention goals, processes, and limitations is key.
- Integrating cholera prevention with broader health, nutrition, and livelihood activities can increase uptake and impact. Partnering with non-health sectors and actors can expand entry points and synergies.

Community Material Assistance

- A participatory approach to community assistance, with cholera victims and affected people at the center, is essential for relevance, ownership, and sustainability of investments. Providing space and support for communities to drive their own recovery builds resilience.
- Ensuring equitable and inclusive community engagement requires deliberate strategies to reach marginalized groups. This may include tailored outreach, safe spaces, and capacity building for meaningful participation.
- Balancing community priorities with technical feasibility and resource constraints is a challenge. Managing expectations through clear communication and joint problem-solving with communities is important to maintain trust.
- Strengthening local capacities and systems for management and maintenance of WASH and health infrastructure is critical for long-term impact. This requires dedicated resources and phased transition strategies.
- Facilitating learning and exchange among communities can accelerate adoption of good practices and solidify local leadership. Platforms for peer support and collaboration should be nurtured.
- Aligning community projects with government plans and systems is key for coherence, buy-in, and scale. Engaging authorities from the start and advocating for inclusion of cholera-affected areas in sectoral budgets can enhance sustainability.

Cross-Cutting Issues

- Flexible and adaptive programming is essential in a volatile and resource-constrained setting like Haiti. Scenario planning, contingency budgets, and streamlined processes are needed to pivot rapidly in response to changing conditions.
- Multi-sectoral and multi-level partnerships are critical to leverage expertise, assets, and influence for cholera control and recovery. Investing in coordination mechanisms and relationship building with diverse stakeholders, including private sector, can expand the resource base and reach.
- Mainstreaming protection, gender, and inclusion across all cholera-related interventions is not only a moral imperative but also key for effective outcomes. Dedicated expertise, tools, and accountability measures are needed to ensure equitable access and benefits.
- Connecting cholera efforts with broader health system strengthening and development goals is important for long-term resilience. Advocating for increased investments in primary health care, WASH, and social protection can help address underlying vulnerabilities.
- Continuous learning, through monitoring, evaluation, research, and knowledge management, is essential to build the evidence base on effective cholera control and recovery strategies. Documenting and disseminating lessons, locally and globally, can enhance the collective response.



Jesula Gaspard 30 carrying her son Chrisle Amboise, 2, walks home after being examined at a mobile medical clinic run by UNICEF, in Cité Soleil, Haiti. (Photo/Odelyn Joseph)

MOVING FORWARD

The resurgence of cholera in Haiti in 2023 reinforces the critical importance of a comprehensive, multi-pronged strategy to effectively control outbreaks and prevent future resurgence. This approach must include:

1. Robust surveillance systems to rapidly detect and investigate suspected cases, monitor trends, and guide targeted interventions.
2. Timely and effective case management to reduce mortality, with a focus on strengthening cholera treatment centers, training healthcare workers, and ensuring adequate supplies.
3. Improved access to safe water, sanitation, and hygiene services, particularly in high-risk communities, to interrupt transmission and reduce vulnerability.
4. Targeted oral cholera vaccine campaigns, strategically deployed in hotspot areas and high-risk populations, to provide immediate protection while longer-term solutions are implemented.
5. Sustained risk communication and community engagement to promote healthy behaviors, dispel misinformation, and foster trust and participation in response efforts.

These pillars must be underpinned by strong coordination, local capacity building, and flexible, multi-year investments to enable a swift, effective, and locally-led response. The UN Haiti Cholera Response MPTF remains committed to supporting these critical interventions, working in close partnership with the Government of Haiti, communities, and all stakeholders to end cholera once and for all.

Looking Forward Haiti has made remarkable strides towards cholera elimination, despite daunting challenges. Sustaining this momentum will require unwavering political will, robust international support, and most importantly, the leadership of Haitian institutions and communities.

The UN Haiti Cholera Response MPTF remains committed to supporting Haiti in this critical journey. In 2024 and beyond, the Fund will continue to catalyze strategic investments and partnerships aligned with the New Approach pillars of cholera control and community assistance.

Key priorities will include:

- Continue to support the 10 health directorates in coordinating the cholera response and mobilizing rapid response teams (CATI, EMIRA, EDIR) at the departmental level.
- Consolidating the alert-response system, the specimen transport system, and laboratory network for sustainable cholera surveillance and control.
- Strengthening decentralized case management and WASH capacities for quality care.
- Scaling up targeted prevention and community engagement interventions in hotspots.
- Expanding coverage and depth of community assistance projects, with an emphasis on WASH, health, and livelihoods.

- Promoting Haitian leadership and capacities across all aspects of cholera elimination and recovery.
- Mobilizing flexible resources and forging multi-sectoral partnerships to enable holistic and resilient solutions.
- Documenting and sharing lessons to inform cholera control efforts in Haiti and globally.
- Improve intra- and intersectoral coordination to accelerate progress towards elimination
- The road ahead is challenging but also full of possibility. With solidarity, determination, and a steadfast commitment to Haitian-led solutions, we can achieve a cholera-free future for Haiti. The UN Haiti Cholera Response MPTF stands ready to support this noble goal, in partnership with the Haitian government, communities, and all stakeholders.

CONCLUSION

In 2023, the UN Haiti Cholera Response MPTF played an instrumental role in supporting Haiti's efforts to control the devastating cholera outbreak. Through strategic investments and collaborative action, significant progress was made in strengthening epidemiological surveillance, enhancing treatment, expanding prevention measures, and empowering communities to lead local projects.

However, the road ahead remains challenging. Eliminating cholera and building long-term resilience in Haiti will require unwavering commitment, substantial resources, and Haitian-led solutions. The MPTF's flexibility to allocate pooled funds based on evolving needs on the ground is critical to ensuring the most effective and efficient response.

As we move forward, the support of UN Member States and other donors is more essential than ever. The funding available in the MPTF has been greatly diminished, and without new contributions, our ability to capitalize on the hard-fought gains of 2023 will be severely constrained. We urge partners to renew their commitment to Haiti and provide the MPTF with the resources needed to sustain progress and respond nimbly to the dynamic situation.

The UN Haiti Cholera Response MPTF stands ready to continue supporting the Government of Haiti and partners in the fight against cholera. We call on the international community to come together in solidarity with the people of Haiti, and provide the funding required to provide direct support where it is needed most. Together, we can end cholera in Haiti once and for all, and build a brighter, healthier future for all Haitians.



2023 FINANCIAL REPORT

for the period 1 January to 31 December 2023

DEFINITIONS

Allocation/Total Approved Budget

Amount approved by the Advisory Committee for a project/programme. The total approved budget represents the cumulative amount of allocations approved by the Advisory Committee.

Approved Project/Programme

A project/programme including budget, etc., that is approved by the Advisory Committee for fund allocation purposes.

Contributor Commitment

Amount(s) committed by a contributor to a Fund in a signed donor agreement with the UNDP Multi-Partner Trust Fund Office (MPTF Office), in its capacity as the Administrative Agent. A commitment may be paid or pending payment.

Contributor Deposit

Cash deposit received by the MPTF Office for the Fund from a contributor in accordance with a signed donor agreement.

Delivery Rate

The percentage of funds that have been utilized, calculated by comparing expenditures reported by a Participating Organization and Non-UN Organization against the 'net funded amount'. This does not include expense commitments by Participating Organizations.

Donor Agreement

Standard Administrative Arrangement and/or European Commission contribution agreement between contributor/donor and MPTF Office.

Net Funded Amount

Amount transferred to a Participating Organization less any refunds transferred back to the MPTF Office by a Participating Organization.

Participating Organization

A UN Organization or other inter-governmental Organization that is a partner in a Fund, as represented by signing a Memorandum of Understanding (MOU) with the MPTF Office for a particular Fund.

Project Expenditure

The sum of expenses and/or expenditure reported by all Participating Organizations for a Fund irrespective of which basis of accounting each Participating Organization follows for donor reporting.

Project Financial Closure

A project or programme is considered financially closed when all financial obligations of an operationally completed project or programme have been settled, and no further financial charges may be incurred. MPTF Office will report a project financially closed once the financial report(s) has been received and any balance of funds refunded.

Project Operational Closure

A project or programme is deemed operationally closed once all activities funded for Participating Organization(s) have been concluded, and the Advisory Committee has approved the final narrative report.

Project Start Date

Project/ Joint programme start date as per the programmatic document.

US Dollar Amount

The financial data in the report is recorded in US Dollars.

Transferred Funds

Funds transferred to Participating Organizations by the Administrative Agent in accordance with the Advisory Committee's request.

INTRODUCTION

This Consolidated Annual Financial Report of the **Haiti Cholera Response Multi-Partner Trust Fund** is prepared by the United Nations Development Programme (UNDP) Multi-Partner Trust Fund Office (MPTF Office) in fulfillment of its obligations as Administrative Agent, as per the terms of Reference (TOR), the Memorandum of Understanding (MOU) signed between the UNDP MPTF Office and the Participating Organizations, and the donor agreement signed with contributors/donors.

The MPTF Office, as Administrative Agent, is responsible for concluding an MOU with Participating Organizations and donor agreements with contributors/donors. It receives, administers and manages contributions,

and disburses these funds to the Participating Organizations. The Administrative Agent prepares and submits annual consolidated financial reports, as well as regular financial statements, for transmission to stakeholders.

This consolidated financial report covers the period 1 January to 31 December 2023 and provides financial data on progress made in the implementation of projects of the **Haiti Cholera Response Multi-Partner Trust Fund**. It is posted on the MPTF Office GATEWAY (<https://mptf.undp.org/fund/clh00>).

2023 FINANCIAL PERFORMANCE

This chapter presents financial data and analysis of the **Haiti Cholera Response Multi-Partner Trust Fund** using the pass-through funding modality as of 31 December 2023. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address: <https://mptf.undp.org/fund/clh00>.

1. SOURCES AND USES OF FUNDS

As of 31 December 2023, 45 contributors deposited US\$ 21,888,101 and US\$ 393,861 was earned in interest.

The cumulative source of funds was US\$ 22,303,917.

Of this amount, US\$ 20,842,646 has been net funded to 5 Participating Organizations, of which US\$ 14,311,459 has been reported as expenditure. The Administrative Agent fee has been charged at the approved rate of 1% on deposits and amounts to US\$ 218,881. Table 1 provides an overview of the overall sources, uses, and balance of the **Haiti Cholera Response Multi-Partner Trust Fund** as of 31 December 2023.

Table 1 Financial Overview, as of 31 December 2023 (in US Dollars)

	Prior Years up to 31 Dec 2022	Financial Year Jan-Dec 2023	Total
Sources of Funds			
Contributions from donors	21,888,101	-	21,888,101
Sub-total Contributions	21,888,101	-	21,888,101
Fund Interest and Investment Income Earned	358,713	35,147	393,861
Other Income	-	21,956	21,956
Total: Sources of Funds	22,246,814	57,103	22,303,917
Use of Funds			
Transfers to Participating Organizations	20,906,029	-	20,906,029
Sub-Total Transfers	20,906,029	-	20,906,029
Refunds received from Participating Organizations	(63,383)	-	(63,383)
Sub-Total Refunds	(63,383)	-	(63,383)
Administrative Agent Fees	218,881	-	218,881
Bank Charges	1,009	41	1,050
Total: Uses of Funds	21,062,536	41	21,062,577
Change in Fund cash balance with Administrative Agent	1,184,277	57,062	1,241,339
Opening Fund balance (1 January)	5,974,967	1,184,277	-
Closing Fund balance (31 December)	1,184,277	1,241,339	1,241,339
Net Funded Amount (Includes Direct Cost)	20,842,646	-	20,842,646
Participating Organizations Expenditure (Includes Direct Cost)	12,222,794	2,088,665	14,311,459
Balance of Funds with Participating Organizations	8,619,852	(2,088,665)	6,531,187

2. PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to this fund as of 31 December 2023.

The **Haiti Cholera Response Multi-Partner Trust Fund** is currently being financed by **45** contributors, as listed in the table below.

Table 2. Contributions, as of 31 December 2023 (in US Dollars)

Contributors	Total Commitments	Total Deposits
Government of Algeria	30,140	30,140
Government of Argentina	10,000	10,000
Government of Bahamas	5,115	5,115
Government of Belgium	349,555	349,555
Government of Belize	79	79
Government of Canada	1,153,728	1,153,728
Government of Chile	250,000	250,000
Government of Côte d'Ivoire	711	711
Government of Cuba	5,134	5,134
Government of Cyprus	16,984	16,984
Government of France	638,100	638,100
Government of Grenada	79	79
Government of Guyana	1,160	1,160
Government of India	158,220	158,220
Government of Ireland	132,318	132,318
Government of Israel	169,840	169,840
Government of Italy	100,000	100,000
Government of Jamaica	711	711
Government of Japan	2,010,900	2,010,900
Government of Liechtenstein	77,780	77,780
Government of Luxembourg	25,279	25,279
Government of Mexico	113,358	113,358
Government of Montenegro	10,000	10,000
Government of Myanmar	395	395
Government of Nepal	5,237	5,237
Government of Netherlands	585,356	585,356
Government of Norway	762,791	762,791
Government of Palau	79	79
Government of Paraguay	1,106	1,106

Government of Philippines	52,500	52,500
Government of Portugal	154,830	154,830
Government of Republic of Korea	2,105,358	2,105,358
Government of Romania	48,084	48,084
Government of Senegal	198	198
Government of Slovakia	37,917	37,917
Government of Sri Lanka	7,449	7,449
Government of Sudan	395	395
Government of the United Kingdom of Great Britain and Northern Ireland	623,450	623,450
Government of Ukraine	8,137	8,137
Government of Uruguay	7,801	7,801
Government of Venezuela (Bolivarian Republic of)	45,106	45,106
Government Offices of Sweden	412,720	412,720
Open Society Foundations	270,000	270,000
Qatar Fund for Development	1,500,000	1,500,000
USAID	10,000,000	10,000,000
Grand Total	21,888,101	21,888,101

3. INTEREST EARNED

Interest income is earned in two ways: 1) on the balance of funds held by the Administrative Agent (Fund earned interest), and 2) on the balance of funds held by the Participating Organizations (Agency earned interest) where their Financial Regulations and Rules allow return of interest to the AA.

As of 31 December 2023, Fund earned interest amounts to US\$ 393,861. Details are provided in the table below.

No interest was received from Participating Organizations.

Table 3. Sources of Interest and Investment Income, as of 31 December 2023 (in US Dollars)

Interest Earned	Prior Years up to 31-Dec-2022	Financial Year Jan-Dec-2023	Total
Administrative Agent			
Fund Interest and Investment Income Earned	358,713	35,147	393,861
Total: Fund Interest Earned	358,713	35,147	393,861
Participating Organization			
Total: Agency Interest Earned	-	-	-
Grand Total	358,713	35,147	393,861

4. TRANSFER OF FUNDS

Allocations to Participating Organizations are approved by the Advisory Committee and disbursed by the Administrative Agent. As of 31 December 2023, the AA has transferred US\$ 20,906,029 to 5 Participating Organizations (see list below).

Table 4 provides additional information on the refunds received by the MPTF Office, and the net funded amount for each of the Participating Organizations.

Table 4. Transfer, Refund, and Net Funded Amount by Participating Organization (in US Dollars)

Participating Organization	Prior Years up to 31-Dec-2022			Financial Year Jan-Dec-2023			Total		
	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded
PAHO/WHO	4,000,000	-	4,000,000	-	-	-	4,000,000	-	4,000,000
UNDP	7,227,479	-	7,227,479	-	-	-	7,227,479	-	7,227,479
UNDPO	843,730	-	843,730	-	-	-	843,730	-	843,730
UNICEF	4,000,791	(63,383)	3,937,408	-	-	-	4,000,791	(63,383)	3,937,408
UNOPS	4,834,030	-	4,834,030	-	-	-	4,834,030	-	4,834,030
Grand Total	20,906,029	(63,383)	20,842,646	-	-	-	20,906,029	(63,383)	20,842,646

5. EXPENDITURE AND FINANCIAL DELIVERY RATES

All final expenditures reported are submitted as certified financial information by the Headquarters of the Participating Organizations. These were consolidated by the MPTF Office.

Joint programme/ project expenditures are incurred and monitored by each Participating Organization and are reported to the Administrative Agent as per the agreed upon categories for inter-agency harmonized reporting. The expenditures are reported via the MPTF Office's online expenditure reporting tool. The 2023 expenditure data has been posted on the MPTF Office GATEWAY at <https://mptf.undp.org/fund/clh00>.

5.1 EXPENDITURE REPORTED BY PARTICIPATING ORGANIZATION

In 2023, US\$ was net funded by Participating Organizations, and US\$ 2,088,665 was reported in expenditure.

As shown in table below, the cumulative net funded amount is US\$ 20,842,646 and cumulative expenditures reported by the Participating Organizations amount to US\$ 14,311,459. This equates to an overall Fund expenditure delivery rate of 68.66 percent.

Table 5.1 Net Funded Amount and Reported Expenditures by Participating Organization, as of 31 December 2023 (in US Dollars)

Participating Organization	Approved Amount	Net Funded Amount	Expenditure			Delivery Rate %
			Prior Years up to 31-Dec-2022	Financial Year Jan-Dec-2023	Cumulative	
PAHO/WHO	4,000,000	4,000,000	3,447,716	445,753	3,893,469	97.34
UNDP	7,227,479	7,227,479	2,767,929	593,738	3,361,667	46.51
UNDPO	843,730	843,730	856,888	(5,875)	851,013	100.86
UNICEF	4,000,791	3,937,408	3,308,199	422,633	3,730,832	94.75
UNOPS	4,834,030	4,834,030	1,842,062	632,416	2,474,478	51.19
Grand Total	20,906,029	20,842,646	12,222,794	2,088,665	14,311,459	68.66

*The expenditures reported represent payments made against obligations made by PUNOs prior to the operational closure of projects

5.2. Expenditures Reported by Category

Project expenditures are incurred and monitored by each Participating Organization and are reported as per the agreed categories for inter-agency harmonized reporting. In 2006 the UN Development Group (UNDG) established six categories against which UN entities must report inter-agency project expenditures. Effective 1 January 2012, the UN Chief Executives Board (CEB) modified these categories as a result of IPSAS adoption to comprise eight categories.

Table 5.2. Expenditure by UNSDG Budget Category, as of 31 December 2023 (in US Dollars)

Category	Expenditures			Percentage of Total Programme Cost
	Prior Years up to 31-Dec-2022	Financial Year Jan-Dec-2023	Total	
Staff & Personnel Cost	2,645,599	265,505	2,911,104	21.76
Supplies, commodities and materials	677,305	111,359	788,664	5.90
Equipment, vehicles, furniture and depreciation	990,240	74,102	1,064,343	7.96
Contractual Services Expenses	2,645,507	755,364	3,400,871	25.42
Travel	592,055	142,408	734,463	5.49
Transfers and Grants	3,010,330	401,111	3,411,441	25.50
General Operating	861,480	204,408	1,065,888	7.97
Programme Costs Total	11,422,515	1,954,258	13,376,773	100.00
¹ Indirect Support Costs Total	800,279	134,408	934,687	6.99
Grand Total	12,222,794	2,088,665	14,311,459	-

¹ Indirect Support Costs charged by Participating Organization, based on their financial regulations, can be deducted upfront or at a later stage during implementation. The percentage may therefore appear to exceed the 7% agreed-upon for on-going projects. Once projects are financially closed, this number is not to exceed 7%.

6. COST RECOVERY

Cost recovery policies for the Fund are guided by the applicable provisions of the Terms of Reference, the MOU concluded between the Administrative Agent and Participating Organizations, and the SAAs concluded between the Administrative Agent and Contributors, based on rates approved by UNDG.

The policies in place, as of 31 December 2023, were as follows:

- **The Administrative Agent (AA) fee:** 1% is charged at the time of contributor deposit and covers services provided on that contribution for the entire duration of the Fund. Cumulatively, as of 31 December 2023, US\$ **218,881** has been charged in AA-fees.
- **Indirect Costs of Participating Organizations:** A general cost that cannot be directly related to any particular programme or activity of the Participating Organizations. Participating Organizations may charge 7% indirect costs based on UNSDG policy, establishing an indirect cost rate as a percentage of the programmable costs for interagency pass-through pool funds. In the current reporting period US\$ **134,408** was deducted in indirect costs by Participating Organizations. Cumulatively, indirect costs amount to US\$ **934,687** as of 31 December **2023**.

7. ACCOUNTABILITY AND TRANSPARENCY

In order to effectively provide fund administration services and facilitate monitoring and reporting to the UN system and its partners, the MPTF Office has developed a public website, the MPTF Office Gateway (<https://mptf.undp.org>). Refreshed daily from an internal enterprise resource planning system, the MPTF Office Gateway has become a standard setter for providing transparent and accountable trust fund administration services.

The Gateway provides financial information including: contributor commitments and deposits, approved programme budgets, transfers to and expenditures reported by Participating Organizations, interest income and other expenses. In addition, the Gateway provides an overview of the MPTF Office portfolio and extensive information on individual Funds, including their purpose, governance structure and key documents. By providing easy access to the growing number of narrative and financial reports, as well as related project documents, the Gateway collects and preserves important institutional knowledge and facilitates knowledge sharing and management among UN Organizations and their development partners, thereby contributing to UN coherence and development effectiveness.

Haiti Cholera Response Multi-Partner Trust Fund

Annex to the Financial Report

Annex - EXPENDITURE BY PROJECT GROUPED BY TRACK

The Annex displays the net funded amounts, expenditures reported and the financial delivery rates by Track by project/ joint programme and Participating Organization

Annex - Expenditure by Project within Track

Track / Project No. and Project Title	Participating Organization	Project Status	Total Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %	
1a Prevent & Cut Transmission							
00105773	#1 HAITI CHOLERA MEDICAL RESPO	PAHO/WHO	Financially Closed	1,500,000	1,500,000	1,500,000	100.00
00105774	#3 PREVENTING & CUTTING TRANSM	UNICEF	Financially Closed	500,000	443,512	443,512	100.00
00109989	#4 Preventing and cutting	UNICEF	Financially Closed	1,000,791	993,896	993,896	100.00
00122749	CLH7 - PAHO UNICEF Strengthen	PAHO/WHO	On Going	2,500,000	2,500,000	2,393,469	95.74
00122749	CLH7 - PAHO UNICEF Strengthen	UNICEF	On Going	2,500,000	2,500,000	2,293,424	91.74
1a Prevent & Cut Transmission: Total				8,000,791	7,937,408	7,624,301	96.06
2 Support to Affected							
00105932	#2 COMMUNITY ASSIST. MIRABALAIS	UNDP	Operationally Closed	1,172,876	1,172,876	1,172,516	99.97
00115476	#6 Phase 2 Community Assistance	UNDP	On Going	1,102,040	1,102,040	971,167	88.12
00115476	#6 Phase 2 Community Assistance	UNOPS	On Going	4,834,030	4,834,030	2,474,478	51.19
00127164	Strengthening Resilience, Heal	UNDP	On Going	4,952,562	4,952,562	1,217,984	24.59
2 Support to Affected: Total				12,061,508	12,061,508	5,836,145	48.39
Global Support							
00109990	#5 Operational and Technical	UNDPO	On Going	843,730	843,730	851,013	100.86
Global Support: Total				843,730	843,730	851,013	100.86
Grand Total				20,906,029	20,842,646	14,311,459	68.66

Contributors



Government of
Algeria



Government of
Argentina



Government of
Bahamas



Government of
Belgium



Government of
Belize



Government of
Canada



Government of
Chile



Government of
Côte d'Ivoire



Government of
Cuba



Government of
Cyprus



Government of
France



Government of
Grenada



Government of
Guyana



Government of
India



Government of
Ireland



Government of
Israel



Government of
Italy



Government of
Jamaica



Government of
Japan



Government of
Liechtenstein



Government of
Luxembourg



Government of
Mexico



Government of
Montenegro



Government of
Myanmar



Government of
Nepal



Government of
Netherlands



Government of
Norway



Government of
Palau



Government of
Paraguay



Government of
Philippines



Government of
Portugal



Government of
Republic of Korea



Government of
Romania



Government of
Senegal



Government of
Slovakia



Government of Sri
Lanka



Government of
Sudan



Government of the
United Kingdom
(other)



Government of
Ukraine



Government of
Uruguay



Government of
Venezuela
(Bolivarian Republic
of)



Government
Offices of Sweden



Open Society
Foundations



Qatar Fund for
Development



USAID

UN Participating Organizations





Acknowledgments

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Cover Photo: Fabienne Francois, 24 and her 9-year old daughter Rebecca Maurice wait in Cite Canada health centre to take the cholera vaccine. Port-au-Prince, Haiti.

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