RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS
CHILE
RAPID RESPONSE
FLOOD 2015

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. Antonio Molpeceres**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR took place on 15 January 2016 in UNDP´s office in Santiago - Chile, with the participation of representatives of the IOM (International Organization for Migration), PAHO (Pan-American Health Organization) and the RCO of the UNS (Resident Coordination Office of the United Nations System in Chile), UNICEF (United Nations Children Fund), Non-Governmental Organization, CARITAS, Chilean Red Cross and ADRA Chile (Adventist Development and Relief Agency International). The main outcomes were establishing and delimitating the Humanitarian Actors that acted in the response of the emergency and match data for the elaboration of the final version of the CERF Report.

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

YES ☒ NO ☐

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

YES ☒ NO ☐

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 2,684,877		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	777,854
	COUNTRY-BASED POOL FUND (*if applicable*)	0
	OTHER (Ministry of Health (MoH), PAHO, ADRA, Red Cross, USAID (United States Agency for International Development), Caritas, UNICEF, PAHO, ADRA, Red Cross, USAID, Caritas, UNICEF)	2,907,023
	TOTAL	**3,684,877**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 23-Apr-15			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	15-RR-IOM-016	Camp Coordination and Camp Management	338,220
WHO	15-RR-WHO-015	Water, Sanitation, and Hygiene	169,649
WHO	15-RR-WHO-016	Health	269,985
TOTAL			**777,854**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies implementation	553,013
Funds forwarded to NGOs for implementation (Caritas / Red Cross)	224,841
Funds forwarded to government partners	0
TOTAL	**777,854**

HUMANITARIAN NEEDS

On 24 March 2015 a significant and unprecedented amount of rain led to 19 simultaneous floods in three regions in the north of Chile: Atacama, Antofagasta, and Coquimbo. The National Emergency Office of the Ministry of Interior and Public Security of Chile (ONEMI) reported on 7 June 2015 of: 32 deaths, 16 missing persons, 164,914 affected persons and 16,588 displaced persons.

In addition, 8,325 houses were reported as uninhabitable (6,254 with significant damage and 2,071 totally destroyed). It was necessary to provide shelters for 2,527 persons, and more than one hundred migrants were affected. The remaining affected persons remained at home, surrounded by stagnant water, mud, and contaminated dust. The most affected municipalities were: Copiapó, Chañaral, Tierra Amarilla, Diego de Almagro, Alto del Carmen, Freirina, Huasco, and Vallenar.

The Ministry of Health declared a health alert for the districts of Copiapó, Paipote, Los Loros, Chañaral, Caldera, Tierra Amarilla, Diego de Almagro, Alto del Carmen, Freirina, Huasco, El Salado, and Vallenar in the region of Atacama, on account of the health hazards and especially contamination of flood waters by sewage carrying human waste. It was necessary to conduct vaccination campaigns for hepatitis, tetanus, and influenza, and the Ministry of Public Works and the Health Services Superintendence coordinated a mass

operation to clean streets and rehabilitate damaged segments of residual water systems. More than 1,500 chemical toilets were installed in the municipalities.
At the community level, the sewage system was collapsed, with approximately 210 kilometers of the network obstructed with sediment left by the mud sludge with additional damage to the water systems and reduced access to health services. People´s livelihood was affected. Mining and related commercial activities were suspended.

Commune	*Population*	*Population without access to sewers*	*Population without sewers*	*Families*	*Potential risk population*
Copiapo	163,866	80%	131,093	21,849	52,437
Chañaral	12,702	90%	11,432	1,905	4,573
Diego de Almagro	11,661	100%	11,661	1,944	4,664
	188,229		***154,186***	***25,698***	***61,674***

After the hydro-meteorological emergency, the Government of Chile requested the presence of a United Nations Disaster Assessment and Coordination (UNDAC) Team, comprised of eight experts to support coordination tasks in the aftermath of the emergency. The IOM also assigned two staff members to the Evaluation Team. The areas evaluated were: shelters, shelter coordination, health, protection, water and sanitation, education, and early recovery.

Due to the characteristics and dimension of the catastrophe, once the results of the UNDAC Mission Damage and Needs Assessment Report were presented, the Office of the Resident Coordinator requested activation of CERF funds to facilitate and coordinate a response in the affected area with the Chilean Government and other humanitarian actors. The humanitarian aid with CERF funds was executed by the International Organization for Migration, the Pan-American Health Organization, and two NGOs, Caritas and Chilean Red Cross. Resources were also mobilized from other organizations.

II. FOCUS AREAS AND PRIORITIZATION

Based on the UNDAC Mission Damage and Needs Assessment Report, in which the humanitarian needs and priorities were focused on shelters, shelter coordination, health, water and sanitation, assistance to vulnerable foreigners, and delivery of No Food Items (NFIs), among others, humanitarian financial resources were requested to support four towns in the Atacama Region that were heavily affected by the flooding.

The Ministry of Health informed that 11 hospitals and 21 primary Familiar Health Centers (CESFAM) were partially or severely affected in the regions of Atacama and Antofagasta. Of these, two CESFAMs (Chañaral and Tierra Amarilla) were left out of operation. Others suffered significant losses in terms of medication, health supplies, and equipment, as well as experiencing difficulties with water, sewage, and electrical power supplies, in addition to infrastructure damage. The affected population reached 450,000 people in the region of Atacama and Antofagasta.

Based on the humanitarian needs identified in the UNDAC Mission report and the government reports, the United Nation Agencies facilitated a territorial coverage by focusing the humanitarian aid on the following aspects:

1. Cleaning the health centers where tons of mud, earth, and rubble was deposited. Replace items for wound dressing, trauma management, and medication for chronic and acute conditions.
2. Mobilization of additional professional staff, on account of absence by staff affected by the adverse event (medical brigades and telemedicine) as well as supplies to safeguard operations at the health centers. The CESFAM at Chañaral was totally demolished.
3. Patients were transferred by air, especially critically ill patients. The flow of medical supplies and medication through the mechanisms implemented by the Ministry of Health to support the affected regions was adequate. However, the high demand for care and environmental contamination meant it was necessary to prioritize medication.
4. The care provided at health centers in the region was initially restricted because of damage to the infrastructure and difficulties for staff and users to reach the sites. Once the mud dried, this led to large amounts of hazardous material in air suspension which in turn had different effects on people. There were no significant difference in cases before and after the event. However there were changes when analyzing the medical diagnoses made in the days when there was a higher concentration of particles suspended in the environment; hence, for example, the number of Asthma and Acute Bronchitis diagnoses increased.
5. In the WASH sector, sanitation was affected by damage to the sewage system which was totally obstructed by mud and rubble. Streets in certain places had more than a meter deep of water contaminated with biological waste, mud, garbage and rubble. This

affected the sanitation system leading to a critical situation especially in urban areas, particularly Copiapó, Paipote, Los Loros, Inca de Oro, Chañaral, Diego de Almagro, and El Salado.

6. Since communities did not have safe water for the population, it was necessary to distribute water in water-tank trucks and other means. In the days following the recovery of the water distribution system in urban areas, it was possible to resume the operation of the system. In rural areas the damage to the water distribution systems required far more time to repair the damaged equipment and resume service.
7. It was necessary to initiate other activities to protect displaced persons and those sheltered in collective centers, family shelters, and emergency camps (actions coordinated with humanitarian partners).
   - ✓ Improvement of conditions to temporary dwellings in the emergency camps, with actions focused on favoring the elderly, disabled persons, and migrants.
   - ✓ Delivery of service equipment (communal laundry facilities) to help female heads of household carry out domestic chores.
8. There was needed humanitarian aid to migrants and foreigners displaced by the flooding and living in vulnerable conditions. This type of humanitarian aid was concentrated on: paying to recover lost personal documents (passports, work visas, residency permits, etc.); food items and grocery stipends; clothing; overland return trip fares; recovery of household goods; and rent payments for persons who lost their homes.
9. Other important activities as the reparations of houses with minor damages were needed.
   - ✓ Delivery of emergency cash grants for families to repair minor damages to their homes. Activity executed by Chilean Red Cross.
   - ✓ Supply of construction materials and labor to repair homes. Activity executed by CARITAS Chile.
10. Delivery of NFIs in emergency camps, affected communities, and family´s shelters.

<u>The areas selected to receive aid were chosen based on the following factors:</u>

In the **Shelter** sector**,** priority was given to areas with a large concentration of damage, houses, areas with high population displacement, high number of school children affected by interruptions of the educational system, areas where the direct authority is a local government, and with a significant presence of NGOs working on emergency response (because of the higher possibility of effective coordination), and with a high presence of federal government authorities.

The ONEMI reported more than 98,000 affected by the event, with 29,739 homeless, 26 dead, 85 missing, 2,856 persons taken into 30 shelters, 2,071 houses destroyed, 6,241 houses with major damage, and 11,542 houses with minor damage. According to IOM records, more than 220 migrants were affected in an area where approximately 30% have irregular migratory status, 70% are temporary workers, and the remainder tend to domestic chores or work in the service sector.

In the **Health** sector, priority was given to the areas most affected by the adverse event as well as areas not covered by national resources.

Region	**City / communities**	**Direct place of the action: includes the community and health staff**
Atacama: Copiapó	Copiapó	Copiapó Hospital
	Chañaral	Family health center, CESFAM in Chañaral
	Copiapó, Tierra Amarilla, Caldera, Alto del Carmen, Diego de Almagro, Vallenar, Freirina, Huasco	Family health center, CESFAM
	Chañaral, Copiapó, Tierra Amarilla, Caldera, Alto del Carmen, Diego de Almagro, Vallenar, Freirina, Huasco	Communities

In the **Wash** sector, actions benefited urban and rural communities in the region of Atacama, giving priority to communities where it was not possible for people to receive CERF type aid.

Region	**City / communities**	**Direct place of the action: includes the community and health staff**
	Alto del Carmen	Las Breas, schools in Diego de Almagro and El Salado, Valle El Transito, and Valle San Félix
	Vallenar	Buena Esperanza
	Huasco	Carrizal Bajo

Atacama	Toledo	Indigenous community settled in Toledo
	Diego de Almagro	Diego de Almagro
	Chañaral	Chañaral
	Copiapó	Paipote
	El Salado	El Salado
	Tierra Amarilla	Nantoco
	Los Loros	Los Loros 1 and Los Loros 2
	Canto del Agua	Canto del Agua

III. CERF PROCESS

The Chilean Emergency System responded with action in all sectors and at local, regional, and national levels. The authorities deployed staff to assess needs stemming from the situation and priorities in the affected regions. The Emergency Operations Committee (COE) of the Chilean Ministry of Health was activated in response to the emergency, with representatives of the various departments of aid networks and public health. This served to exchange information and update the interventions implemented in the field. Urgent measures were taken to recover the operation of essential health services and to reestablish conditions for water and sanitation services and food safety for the victims and persons staying in temporary shelters.

Considering the participation of the implementing partners, the first step consisted of a survey carried out by the Chilean Red Cross. The survey covered close to one thousand beneficiaries, with the information entered into a data analysis program that assigns numerical scores to each response and generates a list ordered by total score. In addition, the target areas were mapped, with the population segmented by age groups using small databases (electronic spreadsheets), including mapping of damages and needs, population in shelters and camps, presence of native peoples and migrant populations, and comparison of agency records with official records from the National Emergency Office, Education Ministry records of children affected, and the total number of children in shelters. A survey of affected migrants was also carried out to record their nationality, economic activity, age, and sex, followed by direct consultation with the Consulates in the area.
All the data and records were systematized into a database to categorize the vulnerable groups, with variables cross-referenced according to the highest-impact areas, institutional presence, and prioritization by each vulnerable group according to the original CERF Proposal. The strategy aimed at giving priority to temporary camps with a high presence of children under five years of age, pregnant women, and elderly. With respect to NFI deliveries, repairs to homes with minor damage, and delivery of cash grants, the activities focused on favoring the elderly, female heads of household, and large families with children and adolescents in those areas identified by the government as the most severely affected.

The activities proposed in the CERF respond to the most serious health needs identified in the selected regions prioritized by the Country Humanitarian Team to save and protect lives, and avoid morbidity and mortality in the affected areas. Despite the initial response, resources were needed to fully recover operation of the health services network and implement critical interventions related to water and sanitation in order to protect the health of the population in urban and rural areas, the population at risk, especially children, women, and other vulnerable groups.

The health authorities requested support to procure medication and equipment to support the continuity of health programs, as well as aid for the development and strengthening of epidemiological surveillance and sanitation in the houses of the area, in order to guarantee appropriate follow-up and notification of communicable diseases and outbreaks of other threats to public health. The Pan American Health Organization (PAHO/WHO) mobilized its Regional Disaster Response Team, experts in the coordination and management of emergencies, health, water, and sanitation services, environmental health and toxicology, to help assess the situation, manage information, and implement response operations together with the Ministry of Health. PAHO/WHO was an integral part of the country humanitarian team, and jointly with the Ministry of Health implemented the MIRA carried out by UN agencies, national and international non-government organizations, and health authorities, basic input for drafting the humanitarian aid project to be funded by the United Nations through CERF funds.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis: 164,000									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (below 18)	**Women** (above 18)	**Total**	**Boys** (below 18)	**Men** (above 18)	**Total**	**Children** (below 18)	**Adults** (above 18)	**Total**
Camp Coordination and Camp	760	1,774	**2,534**	730	1,704	**2,434**	1,490	3,478	**4,968**
Water, Sanitation and Hygiene	6,440	13,057	**19,497**	6,291	14,001	**20,292**	12,731	27,058	**39,789**
Health	3,431	7,624	**11,055**	3,224	7,165	**10,389**	6,655	14,789	**21,444**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

BENEFICIARY ESTIMATION

The total number of individual affected by the crisis stablished in the original application was 161,000 people even though the number of beneficiaries actually ascends to 164,000. The variation from the set out in the application is because the calculation has been made based on the statistical data of the National Statistical Institute (INE) 2012 Census, not having updated reference.

To estimate the number of beneficiaries**, PAHO** included the number of families as well as the number of persons, broken-down by age and gender. The beneficiaries were recorded for each activity carried out and in comparison to the estimated initial beneficiary population, by age and gender. In some cases the beneficiaries were estimated in months, e.g. patients cared for during one month at the Copiapó hospital emergency service or the CESFAM in Chañaral for the supplies provided or enabling of the service. The double-counting was prevented because the aid was granted to families (taking in consideration the number of family members) and not individually. It was also prevented by counting the beneficiaries in the complete process from the planning stage to the emergency response itself.

To estimate the number of beneficiaries, **IOM** used an approximation method based on demographic population calculations classified by sex and age group. A major limitation in Chile, however, is the reliance on the INE 2012 Census. In this context, statistics compiled by the National Emergency Office (ONEMI) and other responding agencies were used as secondary sources. One such important source consisted of the population records kept by local governments, including taxpayer and voter registries. Cross-referencing of the different population registries avoided double-counting, but even so, the lack of updated official INE census data made this task more complex and laborious, which at times impeded a rapid response to the emergency. Another important source of information consisted of the data already gathered by the implementing partners (CARITAS and the Chilean Red Cross).

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (below 18)	**Adults** (above 18)	**Total**
Female	6,440	13,057	**19,497**
Male	6,291	14,001	**20,292**
Total individuals (Female and male)	12,731	27,058	**39,789**

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding.*

CERF RESULTS

CERF Health

The Chilean Ministry of Health, with PAHO Chile support, implemented the CERF project to quickly enable access to health services and reduce the risk of morbidity and mortality by opening the Family Health Care Center (CESFAM) in Chañaral. On average, this benefited approximately 800 persons who were treated monthly at this center. Provision of 158,000 medication doses for approximately 11,000 patients suffering from respiratory conditions and others transmitted through air and water, as well as mental health, and which were used at the basic and more complex health centers in the region of Atacama, at 3 hospitals in: Copiapó, Diego de Almagro, and Chañaral; and 9 Municipal Health Units in: Copiapó, Tierra Amarilla, Caldera, Chañaral, Alto del Carmen, Diego de Almagro, Vallenar, Freirina, and Huasco.

The project provided 10 units for initial patient management: 7 blood pressure monitors with oximetry, 2 electrocardiographs, and one procedures lamp, for the adult and children patient reanimation rooms, triage, and observation room at the Copiapó hospital emergency service, which was severely affected by mud and rubble. This equipment benefited approximately 10,000 patients who were on average treated monthly.

Informative material was produced to promote community health, and the printed material was validated at 4 community workshops attended by 131 leaders and members of community organizations, including persons with disability. Fourteen banners and 1,000 posters were made for public areas, 2,000 leaflets, 300 magnets, and 100 brochures in brail for priority groups. The material also considered persons with low vision. The material enabled the community to gain key information about health promotion, while including their opinion in the design and message.

Mental health of the community and health staff was also taken into account in the project, and day events were held for reflection (147 persons) and socialization of the mental health plan and psychological help for health staff, training of 25 psychosocial pairs (51 professionals) hired by the Ministry of Health under the health care model, a program for support related to the psychosocial sequels affecting health staff and which benefited 299 employees, and a mental health program for 19 families (43 persons that died or were missing on account of the adverse event) and their follow-up and definitive treatment in the region or elsewhere as the case may be.

CERF Wash

This project was implemented by the Ministry of Health with PAHO support. Four hundred bottled water containers were distributed for storage and safe use for affected families (approximately 2,000 persons) by the adverse event and who received the liquid from water-tank trucks. Also 284 hygiene kits were distributed and which contained basic items for cleaning and hygiene in the homes with mud and rubble in their houses. This benefited approximately 923 persons. The project also acquired and installed various items for the rehabilitation of rural water systems, and which benefited 37 localities, approximately 16,728 persons whose water supply relied on this type of system. It was necessary to acquire quartz filters, dispensers, and chlorine testers, reagents, and containers with sodium hypochlorite, as well as reconditioning of the inverse osmosis system. Also 8 sanitary latrines were built at an indigenous community in Toledo.

Advertising spots were produced and broadcasted for 3 months by a local high-rating radio (Radio Maray) in order to reach the greatest number of listeners in the region with public health measures, safe management of water, and environmental sanitation for the community. The radio audience was estimated at approximately 84,150 persons, 30% of the population.

Two sanitation inspectors were hired to work with the community and who carried out the WASH project in the field. They also facilitated 12 community workshops, attended by 284 persons, on the appropriate way to use water and health promotion (1,420 benefited persons), training of 35 sentinels (benefiting 1,855 persons) for water management and residual chlorine, and provided 173 chlorine test strips for managing these items in their communities. They also carried out the workshops on the safe use of water and basic sanitation in communities prior to distributing the hygiene kits and bottled water.

CERF Shelter and Protection

The CERF Fund achieved a significant complement regarding NFIs and home repairs, first in the form of resources received from other accounts managed by the implementing NGOs, and second in the form of complementary activities included in the Chilean Government's humanitarian response through various agencies. This complementariness of resources allowed each aid kit's cost and quantity of products to be increased, thus constituting a more comprehensive benefit for the affected families. The alliances formed with the implementing partners allowed the original CERF Proposal objectives to be exceeded, thus achieving a significant positive impact on the beneficiary population. The CERF contribution also allowed the governmental response to be adjusted, mainly with respect to the repair of homes with minor damage. Finally, the project helped the displaced people return to their homes and resume their normal activities.

CERF's ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funds were available on 19 May, 8 weeks after the event. It was necessary to update the needs to carry out the action plan to reduce disease with a proper access to health services, delivery of good quality water, basic sanitation, and health promotion. Support mechanisms such as the cash grants disbursed by the Red Cross, as well as segmented and territorial work strategies like those applied by CARITAS, were clear and evident ways to achieve rapid assistance to families with CERF funds.

b) Did CERF funds help respond to time critical needs[1]?

YES ☒ PARTIALLY ☐ NO ☐

CERF funds allowed quick focusing on actions unable to be covered by funds from the Ministry of Health and the Government of Chile. The availability of funds allowed carrying out these actions on time, according to needs, and responding to critical needs such as access to health services, medication, mental health care, and safe water. Many people benefited immediately of basic items for cleaning their houses and repaired their damaged houses, as well as improved the condition of temporary shelters. The human resources, tools and techniques were in place of catastrophe zone, and helped maximize response efficiency.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funds amounted to 26.76% of the total funds mobilized for emergency response. CERF funds helped to mobilize additional resources through the NGOs who implemented the project activities. Some NGOs received additional funds from other donors to increment the number of beneficiaries of health, wash projects and to carry out psychosocial activities and provision of hygiene kits. Other organizations from the United Nations System mobilized its own resources for the response, for example UNICEF, WHO/PAHO, and other Organizations such as USAID, the Chilean Red Cross, through the International Red Cross Federation, ADRA Chile, Caritas and The Ministry of Health to fund activities contemplated in the Health and WASH projects. The MOH for the Health project executed USD $315,000, and for the WASH project USD $430,000.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

The CERF project allowed holding coordination meetings among various United Nations agencies with the assessment of damage by applying the MIRA, holding meetings at national level for the coordination of CERF activities, and at local level for the implementation of the coordinated lines. Participating UN Agencies exchanged their communicational outputs. CERF also allowed convening national and regional coordination instances between the Ministry of Health and other public sectors, such as the Ministry of Public Works and ONEMI. CERF helped improve the coordination between the United Nations System in Chile and civil society actors such as: international and national NGOs, provincial and district mayors and churches.

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

The CERF project made an important contribution to a country that has an appropriate response capacity, but, according to the magnitude of the emergency, it was insufficient. The Chilean Ministry of Health with the support of the CERF projects was able to rapidly assign resources to achieve immediate cleaning of their affected health centers; while the CERF project, covered the most specific needs such as the purchase of equipment, medication, or supplies. Another important point was the availability of resources that under normal administrative mechanisms in the country could have taken longer, especially in Chañaral, where the works needed implied major procedures for funds to be released.

For its implementation, the CERF project took into account priority groups such as persons with disability or indigenous population.
Issues of environmental impact were considered in the design and installation of latrines. The WASH project allowed active participation of the community members in the process of elaboration the informative materials for the training of the community leaders and technicians.
As a result of the PAHO/WHO presence in the country and the field visits conducted during the emergency, activities were carried out to strengthen the Ministry of Health Disasters Program at national and territorial level, reviewing emergency plans at hospitals in the region

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

of Atacama, and the Atacama Regional Ministerial Secretary (SEREMI) emergency plan, participating in technical-scientific events such as the 1st Forensic Medicine Congress, inauguration of the SEREMI building, Second School of Health Social Managers, and courses for the training of instructors in the Incident Command System for Hospitals and Medical Response Teams during emergencies and disasters.

Furthermore, the IOM's flexible procedures for subcontracting and disbursement of funds helped achieve rapid intervention. The segmented territorial work of CARITAS ensured a proper selection of beneficiaries, and the delivery of humanitarian aid. The Red Cross helped to expedite humanitarian aid to the affected families by implementing the delivery of cash grants through RUT accounts.

Additionally, the complementary grant obtained by the Red Cross from other donors increased the number of beneficiaries families. The humanitarian contribution to migrants by the CERF funds, was a significant area according to the international humanitarian law, as well as an example of good practices for humanitarian emergencies. The installation of the temporary dwellings and the outfitting of communal service areas (laundry stations) allowed the families members to feel at home. The local acquisition of the NFI materials revitalized the local economy.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible**
The apllication forms and process have to be very detailed filled and with specific information to avoid delaying the process.	Greater flexibility in the process for disbursing funds considering the nature of the needs. Develop an application process simpler, considering the urgency and difficult scenarios for the data collection and the unavoidable consequences and impacts of an emergency.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Implementation of existing emergency plans at the Ministry of Health at central level and in regions, and protocoling of actions	Developing tools and workshops for implementing the response plans	Country government – Ministry of Health
More agile administrative processes to manage the emergency: CERF requirements and others for humanitarian aid	Developing processes to optimize administrative management of an emergency: • Administrative area staff included and informed for optimizing processes during emergencies and disasters • Formalizing processes with the Central Supply System of the National Health Service (CENABAST) for purchase and management of medication that is less expensive and more agile than the private sector • Agreement with previously selected suppliers for speedier response: printers, equipment, tools, equipment, and others	Ministry of Health: Public Health Undersecretariats and Aid Networks
Balancing local and national procurement for project implementation to speed-up	Local procedures and suppliers for procurement. Document on good practices for humanitarian aid project administration	Ministry of Health

activities		
Developing a protocol allowing Ministry of Health instances to optimally fulfill their overseeing or executor role (SEREMI) for response to the disaster	Protocol would be drafted by the Division of Healthy Public Policy and Promotion (DIPOL)	Ministry of Health - DIPOL
Developing mental health capacities in the field	Developing the mental health local network. Protocol for support and coordination between local and national levels. Mobilization of resources from other local levels for training in these disaster situations and enhancing local resources in mental health. Sharing project reports with local levels. Developing instruments, e.g. mental health, the damage assessment and needs analysis of health situations disaster (EDAN).	Ministry of Health
Cash grant modality/sensitization for repairing houses in short time shows to be practical and efficient tool with quite little supervision in the context of Chile.	Update the guidelines according to the context of emergency and replicate the modality of intervention in short period.	United Nations
As part of the humanitarian response, a component designed to protect foreigners and migrants was incorporated. This component was a novelty, and also highlighted existing legal gaps that do not allow full protection for said persons.	Advance towards global approval of a convention on international humanitarian law for events caused by natural and anthropogenic disasters, including a chapter on humanitarian protection for migrants and foreigners.	United Nations
Although the government of Chile is improving their mechanism of response to the several and frequent hazards, we learn that they are not able to cover all the geographic areas where sudden adverse events surprise their capacity response and the United Nations response was there to support the govenrment in time.	Seek other strategies to activate humanitarian support funds without international calls for help.	U.N. / Country Teams

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	**5. CERF grant period:**	14/05/2015 – 13/11/2015
2. CERF project code:	15-RR-IOM-016	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Camp Coordination and Camp Management		☒ Concluded
4. Project title:	Facilitation of the immediate return home of IDPs, Protection to the IDPs who will stay longer in the IDPs sites and protect the vulnerable migrants affected by recent floods		

7.Funding				
	a. Total project budget:	US$ 852,664	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 852,664	▪ *NGO partners and Red Cross/Crescent:*	US$ 224,841
	c. Amount received from CERF:	US$ 338,220	▪ *Government Partners:*	US$ N/A

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	434	416	850	760	730	1,490
Adults (above 18)	867	833	1,700	1,774	1,704	3,478
Total	**1,301**	**1,249**	**2,550**	**2,534**	**2,434**	**4,968**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	2,100	4,968
Host population	300	337
Other affected people	150	167
Total (same as in 8a)	**2,550**	**4,968**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The discrepancies are due to various reasons: - While planning, we did not consider two activities for CERF funds that finally resulted in broadening the number of beneficiaries: a) improvements and outfitting of spaces in 67 temporary dwellings, giving shelter to over 1,000 people; b) installation of communal service areas (communal laundry stations) in a camp benefiting more than 200 families (approximately 1000

	people); and c) expansion of beneficiary coverage by Red Cross and CARITAS with funds from other donors, along with increase in NFI Kits products.

CERF Result Framework			
9. Project objective	Facilitate the early return home of 2,550 individuals by repairing their houses and providing basic NFI kits. Improve IDP assistance by repairing or refurbishing IDP sites		
10. Outcome statement	Displaced and migrants families were protected against weather inclemency and other hazards by enabling their return to home		
11. Outputs			
Output 1	300 families (estimated 1,200 individuals) benefit from repaired houses and protected against weather inclemency and other hazards.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Repaired houses in Chanaral, at least 10% are households headed by female (FHH)	50	51
Indicator 1.2	Repaired houses in Diego de Almagro, at least 10% are households headed by female (FHH)	100	100
Indicator 1.3	Repaired houses in Tierra Amarilla, at least 10% are households headed by female (FHH)	100	103
Indicator 1.4	Repaired houses in Coniapo, at least 10% are households headed by female (FHH)	50	83
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	337 families whose houses suffered minor damage were identified and selected	CARITAS and Red Cross Chile	CARITAS and Red Cross Chile
Activity 1.2	Procurement and distribution of tools and materials - 300	CARITAS and Red Cross Chile	CARITAS and Red Cross Chile
Activity 1.3	Executions of 4 rehabilitation activities: organization in groups, brief orientation and supervision	CARITAS and Red Cross Chile	CARITAS and Red Cross Chile
Output 2	Eight IDP sites upgraded and functioning with minimum standards.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Improved IDP sites in Chanaral	2	3
Indicator 2.2	Improved IDP sites in Diego de Almagro	1	2
Indicator 2.3	Improved IDP sites in Tierra Amarilla	2	5
Indicator 2.4	Improved IDP sites in Copiapo	3	5
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Detailed list of the IDPs sites needs and preparation of the ad hoc response. Interior divisions, handrails, bedroom expansion, others. Purchase of materials based on needs inventory.	IOM	IOM

Activity 2.2	Procurement of materials and subcontracting of service providers for upgrading and refurbishing IDP sites. 10 contracts	IOM	IOM
Activity 2.3	Execution of activities and awareness-raising among site leaders about IDP site maintenance. 5 orientation sessions held	IOM	IOM
Output 3	300 IDPs families (estimated 1,200 individuals) have access to basic kitchen and household kits		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Accessed to NFI in Chanaral; at least 50% are female	50	55
Indicator 3.2	Accessed to NFI in Diego de Almagro; at least 50% are female	100	80
Indicator 3.3	Accessed to NFI in Tierra Amarillam; at least 50% are female	100	83
Indicator 3.4	Accessed to NFI in Copiapo; at least 50% are female	50	57
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Coordination with ONEMI and IDP site managers for distribution of NFI	CARITAS & Red Cross Chile	CARITAS & Red Cross Chile
Activity 3.2	Local Procurement and acquisition of NFI products and distribution thereof	CARITAS & Red Cross Chile	CARITAS & Red Cross Chile
Activity 3.3	Packing kits, delivery to beneficiaries and reporting	CARITAS & Red Cross Chile	CARITAS & Red Cross Chile
Output 4	300 IDPs and host communities families (estimated 1,200 individuals) receive toolkits for houses cleaning and maintenance		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Accessed to shelter toolkit in Chañaral at least 10% are FHH	50	50
Indicator 4.2	Accessed to shelter toolkit in Diego de Almagro at least 10% are FHH	100	50
Indicator 4.3	Accessed to shelter toolkit in Tierra Amarilla & Copiapo at least 10% are FHH	100	50
Indicator 4.4	Accessed to shelter toolkit in Copiapo at least 10% are FHH	50	50
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Coordination with ONEMI and IDP site managers for distribution of shelter toolkit	CARITAS & Red Cross Chile	CARITAS & Red Cross Chile
Activity 4.2	Procurement and distribution of shelter toolkits	CARITAS & Red Cross Chile	CARITAS & Red Cross Chile
Activity 4.3	Delivery of shelter toolkits to beneficiaries and reporting	CARITAS & Red Cross Chile	CARITAS & Red Cross Chile
Output 5	150 migrants receive humanitarian assistance equally to the assistance received by affected nationals		

Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Affected migrants supported in Chanaral	25	28
Indicator 5.2	Affected migrants supported in Diego de Almagro	50	53
Indicator 5.3	Affected migrants supported in Tierra Amarilla	50	51
Indicator 5.4	Affected migrants supported in Copiapo	25	35
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	190 Identification and registration of vulnerable affected migrants in target communities	OIM	OIM
Activity 5.2	35 Issuance of the identification documents and facilitation of return home (transport)	OIM	OIM
Activity 5.3	2 Integration of the migrants in the humanitarian assistance programmes	OIM	OIM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

a) Refocusing of activities in shelters in order to improve and outfit 67 temporary dwellings (benefiting over 1000 people) and installing a communal service area (laundry station) at a camp benefiting 200 families (benefitting over 1000 people). These projects were not included in the application, the change was requested perceiving the needs of victims in field by the IOM and accepted by the CERF Secretariat.

b) Refocusing of 100 households kits in exchange for repair of 37 houses with minor damage, increasing the initial goal of 300 to 337. Change requested by CARITAS and similarly accepted.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The accountability mechanisms for the affected populations was ensured through:

a) Consultation meetings with some affected people and displaced people in the temporary shelters. Creating spaces for people's participation is essential so that they are the ones to decide what is needed, and they can design and lead the programmes designed to serve them. Strong community participation from the start of a response can lay the foundation for community empowerment and longer term change

b) Consultations with municipal authorities and ONEMI representatives.

c) Monitoring and supervision of agreements and outcomes assumed by each partner.

d) Delivery of NFIs and household materials duly recorded and signed by beneficiaries and implementing NGOs and agencies.

e) Photographic and video recording of products delivered and humanitarian assistance provided.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
During the final phase of CERF funds execution, the IOM Chief of Mission with humanitarian response partners and local government officials undertook field trips to verify the humanitarian response achievements. They conducted meetings with beneficiaries and migrants and visited to the temporary dwelling camps in order to get the elements for the overall impact of the project in the life of the affected people and communities.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	PAHO/WHO	**5. CERF grant period:**	14/05/2015 – 13/11/2015
2. CERF project code:	15-RR-WHO-015	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	Improving hygiene habits, water, and sanitation situation of the affected population, to reduce the risk of disease transmitted through water.		

7. Funding

a. Total project budget:	US$ 2,165,870	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 2,165,870	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 169,649	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	5,314	5,536	10,850	6,440	6,291	12,731
Adults (above 18)	11,829	12,321	24,150	13,057	14,001	27,058
Total	**17,143**	**17,857**	**35,000**	**19,497**	**20,292**	**39,789**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	1,400	34,527
Host population		
Other affected people	33,600	72,582
Total (same as in 8a)	**35,000**	**39,789**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The difference in a greater number of beneficiaries mainly lies in the calculation of 30% of the population benefited by the advertising spots. The difference is approximately 4,700 people, regarding to the greater reach of the messages through radio.	

CERF Result Framework			
9. Project objective	Ensure safer hygiene behaviours and contribute to improve water and sanitation related services, to reduce the risk of water borne diseases of at least 35,000 affected population		
10. Outcome statement	Emergency affected population counts with improved hygiene practices and water sanitation situation.		
11. Outputs			
Output 1	Hygiene promotion: information and communication for awareness raising and behaviour change.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	The affected population receives hygiene promotion and WASH related messages	60,000 target population - 35,000 direct beneficiaries At least 80 %	16,830 persons, 20% of the population of the place have changed their hygiene habits. measures with 10 radio-theatre messages broadcast by Radio Maray with a high listening rating in the community for 3 months, achieving 30% coverage of the population in the region
Indicator 1.2	The affected population is implementing good practices of hygiene promotion	60,000 target population - 35,000 direct beneficiaries At least 60%	12 workshops conducted, with 284 people attending that meant 1,420 direct beneficiaries for the correct use of water and training to 35 lookouts that benefited 1,855 people. 173 gangs analysis delivered. Total of direct beneficiaries 327 approximately 10% of the population. Health inspectors hired by the project were trained in good hygiene practices before distributing the kits.
Indicator 1.3	A prioritized portion of the most vulnerable affected population receives hygiene kits for household and personal use	2,000	284 kits for household cleaning were distributed to 284 families (923 persons) 8 latrines were built
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Community education and awareness in health care settings	UNICEF/PAHO/WHO, Chilean RC, Min. of Health	PAHO/WHO
Activity 1.2	Delivery of family hygiene kits designed for the specific needs of the most vulnerable affected population, for household and personal use	UNICEF/PAHO/WHO, Chilean RC, Min. of Health	PAHO/WHO
Output 2	Household Water Treatment and Storage (HWTS) for families served by water trucking.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	% of affected population served by water trucking implementing adequate household level water treatment and storage practices	20%	40% of the target, around 400 families (2,000 persons) trained proper use of the water, received 120 liters of bottled

			water with a faucet for storage. And 28.4 % of the target, 284 families (1,420 persons) in 11 communities trained for appropriate storage and treatment of water.
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Provision of water containers and water disinfectant (chlorine for drinking water)	PAHO/WHO, Min. of Health	PAHO/WHO
Activity 2.2	Provision of hygiene and water manipulation education material	PAHO/WHO, Min. of Health	PAHO/WHO
Activity 2.3	Education activities aimed to hygiene and water manipulation	PAHO/WHO, Min. of Health	PAHO/WHO
Output 3	Water quality surveillance (WQS)		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	% of water samples within the zone of intervention with adequate indicator of national norms / who received sodium hypochlorite to ensure water quality	60,000 target population - 35,000 direct beneficiaries At least 80%	56.71% from the estimated 38 rural localities benefited, approximately 16,000 persons
Indicator 3.2	% of sanitary inspections within the zone of intervention compliant with national norms / installation of water filters, electromagnetic dispensers, chlorine testers, and reagents to measure chlorine content.	60,000 target population - 35,000 direct beneficiaries At least 80%	56.71% from the estimated systems in 19 communities were rehabilitated. Approximately 16,000 people benefited.
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Training of sanitary inspectors (including community volunteers)	PAHO/WHO, Min. of Health	PAHO/WHO
Activity 3.2	Provision of water testing kits and consumables	PAHO/WHO, Min. of Health	PAHO/WHO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The results put forward in the project were achieved and exceeded the number of beneficiaries, above all because the results include 30% of the population benefited by the advertising spots about hygiene and public health measures. The total number of beneficiaries (direct and indirect) achieved 107,109 people. This regarding to the greater reach than the estimated of the radio messages. If all the people reached by the messages have changed their hygiene habits the result would be 107,109 direct beneficiaries.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

PAHO/WHO worked together with the Ministry of Health to lift the detailed data and information. Local authorities that were fully aware of the affected population provided support with the process of accountability. The process was made based on familiar delimitation which facilitated the collection of information.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
An evaluation was carried out among Ministry of Health staff of the Emergency and Disaster Programs, Health Services and Public Health, Chief of Staff, and PAHO. The evaluation identified strengths and areas for improvement in the implementation of the project and lessons learned as described above in this report.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	**5. CERF grant period:**	22/05/2015 – 21/11/2015
2. CERF project code:	15-RR-WHO-016	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Protecting the health of the flood-affected population and individuals at high risk in the region of Atacama		

7.Funding

a. Total project budget:	US$ 740,003	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 740,003	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 269,985	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	2,814	2,928	5,742	3,431	3,224	6,655
Adults (above 18)	6,252	6,508	12,760	7,624	7,165	14,789
Total	**9,066**	**9,436**	**18,502**	**11,055**	**10,389**	**21,444**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	18,502	21,444
Total (same as in 8a)	**18,502**	**21,444**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The difference between planned and reached is owned to the greater number of people than the estimated attended to the health centres stablished and greater number of people receiving assistance.	

CERF Result Framework

9. Project objective	Protecting the health of the flood-affected population and individuals at high risk through restored healthcare delivery capacity and strengthened epidemiological surveillance and psychosocial support

10. Outcome statement	Disaster-affected individuals protected against communicable diseases outbreaks, mental health disorders and other health threats resulting from the heavy floods in the Atacama region		
11. Outputs			
Output 1	Access to basic health care services restored and continuity of treatment capacity ensured in flood-affected areas		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of hospitals and health centers with restored essential healthcare delivery capacity post-disaster	4	1 hospital 10 Family Health Centers 1 modular family health center enabled Health centers provide care to on average 800 persons per month 3 hospitals and 9 health centers in the communities received medication for patients (158,000 medication doses were given to 11,000 patients).
Indicator 1.2	Number of hospitals with capacities to diagnosis and treatment of disease	3	1 hospital returned to operations with average of 10,241 patients per month.
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Distribution of cleaning and disinfection material to restore proper sanitary conditions in health care facilities affected by floods	PAHO/WHO	PAHO/WHO
Activity 1.2	Procurement of medicines and basic health supplies and equipment to health care facilities in affected areas	PAHO/WHO	PAHO/WHO
Activity 1.3	Procurement of supplies and equipment for water treatment and waste management at health care facility level	PAHO/WHO	PAHO/WHO
Activity 1.4	Deployment of public health experts to the field to provide key technical support to local health staff	PAHO/WHO	PAHO/WHO
Output 2	Diseases outbreaks and other health risks in vulnerable population prevented through strengthened epidemiological surveillance and health promotion		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of local health care networks with functioning epidemiological surveillance system	3	3 local networks in 4 communities - 131 community leaders and social organizations validating the health promotion messages disseminated
Indicator 2.2	Number of affected communities where healthy practices to prevent outbreak are promoted	3	4 communities 14 banners, 1,000 posters, 2,000 leaflets, 3,000 magnets, and 100 informative brochures in brail were provided.

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of essential supplies and equipment for health services and laboratories to support emergency information management and epidemiological surveillance	PAHO/WHO	PAHO/WHO
Activity 2.2	Reproduction and dissemination of guidelines for diagnosis and treatment of communicable diseases at the local health networks level	PAHO/WHO	PAHO/WHO
Activity 2.3	Sensitization and dissemination of education material and good practices for diseases prevention to the affected communities	PAHO/WHO	PAHO/WHO
Activity 2.4	Mobilization of public health experts to support national counterparts in water-borne diseases control and prevention and epidemiological surveillance	PAHO/WHO	PAHO/WHO
Output 3	Post-disaster mental health and psychosocial support provided to the people living in shelters and flood-affected communities		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of healthcare networks monitoring and reporting mental health affectations	3	3 local networks in 3 communities. 299 health professionals received care to prevent post-traumatic psychosocial sequels through workshops and psychosocial care
Indicator 3.2	Number of communities that receive information on mental health support and protection	3	5 communities – with 147 health professionals. 51 professionals (25 pairs: psychologist and social worker) were trained in matters related to the Chilean health system
Indicator 3.3	Percentage of detected mental health disorders related to emergency attended in primary care facilities	90%	Care for 19 families of persons who died or went missing in the disaster 43 persons were assisted detecting mental health and psychosocial support needs Search and contact with the families of victims was carried out at their homes, and a mental health action plan was followed for each beneficiary family.
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Mobilization of emergency health brigades to flood-affected areas to support local health authorities and provide mental health and psychosocial support to affected population	PAHO/WHO	PAHO/WHO
Activity 3.2	Rapid training of community agents to support post-disaster mental health interventions	PAHO/WHO	PAHO/WHO
Activity 3.3	Sensitization and dissemination of education material for prevention of post-disaster mental health issues and provision of psychosocial support at primary healthcare,	PAHO/WHO	PAHO/WHO

	shelters and community levels		

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
The three results put forward for the project were achieved and the number of beneficiaries was exceeded, with ample participation by the affected persons and health staff, taking an interest in the process for optimal response to an adverse event.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
PAHO/WHO worked together with the Ministry of Health to lift the detailed data and information. Local authorities that were fully aware of the affected population provided support with the process of accountability. The process was made based on familiar delimitation which facilitated the collection of information.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
An evaluation was carried out among Ministry of Health staff of the Emergency and Disaster Programs, Health Services and Public Health, Chief of Staff, and PAHO. The evaluation identified strengths and areas for improvement in the implementation of the project and lessons learned as described above in this report.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
15-RR-IOM-016	Shelter & NFI	IOM	RedC	$142,045
15-RR-IOM-016	Shelter & NFI	IOM	NNGO	$82,796

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action review
ADRA	Adventist Development and Relief Agency International
CERF	Central Emergency Response Fund
CESFAM	Familiar Health Centers
COE	Emergency Operations Committee
CENABAST	Central Supply System of the National Health Service
DIPOL	Division of Healthy Public Policy and Promotion
EDAN	Damage assessment and needs analysis of health situations disaster: A guide for first responders.
FHH	Female Head of Household
HWTS	Household Water Treatment and Storage
IDP	Internally Displaced Person
INE	National Statistics Institute
IOM	International Organization for Migrations
MoH	Ministry of Health
NFI	Non-Food Items
NGO	Non-Governmental Organization
ONEMI	National Emergency Office
PAHO	Panamerican Health Organization
RC/HC	Resident Coordinator / or Humanitarian Coordinator
RCO of the UNS	Resident Coordination Office of the United Nations System in Chile
RUC	Sole Taxpayer Registry
RUT	Unique Tributary Roll
SEREMI	Regional Ministerial Secretary
UNDAC	United Nations Disaster Assesment and Coordination
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WQS	Water Quality Surveillance