

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ECUADOR
RAPID RESPONSE
EARTHQUAKE 2016**

RESIDENT/HUMANITARIAN COORDINATOR

Grant Leaity (RC a.i.)

REPORTING PROCESS AND CONSULTATION SUMMARY

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

On the 7 and 8 of December, 2016, a two day lessons learned workshop took place in the U.N. building in Quito, Ecuador, with a total of total of 52 participants from 10 UN agencies (FAO, IOM, OCHA, PAHO, UNDP, UNFPA, UNHCR, UNICEF UN Women and WFP), seven NGOs (ADRA, CISP, CRS, Mercy Corps, Plan International, ProGad, World Vision), thirteen Ministries (DPE, MAGAP, MCDS, MCPEC, MICS, MIDUVI, MIES, Ministry of Education, Ministry of Defense, Ministry of Foreign Affairs, Ministry of Justice, MoH, SENAGUA) two donors (ECHO and OFDA) and the International Federation of the Red Cross and the Ecuadorian Red Cross.

- 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 sector/sector coordinators as outlined in the guidelines.

YES NO

The document was produced in constant consultation with Sector coordinators and was discussed in the UN Country Team and Representatives reviewed the report.

- 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, sector/sector coordinators and members and relevant government counterparts)?

YES NO

The document was produced in constant consultation with Sector leaders.

HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | | |
|--|---|-------------------|
| Total amount required for the humanitarian response: \$72.8millions (Flash Appeal) | | |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | 7,501,349 |
| | COUNTRY-BASED POOL FUND (if applicable) | |
| | OTHER (bilateral/multilateral) | 19,548,750 |
| | TOTAL | 27,050,099 |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) | | | |
|--|---------------|-------------------------------|------------------|
| Allocation 1 – date of official submission: 26/04/2016 | | | |
| Agency | Project code | Sector/Sector | Amount |
| IOM | 16-RR-IOM-026 | Shelter | 1,750,000 |
| UN Women | 16-RR-WOM-005 | Protection | 165,413 |
| UNFPA | 16-RR-FPA-023 | Health | 147,860 |
| UNHCR | 16-RR-HCR-020 | Shelter | 250,000 |
| UNHCR | 16-RR-HCR-021 | Protection | 173,929 |
| UNICEF | 16-RR-CEF-058 | Protection | 160,500 |
| UNICEF | 16-RR-CEF-059 | Water, Sanitation and Hygiene | 1,750,964 |
| UNICEF | 16-RR-CEF-057 | Health | 300,011 |
| WFP | 16-RR-WFP-032 | Food Aid | 2,000,000 |
| WHO | 16-RR-WHO-022 | Health | 541,991 |
| WHO | 16-RR-WHO-023 | Water, Sanitation and Hygiene | 260,681 |
| TOTAL | | | 7,501,349 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|------------------|
| Type of implementation modality | Amount |
| Direct UN agencies | 3,774,323 |
| Funds forwarded to NGOs for implementation | 2,044,626 |
| Funds forwarded to government partners | 1,682,400 |
| TOTAL | 7,501,349 |

HUMANITARIAN NEEDS

On 16 April 2016, a 7.8 magnitude earthquake (Richter scale) struck coastal areas in northwest Ecuador, its epicentre situated close to Muisne and Pedernales cantons and 170 km northwest of the capital Quito. Although the epicentre was located in a remote rural area, several towns in the coastal provinces were affected. More than 3,200 aftershocks, including several above 5.8 magnitude, have been registered since (IGEPN 24-01-2017). The affected areas were the provinces of Manabí, Esmeraldas, Santa Elena, Guayas, Santo Domingo and Los Ríos, for which the government declared a “state of emergency”. In Manabí and Esmeraldas, the most affected provinces, the state of exception has been extended several times and remains until mid-March 2017.

The government reported 671 fatalities and 20,849 injured persons received medical attention in health facilities (MOH, April 25, 2016). Few days after the emergency, there were more than 29,000 people in formal collective centers (SGR, April, 2016). As of December 2016, the government delivered around 18,000 host family grants for the displaced persons living with other families (RUD, December, 2016). Infrastructure, including many roads and bridges, were damaged, which resulted in logistics and communications challenges in some areas. More than 387,000 affected persons are included in the State’s Sole Registry of Affected Population (RUD) from which 52 percent are women, 2,899 are pregnant and a total of 15,715 affected persons have disabilities. There are approximately 40,000 children younger than five years old and 29,429 older than 65 years of age and 827 affected people from countries other than Ecuador (RUD, December 2016).

The earthquake caused significant damage to housing and infrastructure leaving thousands of people without safe shelter, water, food, and health services. Vulnerable communities that were dependent on household agriculture, small-scale fishing, small-scale commerce and tourism were disproportionately affected by the earthquake. For example, in Manabí there was a -8.3 percent of economic loss in Agriculture and -10.1 percent concerning economic losses from tourism (SENPLADES-PDNA,2016). Rapid clean up and repair of community infrastructure and individual property were needed to reinvigorate economic recovery as well as maintain and strengthen social bonds. According to the PDNA¹, around, 11,319 houses needed to be demolished in rural areas with urgency according to the government. Further, the protection of people without housing solutions who remain in government-run camps, spontaneous displacement sites and with host families, is an ongoing concern.

The Government of Ecuador mobilized quickly to provide immediate relief and initiate damage assessments. The government deployed over 15,000 military and civilian staff to deliver assistance. Logistical assets such as helicopters and trucks, key supplies such as water purification units, shelter kits, food rations and hygiene and WASH kits have also been deployed but were not sufficient for the entire affected population. Thus, the government officially requested assistance from the international community to support national efforts.

II. FOCUS AREAS AND PRIORITIZATION

Few days after the earthquake, on 16 April 2016, several agencies deployed technical teams to produce rapid assessments in the field. Access to safe water had been significantly reduced in the most affected rural areas dropping from 70 percent to 50 percent of coverage of the water public system due to the rupture of water pipes. The continued and permanent distribution of water to the 21,150 people hosted in 41 shelters in the cantons of Jama, Muisne, Pedernales and Portoviejo was a serious concern. With reduced access to safe water and limited monitoring of water quality, the risk of water contamination and outbreaks of waterborne diseases were high. Furthermore, the WFP’s Emergency Food Security Assessment (EFSA) found that two-thirds of the population affected by the earthquake were severely and moderately food insecure (WFP EFSA, 2016).

A total of 38 health centers and 15 hospitals were damaged. Six hospitals were non-operational. At least 30,000 people could not have access to services such as surgery, intensive care and other specialized services. Furthermore, the province of Manabí, before the earthquake already registered the highest incidence of vector-borne diseases related to infestation by *Aedes Aegypti* (dengue, chikungunya and Zika) nationwide. There was a need for greater monitoring of Zika.

¹ The PDNA was released by the government on July 2016.

With the magnitude of the event, it was also anticipated that the mental health of the surviving populations would be significantly affected, which could result in increased cases of anxiety, depression; as well as increased consumption of alcohol, drugs, and gender based violence, both social and domestic.

Moreover, two initial protection risks assessments in Chamanga and Muisne on April 22 indicated several protection risks. There were gaps in the response to protect children, women, men and people with special needs and there was a risk of an increase of gender-based violence, sexual abuse, trafficking, family separation and deteriorating emotional and health conditions. Children showed signs of psychosocial distress after being confronted with consequences of the earthquake.

At national level, according to the State's Sole Registry of Affected Persons (RUD) more than 110,000 families declared that their houses were damaged or collapsed which represents more than 300,000 persons in need of safe housing (MCDS, December, 2016). Around 36,000 houses have been assessed as unsafe by the Ministry of Urban Development and Housing (MIDUVI, September, 2016). Significant displacement took place in spontaneous sites thus increasing shelter and NFI needs as well as protection concerns.

Immediate assistance was needed for the provision of food, water, sanitation facilities, emergency shelter, basic and urgent health care, as well as protection assistance, including but not limited to SGBV prevention and support to survivors and child protection. Food assistance was needed to save lives and protect livelihoods. The WASH Sector identified that the provision of safe water, temporary latrines, bathing spaces and the promotion of hygiene in the wider affected population to reduce the risk of waterborne diseases as essential. The areas of intervention prioritized by the assessments of the Shelter Sector were the provision of emergency shelter solutions and emergency relief items and supplies and technical management to ensure adequate living conditions and protection of displaced persons. For the Health Sector it was crucial to restore immediate access to health services including sexual and reproductive health services. This aimed to ensure timely and efficient emergency medical attention, disease surveillance and protection from the risk of outbreak of water-borne, food-borne and vector-borne diseases. Likewise, it would give access to health prevention measures to reduce health risk and mental health problems in shelters and amongst affected communities. In the Protection Sector, priorities were to ensure safe and non-discriminatory access to humanitarian assistance, prevention and response to violence and abuse, including sexual violence and exploitation (in particular of children, adolescents and women) and comprehensive provision of psychosocial support both to victims and to first respondents. Protection training for first respondents and camp managers was also of great importance to contribute to a safe environment for the affected population.

Geographically, Jama, Pedernales, Portoviejo cantons, Manabí province and Muisne canton, Esmeraldas province were prioritized due to its proximity to the epicentre, the initial assessments of humanitarian needs and socio-economic pre-existing vulnerabilities. The registered affected population in the RUD from these four cantons is: Portoviejo 21,158 families, Pedernales 10,010 families, Muisne 3,590 families and Jama 2,910 families which add up to an estimated 150,000 affected persons and represent approximately 40 percent of the total affected population (MCDS-RUD, 28 October). With CERF funds, humanitarian partners in Ecuador provided immediate life-saving assistance to some 87,900 people in the four severely affected cantons over the first six months.

III. CERF PROCESS

UN Representatives and agencies technical teams were involved in the process of geographical and strategic prioritization for the intervention with CERF funds. The prioritization of interventions was carried out following the lifesaving and time critical criteria regarding the identified urgent needs. UNDAC teams and agencies technical teams provided needs assessments which became the main source of information for the decision-making process. The Flash Appeal, discussed and agreed upon between the USG O'Brien and Ecuador's Minister of Foreign Affairs, offered a comprehensive approach towards the most urgent needs only five days after the earthquake. Moreover, the United Nations teams engaged in the State's technical working committees were informed on the unmet humanitarian needs and where the Government needed support. The Emergency Operation Committees (COEs) established the lines of action as well as the allocation of the contributions made by the international community.

The Resident Coordinator maintained constant and open dialogue with national authorities on the response which prompted openness from the Government towards the international humanitarian community. Following this context, the Humanitarian Coordinator with OCHA support led a high level meeting within the United Nations System to discuss possible sceneries and the Sectors that required the most urgent intervention (Food security, WASH, Shelter, Health and Protection). In this meeting, the four cantons (Jama, Muisne, Pedernales and Portoviejo) were chosen for prioritized intervention. Gender was taken in consideration through the inclusion of disaggregated data and the technical support from UN Women. A specific protection project was developed with an emphasis on the

prevention of gender based violence (GBV) and training of military authorities, police and other civil servants concentrating on humanitarian principles and emergency response with a strong human rights and gender approach. The Early Recovery Sector insisted that livelihoods and debris removal activities should be included in the proposal for CERF funds, as did the Education sector for temporary learning spaces. Faced with the lack of consensus across the HCT Sector Lead Agencies, the Humanitarian Coordinator finally decided to exclude the Early Recovery & Education sectors from the CERF proposal to favor the more directly life-saving Sectors.

IV. CERF RESULTS AND ADDED VALUE

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹ | | | | | | | | | |
|---|----------------------------|----------------------------|---------------|---------------------------|--------------------------|--------------|-------------------------------|-----------------------------|---------------|
| Total number of individuals affected by the crisis: 387,202 (MCDS, October 28) | | | | | | | | | |
| Sector/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 |
| Food Aid | 10,485 | 19,900 | 30,385 | 10,815 | 16,001 | 26,816 | 21,300 | 35,901 | 57,201 |
| Health | 17,711 | 26,237 | 43,948 | 17,739 | 26,226 | 43,965 | 35,450 | 52,463 | 87,913 |
| Protection | 6,970 | 7,781 | 14,751 | 8,197 | 8,550 | 16,747 | 15,167 | 16,331 | 31,498 |
| Shelter | 12,751 | 16,229 | 28,980 | 14,127 | 17,267 | 31,394 | 26,879 | 33,496 | 60,374 |
| Water, Sanitation and Hygiene | 11,113 | 20,638 | 31,751 | 11,112 | 20,637 | 31,749 | 22,225 | 41,275 | 63,500 |

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

BENEFICIARY ESTIMATION

Beneficiary estimates were calculated through a participatory methodology between all the agencies involved in a certain project and/or Sector. Beneficiaries per geographical zones and sites of intervention were compared between agencies of the same Sector to avoid double counting. The same strategy was used to estimate the total number of beneficiaries, all sectors participated in two beneficiary estimation meetings in order to exclude overlaps and double counting.

Food Aid: beneficiaries were based on the Sole Registry of Affected Persons (RUD) of the Ministry Coordinator of Social Development (MCDS). The number of direct beneficiaries who received the cash transfers was daily reported by the Ministry of Economic and Social Inclusion (MIES) and this helped avoid issues linked to double counting. The main challenge was that the consolidation of the State's information system of RUD and the analysis of information took longer than expected.

Health: PAHO, UNFPA and UNICEF based their beneficiary estimates on the administrative registries of the Ministry of Public Health (MOH), the population to be attended by the available health posts, surveys from the National Institute of Statistics (INEC) and MIES early data available of the affected population. Double counting was avoided through the use of healthcare forms. For the delivery of equipment or other items beneficiaries were calculated based on the population planned by the State to be cared for at health posts or laboratories. The main challenges were: 1. the unpredictability of the number of persons in camps, 2. the planned intervention only took into consideration affected persons mainly in urban areas however some beneficiaries in rural areas were also reached. 3. Finally, in Ecuador the response was adapted to the State's institutional organization and the capacity of the services to care for different types of injuries, diseases etc. This allowed the Sector to reach a greater number of beneficiaries than what was originally planned. CERF funded projects strengthened and complemented the State's response initiatives.

Shelter: beneficiary estimation was based on information received through MIES, who had preliminary estimates of displaced populations. Once the Displacement Tracking Matrix (DTM) was implemented, displacement sites were geo referenced and showed a higher number of sites with a smaller population per site. The total number of IDPs identified in displacement sites through DTM round 2 was 20,409, suggesting that a large amount of affected population were not living in the displacement sites comprised of more than 5 families, making it more difficult to identify the population and provide assistance. For distribution of non-food items (NFI) and shelter activities, beneficiary lists were received by local parishes, provincial governors of Esmeraldas and Manabí provinces, and the Ministry Coordinator of Security (MICS). IOM conducted verification visits previous to the distributions of NFIs in order to confirm vulnerability status and avoid double counting.

Water Sanitation and Hygiene: the beneficiary population for WASH activities was based on the information shared by the Secretariat of Water (SENAGUA), Water Community Boards and Municipal Water Enterprises (EMAPS) in the affected areas. Beneficiaries were registered when they received equipment or other items to monitor water quality. Double counting was avoided through the use of registries and information delivered by the Water Community Boards and Municipal Enterprises. The main challenge was the definition of direct and indirect beneficiaries. Water Community Boards and Municipal Enterprises determine all users of these services as beneficiaries and that increased its number. In order to overcome this challenge, a coverage analysis was carried out and only the registered users of the service taken into consideration.

Protection: the Sector based their beneficiary estimates using official government information from the Civil Registry, Ministry Coordinator of Security (MICS) and MIES. To avoid double counting beneficiary information was shared among the Protection Sector agencies and organizations to compare numbers and trends. Planned beneficiaries were established using initial and early data from the several government institutions and from rapid assessments during the first weeks such as the Multi Sectoral Rapid Assessment (MIRA) as well as an internal protection assessment. Moreover, protection brigades were conducted with the Ombudsman Office which provided key information to identify persons in need of assistance.

| TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING² | | | |
|---|--|--|---------------|
| | Children (< 18) | Adults (≥ 18) | Total |
| Female | 17,711 | 26,237 | 43,948 |
| Male | 17,739 | 26,226 | 43,965 |
| Total individuals (Female and male) | 35,450 | 52,463 | 87,913 |

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

In response to the April 2016 Earthquake, the CERF funding made possible the implementation of eight projects included in 5 Sectors Food Aid, Health, Protection, WASH and Shelter & NFIs totalling US\$ 7,501,349 and benefiting 87,913 affected persons. From the eight projects, five projects (3 health projects and 2 WASH projects) reached or exceeded the planned beneficiaries and three were reprogrammed, resulting in a change in beneficiary numbers.

In the Health Sector, CERF funds allowed the reestablishment of health services in the affected areas through the delivery of equipment such as earthquake resistant fridges for the correct storage of vaccines, the delivery of 50 kits containing health equipment to strengthen the diagnosis and surveillance of diseases. Additionally, mental health care programs were offered to persons in camps, affected communities and health workers. Health promotion material was delivered to prevent the transmission of vector borne diseases such as Zika. A total of 87,913 affected persons benefited through CERF funded health activities. Furthermore, a total of 173 Sexual and Reproductive Health (SRH) kits were provided with medical supplies and life-saving drugs for 19,479 pregnant women with childbirth complications and survivors of Gender-Based Violence (GBV). The MOH and the population acknowledged the support of UNFPA. For the first time in an emergency in Ecuador, the importance of addressing SRH and GBV in an emergency was made visible which was possible due to CERF funding. Adequate and timely interventions to care for women's SRH and victims of GBV after the earthquake prompted the government to explicitly include SRH components in the Secretariat for Risk Management policies and norms. Moreover, one of the response actions the Government implemented to meet the SRH needs after an emergency was the approval of capacity building programs for civil servants concerning SRH in emergencies. A total of 380 health officials were trained in the management of SRH kits and Emergencies and 37 youth promoters trained in SRH and Emergencies. MIES increased the protection response towards GBV cases.

With CERF Funds for the WASH intervention, UNICEF provided access to WASH services reaching the minimum emergency standards to affected people residing in spontaneous displacement sites and government run camps. UNICEF worked closely with SENAGUA at national level, offering support and technical assistance. Locally, UNICEF and PAHO have strengthened the response capacity of the EPMAPS and the Community Water Boards. Through CERF funding, UNICEF assisted 38,700 people with access to safe drinking water. More than 13,200 people were assisted with access to sanitation through the installation, construction and rehabilitation of latrines. Approximately 37,400 people have been assisted with hygiene articles and activities to promote good hygiene practices. No outbreak of diseases associated with water and lack of hygiene has been officially reported, which is the main indicator of a correct WASH response. UNICEF has led the WASH Sector, maintaining the WASH coordination structure at national and local levels in affected areas.

WFP collaborated with the Coordinating Ministry for Social Development and the Ministry of Economic and Social Inclusion to complement its own government programmes with a monthly cash transfer to cover the food and nutrition needs of families in the provinces of Esmeraldas and Manabí. Each family received a monthly cash transfer of USD 100 for a period of three months, which allowed them to locally purchase 40 percent of their food requirements. The sustained demand for food commodities in earthquake affected areas has also helped reactivate local markets. Through CERF funding, WFP assisted 57,201 persons with cash transfers. WFP in the interim report reprogrammed the value of the cash transfer to the households from 60\$ to 100\$ based on the government and WFP assessments. As a result, the planned number of beneficiaries decreased from 102,640 initially planned to 61,584. The final number of beneficiaries was also slightly lower than the initial planned as assistance was based on an average of 4 members per family where the final result showed an average of 3.4 members.

Through the Shelter Sector, The provision and distribution of shelter and non-food items, tents and basic tools and materials reached a total of 7,305 households and were done directly through IOM and three implementing partners, CARE, Save the Children and Habitat for Humanity/PROGAD. IOM distributed a total of 9,621 tarpaulins and 955 tool kits in the province of Manabí which reached a total of 4,701 families. Its partners CARE, Save the Children and PROGAD reached 2604 families with shelter support. Displacement Tracking Matrix (DTM) assessments were conducted in a total of 15 municipalities. Four DTM reports were completed during this period and 26 products were completed out of 25 planned products, including reports, maps, questionnaires, site profiles and database. An initial error occurred which was notified to OCHA concerning the targeted number of households for the distribution of NFIs resulting in the discrepancy between the target of 90,000 beneficiaries and the 60,374 that were reached. Moreover, following a Government request, immediately after the earthquake, UNHCR chartered two airlifts and distributed 200 metric tons of core relief items to provide rapid assistance to the most affected communities. The material included tents, kitchen sets, sleeping mats, mosquito nets, solar lamps and plastic sheets. According with the Government official information, 34,535 persons benefited from UNHCR's assistance both within government run camps and spontaneous displacement sites in the Muisne, Pedernales, Portoviejo and Jama cantons. UNICEF chartered a total of 106 metric tons of materials including school tents, WASH materials, NFIs, vitamin A and zinc and also provided over 775 school-in-a-box kits from existing emergency contingency stocks.

Lastly, the Protection Sector reached a total of 31,498 affected persons and was able to transfer capacities to the Governments authorities both at local and national level through its constant advocacy and training activities, as well as to ensure that protection concerns are consider and addressed. Additionally, the Sector was able to strengthen local protection systems such as the local protection councils, in which its members constantly participated and provided recommendations.

Since the first day of the emergency, UNHCR led the Protection Sector response at national and local level in Manta/Portoviejo, Pedernales and Esmeraldas, and worked closely with local authorities, monitoring and advocating for a concrete action plan to prevent risks related to child protection, sexual and GBV and other protection concerns. Various authorities requested, UNHCR, UNICEF and UN Women to provide protection training for officials, police and military working within government run camps and for those deployed to the affected areas. To improve the fulfilment of rights of the affected populations, UNHCR signed a Memorandum of Understanding (MoU) with the Ombudsman's Office aimed at providing legal advice and information on access to recovery programmes, especially in remote areas, and also to identify protection gaps in the government response. Through its implementing partners, UNHCR also conducted community empowerment activities in rural areas and provided psychosocial support to the affected population. Finally, in order to support the people affected to access their rights, UNHCR signed an agreement with the Civil Registry to issue 10,000 ID cards for those who had lost their documents as a result of the earthquake, which helped the population to access the government database, RUD, and receive assistance through cash transfers for food and housing, as well as to benefit from tax exemptions and get access to credit.

In the case of UNICEF discrepancy between planned beneficiary population and reached population is linked to reprogramming due to unexpected circumstances concerning the affected population. Some weeks after the earthquake, it was observed that family separation was not a great concern as the majority of separated children due to the earthquake were reunited and orphans were mostly placed with extended families. Thus, the emergency response regarding unaccompanied and separated children (UASC) was modified to respond to the needs of the affected families including prevention of family separation. UNICEF and its partners reached 2861 families in targeted areas through family support. Furthermore, UNICEF trained and distributed material (150 kits) to implement the methodology "Return to Happiness". UNICEF and partners provided psychosocial support to 6,847 children (4,031 girls and 2,816 boys) located in 99 CFS/protection spaces in 12 municipalities and 20 communities. Additionally, UNICEF trained 70 professionals from government and non-government organizations as psychosocial coordinators and 228 young psychosocial volunteers in Esmeraldas and 567 in Manabí provinces. UNICEF and partners provided psychological first aid to 5,915 individuals (960 girls, 2,824 women, 900 boys, and 1,231 men including first line responders).

CERF's ADDED VALUE

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

YES PARTIALLY NO

Most agencies used their own funds to cover the initial response until CERF funds were received three weeks after the Earthquake, WHO-PAHO received their funding much later and had to rely on their own emergency funds.

b) Did CERF funds help respond to time critical needs?²

YES PARTIALLY NO

For some interventions, agencies' own funds were used initially. The distribution of NFIs, access to safe water, psychosocial support were rapidly available. Protection teams were immediately deployed to the field to produce initial assessments to save lives. Moreover, considering that many health services collapsed due to the earthquake, CERF funds enabled MoH to provide SRH care; including childbirth care, obstetric emergencies, family planning, prevention of STI - including HIV, and prevention and care of sexual violence through the acquisition of SRH kits. CERF funds allowed to provide refrigerators to avoid the further loss of vaccines and also to have a quick presence in the field. It also helped activate prevention and awareness activities that have influenced in the decrease of malnutrition cases in displacement sites as well as access to temporary shelter solutions.

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

YES PARTIALLY NO

PAHO-WHO, UNICEF, WFP, IOM were able to mobilize resources from other sources. For example, the IOM with CERF funds was able to produce displacement information products based on the DTM, which later helped mobilize more funds to continue with this activity after CERF funds were spent.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF promoted interagency work within Sectors and with the humanitarian community. Sector and intersectoral meetings were held at national and local levels. Ten implementing partners were selected by the agencies to assist the most affected population which helped coordinate with the larger humanitarian community. Capacity building and advocacy activities to State institutions strengthened coordination. Moreover, a great number of WASH, Health and Protection activities took place in the same sites. This helped ensure complementarity through the intervention. Interagency coordination was a challenge during the first days after the intervention for the Shelter Sector due to an initial lack of communication for the delivery of NFIs, as there was an initial Government request for the provision of tents and other emergency items, which had to be assisted immediately. This situation was surpassed.

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

CERF funding allowed Sectors to reach the most vulnerable populations after the earthquake (those who had lost their houses, did not have access to safe water, and were in need of food aid). It allowed the Sectors to build capacity in national and local institutions to respond to an emergency in camps and in spontaneous displacement sites. Moreover, it allowed the community to be involved in its own recovery.

² 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).

V. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u> | | |
|---|--|---------------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| The disbursement of funds took longer than expected for some agencies considering that teams were already deployed and in the field delivering aid while at the same time producing the proposal. | CERF Secretariat needs to review the project approval process to be more expedite and in this way the disbursement can be more timely to save lives. | CERF Secretariat |

| TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u> | | |
|--|---|---------------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| Prioritized Sectors for CERF funding should be motivated by the UN Representatives after a comprehensive analysis of urgent needs under time critical and life saving criteria | Ensure that the RC and Agency Representatives are fully briefed with a comprehensive analysis of urgent needs during the development of CERF project proposals. | Sector Leads /OCHA |
| Debris removal and other Early Recovery emergency response activities should be further considered to be included in CERF fund proposals. | Strengthen case by case analysis concerning the inclusion of Early Recovery activities for CERF funding. | UNCT / OCHA |
| It is necessary to strengthen the protection capacity within the UNCT during an emergency and lead a common approach between all agencies. | This can be achieved through the definition of a lead agency for the Protection Sector and jointly with other Agencies construct a common strategy to build capacity at national and local level. | RC / Protection Agencies |
| The internal organization of the HCT sometimes limited the prompt and operative decision making process that was required in the emergency. | An internal reorganization of the HCT is required to facilitate a speedy and efective decision making process when necessary. | RC / HCT / OCHA |
| The government's technical working committees should review structures to further improve coordination | The HCT in coordination with response Government institutions should review the structuring of technical working committees to better address the needs of emergency response coordination. | HCT / SGR |
| Contingency plans for both earthquakes and volcanic eruption are needed. | The design of contingency plans for all risks to which Ecuador is exposed is necessary. | UNCT |

VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | | | | |
|--|--|----------------|--|---|---------------|---------------|
| CERF project information | | | | | | |
| 1. Agency: | WFP | | 5. CERF grant period: | 04-21-2016 - 10-20-2016 | | |
| 2. CERF project code: | 16-RR-WFP-032 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Sector/Sector: | Food Aid | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Emergency Food Assistance to Populations Affected by the Earthquake in Ecuador | | | | | |
| 7. Funding | a. Total project budget: | US\$16,000,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$12,321,406 | <ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: | | | |
| | c. Amount received from CERF: | US\$ 2,000,000 | <ul style="list-style-type: none"> ▪ Government Partners: US\$ 1,682,400 | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| <i>Children (below 18)</i> | 12,563 | 12,071 | 24,634 | 10,485 | 10,815 | 21,300 |
| <i>Adults (above 18)</i> | 18,845 | 18,106 | 36,950 | 19,900 | 16,001 | 35,901 |
| Total | 31,408 | 30,176 | 61,584 | 30,385 | 26,816 | 57,201 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| <i>Refugees</i> | | | | | | |
| <i>IDPs</i> | 61,584 | | | 57,201 | | |
| <i>Host population</i> | | | | | | |
| <i>Other affected people</i> | | | | | | |
| Total (same as in 8a) | 61,584 | | | 57,201 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | <p>In July, WFP requested a reprogramming of the value of the cash transfer to the households from 60\$ to 100\$ based on the government and WFP assessments. The number of beneficiaries was reduced to 61,584 instead of the 102,640 initially expected. The final reached number of beneficiaries is slightly lower than the planned number because in the planning phase an average of four family members was considered when the reality averaged 3.4 members.</p> | | | | | |

| CERF Result Framework | | | |
|------------------------------|---|-----------------------------------|--------------------------------|
| 9. Project objective | Save lives and protect livelihoods in emergency | | |
| 10. Outcome statement | Stabilized or improved food consumption over assistance period household/individuals (102,640 individuals) | | |
| 11. Outputs | | | |
| Output 1 | Earthquake affected population are receiving food assistance in form of vouchers and cash-based transfers (102,640 individuals) | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Proportion of beneficiary household expenditures devoted to food (%) | <65% | 31% |
| Indicator 1.2 | Food consumption score (poor and borderline) | Reduced by 80% | 97.6% |
| Indicator 1.3 | Coping Strategy index (asset depletion, food) | 80% of hh reduced or stabilized | 82.5% |
| Indicator 1.4 | Diet Diversity Score | 50% of hh with less than 5 groups | 1.6% |
| Indicator 1.5 | Number of women, men, boys and girls receiving food assistance (16,824 family vouchers of 100\$) as a % planned | 61,584 | 57,201 |
| Indicator 1.6 | Total value of vouchers/CBT distributed | 1,539,600 | 1,682,400 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Beneficiary targeting and registration | WFP and government counterpart | Government |
| Activity 1.2 | Procurement | WFP and cooperating partners | WFP |
| Activity 1.3 | Transportation, distribution of vouchers/CBT | WFP and cooperating partners | Government |

| | | | |
|--------------|---|------------------------------|--------------------|
| Activity 1.4 | Monitoring and post-distribution monitoring of activities | WFP and cooperating partners | WFP and Government |
|--------------|---|------------------------------|--------------------|

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 impact of WFP's food assistance in response to the earthquake has been assessed through a survey of a significant sample of 736 households. This survey looked at household level food consumption, food diversity, and coping mechanisms used.

The survey reported 98.6 percent of the households having an acceptable food consumption, the baseline (EFSA) done in April 2016 indicated 23 percent of acceptable food consumption among earthquake-affected households. Virtually all assisted households became food secure by the end of the intervention, with no substantial difference in this outcome between households headed by men or women.

Market functionality improved after the earthquake, which allowed families to purchase fruits, vegetables, dairy products, pulses and eggs, fish and meat products. All beneficiary households (98.8 percent) reported eating more diverse foods, including in their diet all seven food groups assessed (6.9 food groups on average).

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

Assisted people had also a free hotline to ask questions or send complaints related to the cash transfers. Service centres were also available where beneficiaries could go for clarifications or ask any questions on the cash transfers. At the same time, the contact of WFP mobile numbers were distributed together with information brochures to further assist in providing information to the beneficiaries.

MIES accompanied the families through phone calls and with visits to monitor the situation of families concerning food consumption and take any corrective measures as necessary. Cash transfers promoted dignity among the families as they could purchase the kind of food they wanted and according to their customs.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Between the last week of November and the first week of December 2016, the WFP carried out the last monitoring of food voucher delivery. A total of 750 households were surveyed in Manabí province with an error margin of 5%, which showed that the food consumption, diet diversity and survival strategies and priorities of families improved. The evaluation report will be ready during the first semester of 2017.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|--|-----------------|---|---|---------------|---------------|
| 1. Agency: | IOM UNHCR | | 5. CERF grant period: | 18/04/2016 - 17/10/2016 | | |
| 2. CERF project code: | 16-RR-IOM-026 16-RR-HCR-020 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Sector/Sector: | Shelter | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Sheltering and tracking the most vulnerable and displaced communities affected by the Earthquake in Ecuador | | | | | |
| 7. Funding | a. Total project budget: | US\$ 20,000,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 3,750,000 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | US\$ 975,000 | |
| | c. Amount received from CERF: | US\$ 2,000,000 | ▪ <i>Government Partners:</i> | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | | | <i>Reached</i> | | |
| | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (below 18)</i> | 19,350 | 19,350 | 38,700 | 12,751 | 14,127 | 26,879 |
| <i>Adults (above 18)</i> | 25,650 | 25,650 | 51,300 | 16,229 | 17,267 | 33,496 |
| Total | 45,000 | 45,000 | 90,000 | 28,980 | 31,394 | 60,374 |
| 8b. Beneficiary Profile | | | | | | |
| <i>Category</i> | <i>Number of people (Planned)</i> | | | <i>Number of people (Reached)</i> | | |
| <i>Refugees</i> | | | | | | |
| <i>IDPs</i> | 27,000 | | | 34,535 | | |
| <i>Host population</i> | 63,000 | | | 25,839 | | |
| <i>Other affected people</i> | | | | | | |
| Total (same as in 8a) | 90,000 | | | 60,374 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | It is important to note that there was an error in the original proposal for the target number of beneficiaries specifically addressed by IOM's implementing partners in indicators under output 1. This error was verbally communicated to OCHA, the decision was to include the error only in the final report therefore no proposal modification was made during the implementation of the project. | | | | | |

| | |
|--|---|
| | For the implementing partner Habitat for Humanity/PROGAD, the target number of beneficiaries was 500 instead of 5,000 and for the implementing partner Save the Children the beneficiary target was 800 instead of 1,000. This was confirmed through the proposals implementing partners submitted to the shelter sector and were reviewed by OCHA at the time of the CERF proposal. Therefore the total number of HHs for indicator should be 7,300 HH and not 12,000, these numbers were met. |
|--|---|

| CERF Result Framework | | | |
|------------------------------|---|---------------------------------|--------------------------------|
| 9. Project objective | Assist efforts of the Government of Ecuador in contributing to the improvement of living conditions for populations affected by the earthquake through providing immediate shelter and life-saving essential NFIs to displaced vulnerable people including those in collective centres and spontaneous sites. | | |
| 10. Outcome statement | Critical life-saving sheltering assistance provided to 63,000 displaced people. | | |
| 11. Outputs | | | |
| Output 1 | Shelter assistance and NFIs provided | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of households receiving non-food items | 12,000 hh | 7,305 |
| Indicator 1.2 | Number and percentage of households having received shelter assistance | 12,000 hh | 7,305 |
| Indicator 1.3 | Number of households receiving core relief items | 30,146 people | 34,535 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procurement and distribution of emergency shelter kits to 1000 households in San Vicente | CARE | Care |
| Activity 1.2 | Procurement and Distribution of tarpaulins and emergency NFIs to 1000 households, of which 3000 persons are children, in Muisne | SAVE THE CHILDREN | Save the Children |
| Activity 1.3 | Procurement and Distribution of emergency kits and tents to 5000 households in Portoviejo | HABITAT FOR HUMANITY/PROGAD | Habitat for Humanity/PROGAD |
| Activity 1.4 | Shelter and NFI procurement and provision to 5000 displaced households including existing collective centres and spontaneous sites. | IOM | IOM |
| Activity 1.5 | Procurement and distribution of 30,146 core relief items for emergency shelter in prioritized sites. | UNHCR | UNHCR |
| Output 2 | CCCM Humanitarian needs, gaps and responses as well as displacement trend and dynamics are regularly shared with relevant sectors allowing for an adequate and timely response through the DTM mechanism for an initially estimated 50,000 displaced persons | | |
| Output 2 Indicators | Description | Target | Reached |

| | | | |
|----------------------------|---|---|--|
| | | | |
| Indicator 2.1 | # of DTM information products shared with humanitarian community | 25 DTM information products (including maps and dashboards) | 26 DTM information products shared (maps, reports, questionnaires, site profiles and database) |
| Indicator 2.2 | % of CCCM and Shelter/NFI partners who confirm utility of DTM information for operational adjustments | 90% of partners | 100% of partners |
| Indicator 2.3 | 4 crisis affected regions covered by DTM | 100% coverage of the 4 regions | 100% coverage of the 4 regions |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Regular sharing of DTM reports and products following analysis and collection of DTM reports from all partners, including referrals of individual's cases (IOM in coordination with MIES). | IOM | IOM in coordination with MICS |
| Activity 2.2 | Daily visits and facilitation of spontaneous displacement sites and IDPs based on the inter-sector questionnaire | (IOM with coordination with MIES) | IOM |
| Activity 2.3 | Capacity building of partners (MIES and INEC) in site facilitation and DTM | (IOM with coordination with MIES) | IOM |
| Output 3 | Priority sites are identified for urgent life saving interventions combining site set up and improvements with wash and shelter interventions appealed under parallel Cerf and other interventions for a minimum of 5,000 displaced households. | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | No. of sites prioritized based on existing risks, density, and access. | 6 sites minimum | 9 sites prioritized |
| Indicator 3.2 | Number of individuals residing in temporary sites whose living conditions and access to humanitarian assistance are improved | 5,000 households | 5,244 households |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Identify priority sites based on DTM results and on-going field assessments and coordination with wash and shelter sectors | IOM, partners | IOM, MICS |
| Activity 3.2 | On a case by case basis determine priority interventions per site including drainage, lighting, earthworks, site set up other than shelter and wash interventions. | IOM, UNICEF, IFRC, MIES, MDCS | IOM, UNICEF, IFRC, MIES, MICS |
| Activity 3.3 | Carry out prioritised interventions in a coordinated manner with key stakeholders | IOM | IOM |
| Activity 3.4 | Maintain affected persons informed of on-going interventions, plans and identify their main priorities as to inform project implementation. | IOM, partners | IOM, partners |

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:

IOM CERF funds complemented efforts made by the Ecuadorian government to improve the living conditions of population affected by the earthquake of April 16, 2016 by providing: immediate housing and essential NFIs to save lives of vulnerable and displaced population. The implementation of the Displacement Tracking Matrix (DTM) helped identify humanitarian gaps, needs and prioritize displacement sites for urgent interventions. This report provides information obtained from the distribution of tarpaulins and toolkits that were included as a result of the identified priorities coordinated with the Ecuadorian government.

IOM distributed a total of 9,621 tarpaulins and 955 tool kits in the province of Manabí which reached a total of 4,701 families. This was done in coordination with Ministry Coordinator of Security (MICS) and distributed 2 tarpaulins per family up to 5 members and 1 tool kit for every 5 families. CARE reached a total of 1,137 families from the municipalities of Jama and San Vicente through the intervention carried out in three phases with extensive family and community participation: a) Recovery of useful materials (wood, bamboo, doors, zinc sheets, windows, bricks and others) to rehabilitate their housing, (b) Debris removal, with technical support and provision of electric tools, and c) installation of emergency shelters using Tarpaulins and recycled material. Save the Children reached a total of 885 families, 385 families benefited from home and cooking kits while an additional 500 families benefited from vouchers for the construction of a "Reinforced Emergency Shelters" (T-shelters). The vouchers reached the affected population of Charapoto (Municipality of Sucre, Manabí) and Muisne (Esmeraldas). PROGAD reached 582 families in the municipality of Portoviejo through the provision of non-food items such as tool kits and emergency assistance through cash grants. All of the partners reached their targets. There was an error in the original proposal for the target number of beneficiaries specifically addressed by the implementing partners in indicators under output 1. This error was verbally communicated to OCHA, the decision was to include the error only in the final report therefore no proposal modification was made during the implementation of the project. For the implementing partner Habitat for Humanity/PROGAD, the target number of beneficiaries was 500 instead of 5,000 and for the implementing partner Save the Children the beneficiary target was 800 instead of 1,000. This was confirmed through the proposals implementing partners submitted to the shelter sector and were reviewed by OCHA at the time of the CERF proposal. Therefore the total number of HHs for indicator should be 7,300 HH and not 12,000, these numbers were met.

For the CCCM component, DTM assessments were conducted in a timely manner and were able to exceed the targeted number of regions, covering an additional 11 municipalities adding to a total of 15. Four DTM reports were completed during this period, The first and second reports combined information collected from government run camps and spontaneous displacement sites. The third and fourth reports separate in two documents the information from government run camps and from spontaneous displacement sites. A total of 26 products were completed out of 25 planned products, including the reports, maps, questionnaires, site profiles and database. The reports have been shared to the government, donors, international and national NGOs and the United Nations and utilized by all CCCM partners as well as by the broader humanitarian community supporting the earthquake response. Through the DTM assessments Output 3, indicator 3.1, 9 priority sites were identified out of 6 priority sites planned along with the government to set up and improve living conditions. Because the sites were smaller than expected, a greater number of sites were prioritized. Each of the improvements were established in coordination with the government and included: water drainage, installation of kitchens, reparation of toilets and baths, common spaces for eating, and floor repairs. While nine priority sites were identified, the third round of DTM reported a total of 5,244 households whom through continued advocacy, humanitarian assistance has improved and gaps and needs have been met.

Following a Government request, immediately after the earthquake, UNHCR provided 60 tents and chartered two airlifts with more than 200 metric tons of core relief items to provide rapid assistance to the most affected communities. The material included 900 tents, 6,000 kitchen sets, 35,000 sleeping mats, 20,000 mosquito nets, 6,100 solar lamps and 5,000 plastic sheets. According to the Government official information, 34,535 people benefited from UNHCR's assistance both within government run camps and spontaneous displacement sites in the Muisne, Pedernales, Portoviejo and Jama cantons. It is important to highlight however, that many of the relief items, which were first set in those cantons, were then relocated to other government run camps in other parts of the affected provinces, as many people moved to other zones in order to receive assistance, and/or to individual families whose homes had been damaged by the earthquake and were not safe.

| | |
|---|---|
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | |
| <p>Accountability to affected populations was ensured during project design through the implementation of UNHCR's rapid needs assessments and IOM's Displacement Tracking Matrix (DTM) to ascertain the priority shelter and NFI needs of the affected population. Coordination was also maintained with district authorities regarding the assistance provided. During implementation and monitoring, IOM mobile monitoring teams conducted spot checks on implementing partners' distributions, and reported any concerns or issues to the field office and national level program team. Once distributions were completed, post distribution monitoring was done in order to gather information directly from the beneficiaries on the process.</p> <p>Additionally, IOM strengthened accountability to affected populations (both in camps and host communities), by promoting different participatory methodologies and communication paths for community participation and two-way community communication. This included activities such as opening dialogues between affected communities and the government in two camps, participatory video processes (camp management –community dialogue and community training) in three camps, key messages for advocacy efforts on the importance of communicating with communities and supporting overall communication with communities in four camps. All of the activities supported the empowerment of the affected communities to further advocate for accountability for the current emergency response and potential future emergencies that may occur.</p> <p>During the first two weeks and after three months of NFIs distribution, UNHCR's Project Control and Protection Officers conducted various monitoring visits to government run camps in order to register and analyse where the NFIs were distributed, how many people benefited these and how the items were being used. During, these missions, UNHCR conducted direct interviews with people who benefitted from the distributions to understand their concerns, not only in terms of basic needs, but also concerning protection matters. UNHCR also provided information on how to use the kitchen sets, solar lamps and other items. All these actions ensured the accountability towards the population.</p> | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| Each activity had its own monitoring process conducted throughout the duration of the project and therefore no final evaluation was conducted. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|---|----------------|---|---|---------------|---------------|
| 1. Agency: | UNICEF | | 5. CERF grant period: | 04-17-2016 - 10-16-2016 | | |
| 2. CERF project code: | 16-RR-CEF-059 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Sector/Sector: | Water, Sanitation and Hygiene | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Improving the provision of safe water, sanitation and hygiene services for earthquake victims in Ecuador | | | | | |
| 7. Funding | a. Total project budget: | US\$ 4,200,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 3,978,000 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | US\$ 840.000 | |
| | c. Amount received from CERF: | US\$ 1,750,964 | ▪ <i>Government Partners:</i> | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | | | <i>Reached</i> | | |
| | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (below 18)</i> | 5,550 | 5,550 | 11,100 | 5,745 | 5,865 | 11,610 |
| <i>Adults (above 18)</i> | 9,480 | 9,420 | 18,900 | 13,405 | 13,685 | 27,090 |
| Total | 15,030 | 14,970 | 30,000 | 19,150 | 19,550 | 38,700 |
| 8b. Beneficiary Profile | | | | | | |
| <i>Category</i> | <i>Number of people (Planned)</i> | | | <i>Number of people (Reached)</i> | | |
| <i>Refugees</i> | | | | | | |
| <i>IDPs</i> | 10,000 | | | 14,430 | | |
| <i>Host population</i> | | | | | | |
| <i>Other affected people</i> | 20,000 | | | 24,270 | | |
| Total (same as in 8a) | 30,000 | | | 38,700 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | The project has reached 38.700 direct beneficiaries. However, due to the nature of technical interventions of support to local Water Authorities, the activities have supported 33.000 indirect beneficiaries in access to water, totalling 71.700. | | | | | |

| CERF Result Framework | | | |
|------------------------------|---|--|--------------------------------|
| 9. Project objective | Improving the provision of safe water, sanitation and hygiene services for 30,000 individuals in four municipalities * in a three-month timeframe. | | |
| 10. Outcome statement | Displaced and earthquake-affected population has access to safe water, sanitation and hygiene services that ensure the privacy, dignity and security of women, children and people with disabilities. | | |
| 11. Outputs | | | |
| Output 1 | Improved provision of safe water to shelters, schools and communities in municipalities of Muisne, Jama, Pedernales and Portoviejo. | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of people with access to 15l/day/person of safe water in shelters, schools and affected communities. | 30,000 (15,000 women; 15,000 men) | 38.700 |
| Indicator 1.2 | Number of people in rural areas possessing appropriate water-treatment supplies (water filters and supplies for water purification) at family level | 3,000 (1,500 women, 1,500 men) | 6.000 |
| Indicator 1.3 | Number of female or child headed households that receive small water (10-litros l) containers for water collection. | 5,000 women, children and elderly household heads and their families | 6.000 |
| Indicator 1.4 | Number of water systems has been monitoring and analysis of water quality in communities, shelters, and schools. | 100% | 53 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Provision and implementation of equipment and supplies in shelters, learning spaces for children and adolescents | Implementing partners | ACH, CARE, CRS, Oxfam, UNICEF |
| Activity 1.2 | Lease of tank trucks | Implementing partners | UNICEF |
| Activity 1.3 | Accompaniment and operation of chlorination or treatment of water delivered by tank trucks. | Implementing partners | ACH, |
| Activity 1.4 | Water treatment at the point of consumption: tablets for water purification, water filters, and training for women and men in the use of tablets for water purification and water filters | Implementing partners | CARE |
| Activity 1.5 | Control and monitoring of water quality: provision and implementation of equipment for monitoring water quality. | Implementing partners | ACH, Oxfam, CARE, CRS |
| Activity 1.6 | Provision of small water containers (max. 10 l) to facilitate water collection by women, children and elderly people. | Implementing partners | CARE |
| Activity 1.7 | Ensure community engagement, and gender and age sensitive implementation of equipment and supplies for safe water and sanitation: adequate use, equal access, prevention of gender-based violence. | Implementing partners | ACH, CARE, CRS, Oxfam |
| Output 2 | Ensure adequate sanitation, latrines and solid waste management and vector control. | | |

| Output 2 Indicators | Description | Target | Reached |
|----------------------------|--|---|--------------------------------|
| Indicator 2.1 | Number of women, boys and girls with access to a functioning toilet and appropriate (for gender and people with disabilities). | 12.000 (6,000 women, 6,000 men, 5,040 children 2.520 girls, 2.520 boys) | 13.210 |
| Indicator 2.2 | Number of schools/temporary education and protection spaces with access to sanitation facilities | 58 schools | 60 |
| Indicator 2.3 | Number of people living in shelters with access to sanitation facilities | 5.120 (2.564 women, 2,556 men, 2151 children) | 6.432 |
| Indicator 2.4 | Number of schools/temporary education and protection spaces with solid waste management system | 58 schools | 60 |
| Indicator 2.5 | Number of schools/temporary education and protection spaces covered by vector control campaigns. | 58 schools | 60 |
| Indicator 2.6 | Number of people in shelters covered by vector control campaigns | 5.120 (2.564 women, 2,556 men, 2151 children) | 2,432 |
| Indicator 2.7 | Number of women, boys and girls with access to a functioning (for gender and people with disabilities) shower. | 5.120 (2.564 women, 2,556 men, 2151 children) | 2,750 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Installation and/or rehabilitation of temporary and semi/permanent toilets in shelters, schools or temporary education and protection spaces for children and (considering gender, protection and disability issues) complemented with handwashing facilities. | Implementing partners | ACH, CARE, UNICEF |
| Activity 2.2 | Solid Waste management activities in shelters/schools and temporary education and protection spaces. | Implementing partners | ACH, CARE, CRS, UNICEF |
| Activity 2.3 | Installation and/or support to government for the construction of showers | Implementing partners | CRS, ACH Y UNICEF |
| Activity 2.4 | Installation and/or support to government for the construction of washing sinks according to the local context (considering gender, protection and disability issues) | Implementing partners | CRS, ACH, CARE Y UNICEF |
| Activity 2.5 | Vector control campaigns/ disinfestation | Implementing partners | ACH, Oxfam, CARE, CRS, UNICEF |
| Output 3 | Hygiene promotion and safe water management. | | |
| Output 3 Indicators | Description | Target | Reached |

| | | | |
|----------------------------|---|--|--------------------------------|
| Indicator 3.1 | Number of people sensitized in order to adopt measures to reduce vector-borne disease risk | 30,000 (15,000 women, 15,000 men, 12,600 children 6,300 girls, 6,300 boys) | 37.410 |
| Indicator 3.2 | Number of women, men, girls and boys with access to appropriate hygiene kits. | 30,000 (15,000 women, 15,000 men, 12,600 children 6,300 girls, 6,300 boys) | 17.310 |
| Indicator 3.3 | Number of women, men, girls and boys with access to hand washing facilities. | 50 stands in schools; number of shelters TBC | 9.170 |
| Indicator 3.4 | Number of schools/temporary education and protection spaces with hand washing stands with water and soap or substitute. | 58 | 60 |
| Indicator 3.5 | Number of people with access to hand washing facilities in shelters | 5.120 (2.564 women, 2,556 men, 2151 children) | 2.432 |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Hygiene campaigns for women and men: personal hygiene, transmission of water-borne diseases. | Implementing partners | ACH, CARE, CRS. Oxfam, UNICEF |
| Activity 3.2 | Adaptation and reproduction of hygiene promotion materials to the emergency. | Implementing partners | ACH, CARE, CRS. Oxfam, UNICEF |
| Activity 3.3 | Implementation of the Communication for Development strategy in the area with an emphasis on waterborne diseases and vector control (dengue, chikungunya, zika, etc). | Implementing partners | ACH, CARE, CRS. Oxfam, UNICEF |
| Activity 3.4 | Preparation and distribution of family hygiene and school hygiene kits. | Implementing partners | ACH, CRS |
| Activity 3.6 | Elaboration of protocols and reproduction of communicational material on the safe use of water and sanitation services for women and children: Equal access, prevention of gender-based violence. | Implementing partners | ACH, CARE, Oxfam, UNICEF |

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:

Project Outcome: Displaced and earthquake-affected population has access to safe water, sanitation and hygiene services that ensure privacy, dignity and security of women, children and people with disabilities.

Output 1: Improved provision of safe water to shelters, schools and communities in Muisne, Jams, and Pedernales y Portoviejo.

Output 2: Ensure adequate sanitation, latrines, solid waste management and vector control.

Output 3: Hygiene promotion and safe water management.

The implementation of the CERF activities have been key asset to respond to the emergency on the onset of this emergency.

The outputs and outcomes of the project have been accomplished. Overall, the number of beneficiaries has been maintained to 30.000 beneficiaries. In the same way, the areas of intervention have been maintained to the most earthquake affected areas of Esmeraldas y Manabí (Jama, Pedernales, and Portoviejo y Muisne) as identified and prioritized from the beginning of the emergency.

The interventions planned have varied significantly due to the changes on needs to support the efforts of the sector and our national counterpart SENAGUA. The Government has responded to needs WASH for the affected population which was in government run camps called "Albergues". The interventions WASH have also evolved from essential assistance to beneficiaries to more support to the EMAPA (Local Water Authority) and SENAGUA (National Water Authority) to identify synergies. The role of UNICEF and WASH partners in government run camps included also activities of advocacy in accomplishment of WASH standards in general as well as transversal issues such as gender and protection.

Although significant efforts were made by the Government in the identification of solutions to meet the needs of the affected population, the emergency surpassed the capacity of local authorities in some locations presenting challenges in the identification of technically appropriate emergency solutions. This pressure on local capacities together with the lack of timely and reliable information, is another factor that affected the identification of interventions, including the approval of specific interventions in spontaneous displacement sites as well as at community level, which delayed the identification of activities by implementing partners to complement the Government efforts in the emergency response. Based on this situation, it was considered necessary by UNICEF and its WASH partner organizations to take initiative to implement actions that were not initially included in the project in order to cover the unmet demand of assistance. For this reason it was decided to extend support activities and technical assistance, to finance supplies and other unplanned activities, and to carry out direct interventions by UNICEF WASH teams.

For all the above reasons, an exercise of reprogramming was done to include the changes in the definition of some indicators as well as in the targeted population of individual activities once the analysis of context provided us with enough data to redefine the intervention. There have been also non foreseen technicalities that have resulted in the modification of activities and beneficiaries' numbers.

However, all changes have not undermined the outcome and output of the intervention: Displaced and earthquake-affected population have had access to safe water, sanitation and hygiene services that ensure privacy, dignity and security of women, children and people with disabilities.

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

It is of extreme importance to have mechanisms of AAP to ensure that the project achieves the aim, and that there is an understanding of activities by the community and avoid the creation of community expectations beyond the assistance provided.

Several methodologies have been used by partners to ensure that community participation was included in all the interventions, this includes specific feedback mechanisms such as:

- Partners have shared their intervention plans with the affected population in order to get feedback on requirements, interests and specially needs of the population. This type of consultations influenced the final design of the interventions and identifications of solutions.
- Some of the interventions have strengthened public-community linkages through formal agreements between the municipal authorities and the communities.
- Accountability exercises with community participation have been hold at community meetings and assemblies.
- Exclusive telephone lines have been established to file complaints, recommendations and acknowledgments.
- Teams of community reporters using radio-speaking equipment have been trained in the dissemination of messages in the communities and to obtain feedback of the population such as testimonies, opinions and perceptions of the populations with which we work.

- Delivery certificates have been prepared and signed describing the activities carried out in the community / school. This ceremony is during the community assembly when reports of completion of the interventions, the results and achievements are reported. Commitments and responsibilities to ensure sustainability of interventions are also agreed.

It has to be taken into account that the role of the government in the response has been also a key factor. For this reason, exercise of participation and involvement has also been aimed at the national water authority (SENAGUA), the local water authorities at municipal level (EMAPAs) and the water boards in the rural areas (JAAPs).

AAP in WASH is also intrinsic to the soft component of WASH (Hygiene Promotion) and its association to the hard component of WASH (Water and Sanitation). The participation of the communities is basic for the component of Hygiene Promotion, where consultation is a key issue to design the WASH infrastructure and ensure its appropriate use. Hygiene Promotion activities have had great involvement of the affected population as well as institutions such as the Ministry of Public Health, the Ministry of the Environment and community leaders. This involvement has been an asset for the development of the activities of hygiene promotion, with the objective of achieving the desired impact in the affected population.

For some of the interventions, especially those involving the setup of infrastructure, activities of follow up of the interventions, including monitoring of intervention and exit strategies have continued even after the implementation of the project.

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| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| A systematization of all the emergency response carried out by UNICEF and implementing partners will be conducted during the second semester of 2017. | EVALUATION PENDING <input checked="" type="checkbox"/> |
| | NO EVALUATION PLANNED <input type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | | | | |
|---|---|----------------|---|---|---------------|---------------|
| CERF project information | | | | | | |
| 1. Agency: | WHO | | 5. CERF grant period: | 04-16-2016 - 10-15-2016 | | |
| 2. CERF project code: | 16-RR-WHO-022 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Sector/Sector: | Health | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Ensure emergency medical care and restore urgent access to health services and epidemiological surveillance capacity in the most affected areas | | | | | |
| 7. Funding | a. Total project budget: | US\$ 2,150,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 1,394,333 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | | |
| | c. Amount received from CERF: | US\$ 541,991 | ▪ <i>Government Partners:</i> | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | | | <i>Reached</i> | | |
| | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (below 18)</i> | 17,540 | 17,568 | 35,108 | 17,711 | 17,739 | 35,450 |
| <i>Adults (above 18)</i> | 25,993 | 25,980 | 51,973 | 26,237 | 26,226 | 52,463 |
| Total | 43,533 | 43,548 | 87,081 | 43,948 | 43,965 | 87,913 |
| 8b. Beneficiary Profile | | | | | | |
| <i>Category</i> | <i>Number of people (Planned)</i> | | <i>Number of people (Reached)</i> | | | |
| <i>Refugees</i> | | | | | | |
| <i>IDPs</i> | | | | | | |
| <i>Host population</i> | | | | | | |
| <i>Other affected people</i> | | | 87,081 | 87,913 | | |
| Total (same as in 8a) | | | 87,081 | 87,913 | | |

| | |
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| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | |
|--|--|

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| CERF Result Framework | | | |
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| 9. Project objective | Ensure rapid reestablishment of health services, emergency medical care and epidemiological surveillance capacity in most affected areas |
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| 10. Outcome statement | 87,000 disaster-affected individuals protected against trauma, acute medical problems and outbreaks resulting from collapsed of health care facilities and deterioration of environmental conditions in the affected areas |
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| 11. Outputs | | | |
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| | | | |
|-----------------|--|--|--|
| Output 1 | Ensure timely delivery of emergency care and support continuity of healthcare delivery | | |
|-----------------|--|--|--|

| Output 1 Indicators | Description | Target | Reached |
|---------------------|-------------|--------|---------|
|---------------------|-------------|--------|---------|

| | | | |
|---------------|--|---|---|
| Indicator 1.1 | Number of local hospitals with capacity to treat basic surgical issues | 4 | 0 |
|---------------|--|---|---|

| | | | |
|---------------|--|----|----|
| Indicator 1.2 | Number of medical centres with restored capacities to store vaccines and other essential medicines | 20 | 20 |
|---------------|--|----|----|

| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
|---------------------|-------------|--------------------------|-------------------------|
|---------------------|-------------|--------------------------|-------------------------|

| | | | |
|--------------|---|----------|--------------------------------------|
| Activity 1.1 | Procurement and delivery of instrumental medical equipment and supplies for emergency surgery at local hospital | PAHO/WHO | PAHO/WHO – Ministry of Public Health |
|--------------|---|----------|--------------------------------------|

| | | | |
|--------------|---|----------|--------------------------------------|
| Activity 1.2 | Procurement and delivery of equipment and supplies to ensure continuity of cold chain in primary healthcare centers | PAHO/WHO | PAHO/WHO – Ministry of Public Health |
|--------------|---|----------|--------------------------------------|

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|-----------------|--|--|--|
| Output 2 | Facilitate essential medical consultations, as well as basic health care delivery and mental health support to the surviving population in shelters and affected communities | | |
|-----------------|--|--|--|

| Output 2 Indicators | Description | Target | Reached |
|---------------------|-------------|--------|---------|
|---------------------|-------------|--------|---------|

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|---------------|--|----|----|
| Indicator 2.1 | Number of medical brigades equipped to provide essential medical attention and public health information | 38 | 50 |
|---------------|--|----|----|

| | | | |
|---------------|---|----|----|
| Indicator 2.2 | Number of medical centres with capacities to diagnose and monitor non-communicable diseases at local levels | 38 | 50 |
|---------------|---|----|----|

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|---------------|---|-------|-------|
| Indicator 2.3 | Number of people in shelters and affected communities who received mental health support with gender approach in Muisne, Portoviejo, and Pedernales | 9,000 | 9.000 |
|---------------|---|-------|-------|

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|---------------|--|-----|-----|
| Indicator 2.4 | # of health workers benefited from mental health interventions (caring the caregivers) | 200 | 200 |
|---------------|--|-----|-----|

| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
|---------------------|-------------|--------------------------|-------------------------|
|---------------------|-------------|--------------------------|-------------------------|

| | | | |
|--------------|--|----------|--------------------------------------|
| Activity 2.1 | Procurement and delivery of kits for medical brigade | PAHO/WHO | PAHO/WHO – Ministry of Public Health |
|--------------|--|----------|--------------------------------------|

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|--------------|---|----------|-------------------------------|
| Activity 2.2 | Procurement and distribution of medical kit for non-communicable diseases | PAHO/WHO | PAHO/WHO – Ministry of Public |
|--------------|---|----------|-------------------------------|

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|----------------------------|---|---------------------------------|---|
| | | | Health |
| Activity 2.3 | Deployment of international and national experts in mental health | PAHO/WHO | PAHO/WHO – UN Women Ministry of Public Health |
| Activity 2.4 | Develop of mental health interventions for health workers in Pedernales, Jama, Muisne y Portoviejo | PAHO/WHO | PAHO/WHO – Ministry of Public Health |
| Activity 2.5 | Actualization of knowledge for basic health care, including mental health for the Teams of Comprehensive Health Service | PAHO/WHO | PAHO/WHO – Ministry of Public Health |
| Output 3 | Intensify epidemiological surveillance capacity to reduce risks of diseases outbreaks and other health threats in vulnerable population | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Number of local health care networks with functioning epidemiological surveillance system | 2 | 2 |
| Indicator 3.2 | Number of public health laboratories recovered with capacities to detect vector-borne and water-borne disease (Bahia de Caraquez) | 1 | 1 |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Mobilization of public health experts to support national counterparts in diseases control and epidemiological surveillance | PAHO/WHO | PAHO/WHO – Ministry of Public Health |
| Activity 3.2 | Printing of medical guidelines and dissemination of education material for detection and prevention of diseases at primary healthcare, shelters and community levels | PAHO/WHO | PAHO/WHO – Ministry of Public Health |
| Activity 3.3 | Procurement and delivery of essential supplies for laboratories to support epidemiological surveillance (serological kits for dengue and leptospira, and cholera kit boxes) | PAHO/WHO | PAHO/WHO – Ministry of Public Health |

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 MoH with the support of PAHO implemented the CERF Project. A total of 20 Dometic TCW 2000 fridges were delivered in 20 health centers for the preservation of vaccines in disaster situations. Moreover, 50 kits for diagnosis and monitoring of diseases in health centers of the affected areas were delivered. These kits were composed of digital thermometers, stethoscopes, pediatric and regular oxymeters, surgery case, otoscope and ophthalmoscope, lantern with halogen light, and others. Also, 50 anthropometric kits were delivered containing, a digital scales, height rod, infantometer and a bag. These two types of kits helped delivered essential healthcare. Furthermore, from the planned 38 brigades to be equipped for the emergency with CERF funds, 50 were reached. There are no major discrepancies between planned and actual outcomes. Only in outcome one concerning the delivery of surgery equipment, these were not acquired nor delivered due to a request not to do so of the MoH. The Ministry itself used its own resources to equip these health centers.

With CERF funds, psychosocial support was delivered for displaced persons in government run camps, health workers, affected communities and to persons with disabilities through group methodologies and psycho-drama techniques and combined with art. An expert was called to deliver workshops concerning psychological first aid and psychosocial interventions. Dr. Hugo Cohem a recognized mental health professional led workshops for health workers to identify risk factors and give recommendations for mental health interventions. UN Women, PAHO and the MoH worked together to develop psychosocial activities with a gender perspective especially for health workers. For this initiative two mental health experts from Chile were convened, Svenska Arensburg and Carlos Reyes. To improve the epidemiologic monitoring capacity to reduce the risk of disease outbreaks, experts were mobilized to the affected areas from PAHO and the MoH to restore the monitoring process, information management, situation reports of the diseases found in the affected areas and the activation of local situation rooms, support was also given at a national level. Information material has been delivered concerning prevention activities to avoid the outbreak of waterborne diseases and Zika. Billboards were placed in roads of the affected areas with prevention messages concerning Zika , radio spots and prevention messages in communities were produced to avoid the spread of the virus. Through CERF funding, laboratories were equipped with items for the treatment and management of vector borne diseases.

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

The affected communities, local authorities and local MoH staff were engaged in the initial assessments for the drafting of the CERF Project. The MoH implemented the project with the technical support of PAHO, several activities involved displaced communities in government run camps, for example the production of radio spots concerning prevention of disease transmission, promotion of healthy practices and hygiene. Project monitoring was carried out by local and national health authorities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT X

For the project evaluation a two day workshop was organized where all Sector partners participated as well as authorities of the Ministry of Public Health. Moreover, regional PAHO Officers were present and some Representatives of other UN Agencies.

EVALUATION PENDING

The key findings were:

- CERF funds funded several immediate activities that the MoH could not, moreover it allowed the Ministry to have the technical support needed to strengthen its assistance to the affected population.
- It would be recommended that use of CERF funds be allocated for hospital infrastructure assessment.
- It is necessary to deliver technical support for the reconstruction of safe hospitals and health centers.
- The delivery of horizontal refrigerators will allow to safeguard the cold chain and preserve medicines and vaccine in case another disaster occurs.
- The Pedernales laboratory equipment and the equipment for epidemiological monitoring were crucial to ensure the access to treatment and care for affected persons. The medical brigades offered immediate life saving assistance.
- Mental health care for health workers was crucial for the wellbeing of the health personnel.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|---|--|---------------------------------|---|---|--------------|--------|
| 1. Agency: | UNHCR UNICEF UN Women | 5. CERF grant period: | | 17/04/2016 - 16/10/2016 (UNHCR) | | |
| 2. CERF project code: | 16-RR-HCR-021 16-RR-CEF-058 16-RR-WOM-005 | 6. Status of CERF grant: | | <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded | | |
| 3. Sector/Sector: | Protection | | | | | |
| 4. Project title: | Emergency and life-saving protection for affected population | | | | | |
| 7. Funding | a. Total project budget: | US\$2,000,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$834,271 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 175,700 | |
| | c. Amount received from CERF: | US\$ 499,842 | ▪ Government Partners: | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (below 18) | | | | 6,970 | 8,197 | 15,167 |
| Adults (above 18) | | | | 7,781 | 8,550 | 16,331 |
| Total | | | 100,000 | 14,751 | 16,747 | 31,498 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | Number of people (Reached) | | | |
| Refugees | | | 445 | | | |
| IDPs | | | | | | |
| Host population | | | 31,053 | | | |
| Other affected people | | | | | | |
| Total (same as in 8a) | | | 100,000 | 31,498 | | |

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| <p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p> | <p>The reached beneficiaries were lower than expected because of internal and external circumstances. Agencies' internal planning and CERF proposal were based on initial figures of needs presented by the government which turned out to be overestimated. This was unknown during the first days that followed the earthquake when the planning occurred. Moreover, for the planned beneficiary estimates direct and indirect beneficiaries were initially counted.</p> <p>External circumstances include the fact that the Government strongly promoted humanitarian interventions focused on affected persons living in government run camps. The rotation of civil servants and relocation of affected families between government run camps, host families and spontaneous displacement sites challenged the number of beneficiaries to be reached.</p> <p>The direct beneficiaries reached by a wide number of protection activities undertaken by UN Women, UNICEF and UNHCR amounts to 31,498. However, different protection services have been provided to the same beneficiaries (training, psychosocial support, family support, awareness raising, distributions). Agencies ensured that there was not a duplication of data while reporting.</p> <p>The implementation of activities for UN Women was further challenged because of coordination delays with government counterparts which affected the pace of the intervention. Security situations in the field did not allow UN Women to keep its personnel there the entire time. This caused a reprogramming of methodology for the implementation of activities. It is important to notice that the number of beneficiaries of the three different UNICEF's outputs should not be double counted. The intervention was designed to target a total of 40,000 beneficiaries. Children and adolescents and in some cases their families affected by the earthquake benefited from: i) prevention of family separation and family support, ii) psychosocial support and specialized psychological care and iii) prevention of gender based violence. Lastly, UNHCR's initial target was 35,000 earthquake affected people assisted. At the end of project implementation, UNHCR reached 31,498 people. This was the result of a delayed implementation through the Civil Registry which resulted in reaching 10,000 persons for the delivery of IDs instead of the 15,000 beneficiaries planned.</p> |
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| CERF Result Framework | | | |
|------------------------------|--|---------------------------------|--------------------------------|
| 9. Project objective | To ensure safe and non-discriminatory and fair access to protection assistance | | |
| 10. Outcome statement | 35,000-affected population are protected against unfair access to humanitarian assistance and their protection needs are assessed. | | |
| 11. Outputs | | | |
| Output 1 | Emergency documentation and legal counselling provided (35,000 persons) | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of persons in need of legal assistance receiving legal assistance/advice | 20,000 | 31,498 |
| Indicator 1.2 | Number of civil documents supported to be issued | 15,000 | 10,000 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Provision of legal assistance to affected population | HIAS | Ombudsman Office |
| Activity 1.2 | Implementation of civil registration mobile teams | Civil Registry | Civil Registry |

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| | for issuance of documentation | | |
| Output 2 | Emergency profiling carried out (25,000 persons) | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Number of affected population assessed with different Protection Information Management tools | 25,000 | 25,000 |
| Indicator 2.2 | Profiling assessment conducted and distributed among humanitarian country team | 1 | 2 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Design of profiling forms | MCDS, INEC, MIES | UNHCR, INEC, MIES |
| Activity 2.2 | Profiling of affected population in shelters and camps | UNHCR, MIES | UNHCR |
| Output 3 | Emergency support for host families (1,000 families; 3,500 persons) | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Number of host families supported | 1,000 | 4,101 |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Identification of protection needs | UNHCR, HIAS | UNHCR, HIAS, CISP |
| Activity 3.2 | Provision of psychosocial support | HIAS | HIAS, CISP |
| CERF Result Framework | | | |
| 9. Project objective | To ensure child protection during the immediate aftermath | | |
| 10. Outcome statement | A child-friendly response to various protection-related issues such as responding to family separation, preventing violence in temporary shelters, and psychosocial support for children. (100.000 people including 60.000 children and 30.000 family members and 10.000 professionals and volunteers providing child protection services) | | |
| 11. Outputs | | | |
| Output 1 | Enabling and monitoring child protection services on family tracing and reunification (40.000 people including children and their families) | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Active search tool and brigades to identify children separated from their families, including unaccompanied children and orphans | Brigades for active search in 4 priority municipalities | Active search tool developed jointly with the Ministry of Social and Economic Inclusion (MIES). Brigades for active search implemented by Ecuadorian Red Cross. |

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| Indicator 1.2 | Monitoring system for family reunification, including a model to prevent family separation | 1 system working in 2 municipality identified as priority through the active search exercise | System of identification, monitoring and reunification of unaccompanied and separated children was established. |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Developing tool and training of brigades to conduct active search of children separated from their families including unaccompanied children and orphans | Red Cross, Aldeas SOS, MIES, UNICEF, and UNHCR | MIES; UNICEF, CICR, ERC and UNHCR, SOS Aldeas Infantiles |
| Activity 1.2 | Design, test and apply monitoring tool and model for family reunification | RELAF | RELAF, SOS Aldeas Infantiles |
| Output 2 | Provide trauma counselling, psychosocial support and assistance to the most affected children, adolescents and families. Enabling and monitoring child protection services on family tracing and reunification (40.000 people including children, professionals providing psychosocial support and families) | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | 4 quality diagnosis completed | 1 per each of the 4 municipal governments | 4 diagnosis completed. |
| Indicator 2.2 | 10 workshops to form psychosocial coordinators and volunteers | 10 workshops of 3 days each | 15 – 3 days-training workshops on PSS carried out. |
| Indicator 2.3 | Professional psychologists hired, trained and providing psychosocial support | 10 psychologists working regularly for 4 months | 10 psychologist were hired and provided psychosocial support to affected population and front line responders. |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Diagnostics on the psychosocial situation of vulnerable groups in shelters | Specialized psychologists | UNICEF |
| Activity 2.2 | Capacity building workshop to form psychosocial coordinators and volunteers | Specialized trainers | UNICEF |
| Activity 2.3 | Specialized psychosocial support provided to children, adolescents and families | HIAS | HIAS |
| Output 3 | Provide girls and boys in affected areas with life-saving information about protecting themselves from violence, with a specific focus on sexual abuse (20.000 children including those in shelters- formal and informal- and children attending alternative education spaces) | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | 50% of young children (from 3 to 11 years old) in shelters receive direct information through ludic | 50% of children from 3 to 11 years | An expert on SGBV against children was hired to provide |

| | | | |
|------------------------------|--|--|--|
| | methodology to prevent and identify sexual abuse | old in shelters of the 4 municipalities | training to 30 psychologists on how to prevent and identify sexual abuse. 89 children (from 3 to 11) were reached through ludic puppets shows methodology in IDP camps |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Ludic puppets shows- workshops performed by specialized psychologist to prevent and identify sexual abuse | Specialized professional psychologists | UNICEF consultancy |
| CERF Result Framework | | | |
| 9. Project objective | Emergency GBV prevention and attention services provided to population affected by the emergency, focused on women, adolescents and girls. | | |
| 10. Outcome statement | 70.000 Women, adolescent and girls access to protected and safe spaces and develop their capacities of GBV response in emergency context | | |
| 11. Outputs | | | |
| Output 1 | 30.000 Military, police officials and public servants area trained on GBV core concepts and referral pathways | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Percentage of military and police officials trained | At least 40% of military and police officials working in the field | 2,616 |
| Indicator 1.2 | Percentage of public servants trained | At least 40% of public servants working in the field | 801 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Select and hire trainers team | UNWOMEN | UN Women/ UNFPA/ National Plan for Eradication of gender Based Violence- Ministry of Justice, Human Rights and Religion. |
| Activity 1.2 | Carry out the training process | UNWOMEN | UN Women/ UNFPA/ UNHCR/ UNICEF/ IOM |
| Activity 1.3 | Monitoring visits and evaluation | UNWOMEN | UN Women/ UNFPA/ Ministry Development Coordinator (MCDS)/ IOM |
| Output 2 | Lifesaving information materials and security kits delivered to 32,500 women and adolescents to secure gender violence free spaces for women, adolescents and children | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Number of women and adolescents receiving security kits | 2,500 | 3,300 |
| Indicator 2.2 | Number of lifesaving information documents | 30,000 | 10,000 |

| | | | |
|----------------------------|---|---------------------------------|--|
| | delivered to public servants | | |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Procurement and assemble of kits | UNWOMEN | UN Women |
| Activity 2.2 | Delivery of security kits | UNWOMEN | UN Women/ UNFPA (for distribution in government run camps) Ministry of Justice through Centres for holistic assistance to GBV (in rural areas) NGOs for distribution in spontaneous displacement sites |
| Activity 2.3 | Delivery of life saving information documents delivered to public servants | UNWOMEN | UN Women/ UNFPA/ Ministry of justice |
| Activity 2.4 | Monitoring visits | UNWOMEN | UN Women/ UNFPA/ Ministry of justice |
| Output 3 | 20 community-based and grass-roots committees to secure violence-free spaces for 30.000 women, adolescents, girls and boys. | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Number of community-based and grass-roots committees set to prevent violence, especially GBV | 20 | 27 |
| Indicator 3.2 | Number of informative sessions on referral of GBV cases | 20 | 27 |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Deliver training sessions on referral of GBV cases | UNWOMEN | UN Women |
| Activity 3.2 | Monitoring visits | UNWOMEN | UN Women |

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:

UNHCR in coordination with the HCT conducted two flash MIRA assessments in Muisne and Chamanga, which were crucial for various sectors' emergency response plans during the first weeks of the emergency and provided INEC technical advice on the development of profiling tools, which later were used for the RUD system. Additionally, as the leader of the Protection Sector, UNHCR managed the coordination and advocacy activities both at national and local level. In this sense, the whole Protection Sector advocated with government authorities to ensure that the rights of affected people were protected during relocations. In line with its original mandate, UNHCR identified 139 affected refugee families and helped them gain access to the RUD and receive government emergency assistance. For this, UNHCR conducted strong advocacy interventions with the MIES, as well as with the MCDS in order to guarantee fair access to humanitarian assistance. Also, UNHCR, through an MOU with the Civil Registry, supported the issuing of new IDs for 10,000 people who had lost their documents as a result of the earthquake. This allowed them to access emergency and recovery programmes, benefit from tax exemptions and access to credit.

UNHCR changed output 3 of Objective 1, as it was presented in the interim report, from the delivery of cash transfers which were not identified as a need for the population of concern as some of them could access government support and provided psychosocial support. In order to avoid duplication with the assistance provided by the Government and in accordance with protection assessments, UNHCR supported the provision of psychosocial support and community empowerment to the affected population in rural areas, where it was noted that such assistance was needed.

UNHCR signed two agreements with partner organizations, HIAS and CISP in order to carry out these activities.

Concerning Output 1, (legal and protection assistance), UNHCR signed a Memorandum of Understanding (MoU) with the Ombudsman's Office aimed at providing legal advice and information on available social recovery programmes. Ombudsman brigades conducted assessments to identify protection gaps. In coordination with the Protection Sector, they proposed recommendations to authorities and officers in charge of managing the government run camps and of overseeing the situation in rural areas. UNHCR accompanied more than 66 protection brigades conducted together with the Ombudsman Office. The agreement also included UNHCR protection training to the Ombudsman officers who also conducted trainings for local government staff. Various training sessions for local MIES staff were organized in coordination with other sectors.

UNHCR, UNICEF and UN Women provided training on protection for police and military officials, who were working within government run camps and for those, who were deployed to the affected areas. These training were conducted in close coordination and under direct request from the Ministry of the Interior, Defense and Justice.

UNICEF provided services to children, adolescents, families and professionals both in government run camps and in spontaneous displacement sites and in host communities. UNICEF supported the implementation of "Return to Happiness" methodology in 20 government run camps and 80 communities. This methodology provides a space for "expressing grief" that arises from the loss of human life and material possessions. It also helps children and adolescents to resume their emotional, intellectual and cognitive development, which may have been affected by the experience of the disaster. The implementing teams received training, equipment and tools that are meant to be used to facilitate the expression of feelings, fears and emotions related with the experience of great adversity. With the contribution of CERF Funds, UNICEF was able to produce locally 150 kits. UNICEF and partners have provided psychosocial support (using this methodology to 6847 children (4031 girls and 2816 boys) located in 99 CFS/protection spaces. Additionally, UNICEF trained 70 professionals from government and non-government organizations as psychosocial coordinators and 228 young psychosocial volunteers in Esmeraldas and 567 in Manabí. However, in UNICEF's intervention there are two main discrepancies between planned and actual outputs. Regarding output 1 concerning unaccompanied and separated children (UASC), early in the response UNICEF and other key child protection actors modified the strategy from family tracing and reunification to a family support approach. It is important to note that Red Cross reported 1,006 cases for family tracing and reunification, 706 cases were already closed on June 2016 and the 207 remaining were already followed up. Regarding output 3" of Objective 2 life-saving information about protecting themselves from violence, with a specific focus on sexual abuse", UNICEF did not reach 50% of children from 3 to 11 years old in shelters of the 4 municipalities. Instead, with the CERF funds, UNICEF hired an expert on children gender based violence to train MHPSS professionals on identification and response to violence against children. The implementation of this activity reinforced the need to reduce the risk of violence against children in government run camps. Although, identified cases of violence were immediately reported to concerned authorities, specialized services for children survivors of sexual abuse are difficult to reach in the targeted areas. The issue of sexual violence against children continues to need more visibility so that children can receive appropriate services to ensure their comprehensive rehabilitation and access to justice. UNICEF is currently using other funds to reinforce activities to prevent violence against children in earthquake affected areas.

UN Women general outcome statement of the project took into consideration 70.000 women, adolescent and girls to be overall beneficiaries of the activities. This number of beneficiaries was calculated at the very beginning of the disaster based on two matters:

1. The government's initial overestimated affected population figures.
2. The idea to reach beneficiaries who were displaced both within and outside government run camps (thus, also

considering beneficiaries displaced in rural areas and spontaneous displacement sites).

Three main factors affected the capacity of the project to reach all planned beneficiaries:

- a. During the first phase of the emergency response, and also during various months after the event, numbers of affected people continued to be very difficult to confirm and localize, creating some uncertainty about the real number of possibly reachable beneficiaries.
- b. Moreover, the opportunity to implement activities outside government run camps was initially not an option.

The Ecuadorian Government promoted that the focus of the assistance be directed to camps. Thus reaching a considerable larger number of people was a challenge. All the activities in the project objective "Emergency GBV prevention and attention services provided to population affected by the emergency, focused on women, adolescents and girls" were planned to be implemented jointly with the Ministry of Justice most of the work focused in government run camps during several months. However, in order to respect the principle of equality and no discrimination that supports humanitarian action, UNWOMEN, in close partnership with UNFPA, and with all UN Agencies and the Protection Sector, tried to identify and implement possible actions to extend humanitarian response also outside government run camps: a communications campaign was developed by the National Council for Gender Equality in Esmeraldas Province, with the support of UNWOMEN, reached more than 1.000 women, men, adolescents, and girls, and an even higher amount of male grown-ups, adolescents and boys.

c. Furthermore, many affected people relocated from government run camps to host families, spontaneous displacement sites or rented houses, which limited the number of beneficiaries living in government run camps. Likewise, we consider essential to emphasize, as it was highlighted in the interim report, there was a need for better coordination with Government counterparts, which impacted the implementation and number of people benefiting from the project.

The situations above described resulted in a lower number of women, adolescent and girls directly reached by the project, compared to the planned target. From a target of 70,000 beneficiaries 11,967 direct beneficiaries were reached and 27,467 indirect beneficiaries, resulting in a total of 39,434 beneficiaries.

Output 1: 30.000 Military, police officials and public servants area trained on GBV core concepts and referral pathways

Regarding the output n. 1 (30.000 Military, police officials and public servants area trained on GBV core concepts and referral pathway), the target was indicated in 12.000 beneficiaries trained (40% of all those working in the field).

UN Women had foreseen to train 30,000 public operators. However, UN Women trained 3,417 public operators.

This was mainly due to the following reasons:

1. The Ministry of Defense paused the training of military personnel a few weeks after the earthquake.
2. Regarding the training sessions for civil servants, these were organized in coordination with different Ministries, through the general management of the National Plan for the Eradication of Gender Violence (Ministry of Justice). The collaboration and coordination with the NPEGBV was complex, so it was not possible to have a training scheduled until September.
3. Need for a redefinition of the originally planned training methodology. Initially, trainings were intended to be carried out in Quito, prior to the deployment of public operators to the affected area. However given the characteristics of the emergency, it was necessary to redefine this methodology and implement the trainings through field missions. Consequently, it was difficult to reach a larger number of beneficiaries because of the dispersion in the area and it greatly increased costs.
4. Indicators 1.1 and 1.2 correspond to Output 1 reflect the total amount of people trained during the implementation of the project. It has not been possible to establish the result in percentage, since after consulting several governmental sources, there is no official data regarding the number of public operators deployed to the field.

Despite this we must consider that the training sessions for public servants could be replicated to other public servants. About 3500 public servants benefitted indirectly from these activities. Furthermore, the core GBV concepts learned during the training sessions were likely applied within the familiar contexts of a part of the trainees, creating approximately 5000 indirect beneficiaries of these activities within domestic domain. Therefore we have reached 11,977 indirect and direct beneficiaries.

Output 2: Lifesaving information materials and security kits delivered to 32.500 women and adolescents to secure gender violence free spaces for women, adolescents and children

Planned target for of lifesaving information documents delivered to public servants was indicated in 30.000. However, a lower number (10.000) of material was produced and distributed to beneficiaries, because:

1. The rest of material reached beneficiaries in the form of a communication campaign implemented in Esmeraldas Province. Aware of the difficulties to reach in a short time a large number of civil servants through informative material, because of the reduced pace for the coordination of training sessions with the NPEGBV (see above), it was decided to adopt the new initiative proposed by the NPEGBV of a communication campaign.

This campaign, made as a caravan of artists, allowed not only to reach a great number of women, men, boys, girls, and children, but it also had a wave effect on all civil servants operating in the area.

Regarding the distribution of security kits to women, adolescents and girls, the reached population (3,300) was greater than the planned (2,500):

1. This was the result of the emergency response strategy that UN Women jointly with UNFPA adopted in order to collaborate as much as possible with the Ecuadorian Government (NPEGBV). Beneficiaries were located in government run camps, rural areas, and in spontaneous displacement sites. The opportunity to deliver 800 additional kits was possible because of the lower price that resulted from preparing the first batch of kits, this allowed a new investment in this budget line.

3. The distribution of security kits in spontaneous displacement sites and rural areas was an extremely important because it opened a window of opportunity to sensitize women and female adolescents about GBV and prevention, protection and response services.

The sensitization sessions and informative material that were provided with the security kits distribution allowed to reach approximately the 50% of men living in government run camps and spontaneous displacement sites, it means about 4,000 people, which are considered indirect beneficiaries of those activities.

In total we reached 7,300 direct and indirect beneficiaries.

Output 3: 20 community-based and grass-roots committees to secure violence-free spaces for 30,000 women, adolescents, girls and boys.

We managed to implement this intervention in 27 communities. Within the activities to reach this result, a pool of 10 (ten) psychologists and social workers was engaged in providing sensitization, care services, and distribution of protection kits for women, men and adolescents in government run camps.

The project allowed to reach an important number of beneficiaries, but limited to government run camps. It was implemented in coordination with the NPEGBV and it strengthened the link with governmental counterparts which positively reflected also at coordination level within the GBV Subsector.

However, there were some difficulties that interfered in the implementation and reach of beneficiaries in this activity:

1. Difficulties to access spontaneous displacement sites.
2. Security and logistical problems in the affected areas for personnel deployed to the area.
3. Need for strengthening of protection and GBV prevention and response public services in the affected areas.

Despite these challenges the project strengthened capacities of local personnel on GBV prevention and response in emergencies. Moreover, information sessions provided in government run camps indirectly benefitted about 2,000 men and boys from the women who received assistance.

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

It is of extreme importance to have mechanisms of AAP to ensure that the project achieves the aim, and that there is an understanding of activities by the government authorities, partners and the community, among others to avoid the creation of community expectations beyond the assistance provided. For all implemented activities, all those working on protection-related activities duly informed and involved key government counterparts.

UNICEF, UNHCR and UN Women projects for the emergency were planned and implemented including a community participation approach. UNICEF psychosocial support activities were implemented ensuring involvement of affected population as well as the participation and collaboration of government and civil society organisations. UNHCR and its partners carried out various consultative processes and assessments not only with the local communities, but also with local government authorities through active participation and coordination in the COEs. During the COEs sessions, plans and available resources were shared among local authorities and when possible to the community.

For the project focused on psychosocial support, UNHCR's partner, HIAS, organized closure sessions in every communities, in which they intervened.

The sessions consisted of presenting a systematization of the specific results of the project, which ensured the accountability towards the beneficiaries. On November 28, UNHCR supported the organization of the protection sector accountability meeting, which took place in Manta, where the impact and results of the whole Sector's intervention were publicly presented.

UN Women's project focused on government run camps and in order to take into account specific needs and proposals of affected population, focused on two groups in situation of vulnerability, notably: women, and female adolescents. During the implementation of the project, activities of economic empowerment based on sustainability were carried out with women of government run camps, as well as sessions of leadership and self-esteem for women, and female adolescents. Each session adapted to the specific need of the affected group, providing beneficiaries with means to ensure the sustainability of their activities. Training sessions to civil servants who continue to work in government run camps left capacities installed in government personnel. These capacities will continue to be replicated both within and outside government run camps. Moreover, the activities of caring for GBV survivors and distributing security kits were made in collaboration with the Centers of Holistic Assistance of the Ministry of Justice, Human Rights and Religions, giving them means to ensure sustainability of action. Training sessions provided to several women's movements, both in rural and urban areas, grass-roots committees and human rights movements set up capacities to civil society organizations that will ensure accountability and sustainability. Finally, the personnel (social workers and psychologists) who were hired to offer services of GBV assistance was mainly from local context, contributing to install capacities within local personnel.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Each agency closely monitored the implementation of their activities and in the case of UNICEF "Return to happiness" activities these have been systematized and the report will be ready in the first semester of 2017.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|---|----------------|---|---|---------------|---------------|
| 1. Agency: | UNICEF | | 5. CERF grant period: | 04-17-2016 - 10-16-2016 | | |
| 2. CERF project code: | 16-RR-CEF-057 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Sector/Sector: | Health | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Rapid Response in Health And Nutrition For Vulnerable Groups | | | | | |
| 7. Funding | a. Total project budget: | US\$ 2,000,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 1,114,898 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | US\$ 53,929 | |
| | c. Amount received from CERF: | US\$ 300,011 | ▪ <i>Government Partners:</i> | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | | | <i>Reached</i> | | |
| | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (below 18)</i> | 2,045 | 2,045 | 4,090 | 4,860 | 4,860 | 9,720 |
| <i>Adults (above 18)</i> | 14,483 | | 14,483 | 7,192 | 7,192 | 14,384 |
| Total | 16,528 | 2,045 | 18,573 | 12,052 | 12,052 | 24,104 |
| 8b. Beneficiary Profile | | | | | | |
| <i>Category</i> | <i>Number of people (Planned)</i> | | | <i>Number of people (Reached)</i> | | |
| <i>Refugees</i> | | | | | | |
| <i>IDPs</i> | 1,428 | | | 700 | | |
| <i>Host population</i> | | | | | | |
| <i>Other affected people</i> | 17,145 | | | 23,404 | | |
| Total (same as in 8a) | 18,573 | | | 24,104 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | There is an increase in beneficiaries because more baby friendly spaces were established instead of the initially planned. Additionally, outreach community visits were conducted in more than 17 communities due to the fact that the number of displaced persons in government run camps was lower than expected. | | | | | |

| | | | |
|------------------------------|---|---------------------------------|--------------------------------|
| | <p>Oral Rehydration Salts (ORS), Zinc, and Vitamin A were delivered to children 6-59 months old within government run camps, spontaneous displacement sites as well as in rural and urban areas.</p> <p>Coverage of vitamin A supplementation was provided to 250,000 children under five years which is the total number of children this age in the area (Esmeraldas and Manabí provinces) as established in the CERF final proposal.</p> | | |
| CERF Result Framework | | | |
| 9. Project objective | Rapid response in health and nutrition for vulnerable groups | | |
| 10. Outcome statement | Provide rapid response in health and nutrition for vulnerable groups (children under 3y, pregnant and lactating women and women of reproductive age) | | |
| 11. Outputs | | | |
| Output 1 | Restore and provide support to the local health system and temporary spaces for the management of acute malnutrition cases, and ensure adequate protection, promotion and support of appropriate infant and young child feeding in emergencies (IYCF) through information dissemination, counselling of mothers and provision of safe IYCF locations and promoting lifesaving practices (e.g., breastfeeding, health-seeking behaviour, safe motherhood, hand washing, hygiene and sanitation). In addition, monitoring of unsolicited donations. | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | # of IDP children under 3yrs screened. | 456 | 456 |
| Indicator 1.2 | # of pregnant and lactating women attending IYCF sessions in established "safe spaces" | 228 | 266 |
| Indicator 1.3 | # of PLW (pregnant and lactating women) receiving individual PSS (psychological support) or IYCF counselling in established "safe spaces" | 228 | 266 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Establish 2 of "safe spaces" that will provide nutrition and care practice support | Accion Contra El Hambre | Accion Contra El Hambre |
| Activity 1.2 | Provision of nutritional and care practices sessions in safe spaces to caregiver with a child under 3 years old. | Accion Contra El Hambre | Accion Contra El Hambre |
| Activity 1.3 | Provision of nutritional and care practices sessions in safe spaces to pregnant women | Accion Contra El Hambre | Accion Contra El Hambre |
| Activity 1.4 | Individual consultation for breastfeeding, nutritional and psychosocial support provided by ACF team. | Accion Contra El Hambre | Accion Contra El Hambre |
| Output 2 | Ensure provision of life saving supplies such as high-dose vitamin A supplementation, Oral rehydration salts (ORS) in combination with Zinc, to diminish the severity and shorten the duration of Diarrheal disease treatment for all children 6-59 months old in collaboration with health sector workers, and provisional health structure (tents). | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Number of additional IDP children provided with access to medical services for the control of waterborne diseases (cholera, diarrhea or shiguelia dysentery). | | 4,800 |
| Indicator 2.2 | Coverage of vitamin A supplementation in per cent (among IDP children under five in the two provinces) | | 250,000 |

| | | | |
|----------------------------|--|--|--|
| Indicator 2.3 | Number of functional health temporary facilities (tents) providing selected relevant services. | | 20 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Procurement of medical kits and supplies for the prevention and control of waterborne diseases (8 diarrhoea kits, 250 000ORS-Zinc, 250 000 high-dose vitamin A, 10 tents (temporary hospital/clinic) (72 square metres). | UNICEF | UNICEF |
| Activity 2.2 | Distribution of medical essentials, treatment and supplies to health facilities. | UNICEF | UNICEF |
| Activity 2.3 | Provision of medical essentials to 250 000 IDP children, medical treatment to 4,800 children and 10 temporary tents for hospital/clinic use. | UNICEF/Ministry of Public Health | UNICEF/Ministry of public Health |
| Output 3 | Immediate vector control and individual protection through prevention tools to stop the spread of mosquito borne diseases (Zika, dengue and chikungunya) in the most the vulnerable affected population, especially pregnant women. | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | # of community based surveillance/event based surveillance for ZIKV (& or Microcephaly), Dengue and Chikungunya | 6 | 6 |
| Indicator 3.2 | # pregnant women receiving and monitored key strategic supplies and information. | 1,500 | 2,400 |
| Indicator 3.3 | # of people reached and engaged in vector control and individual protection activities devoted to prevent Zika (especially for pregnant women), Dengue and Chikungunya as well as other epidemics such as water borne diseases. | 13,511 (women of reproductive age), including 744 (pregnant women) | 12,000 women of reproductive age, including 746 pregnant women |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Develop a Community surveillance program for ZIKV , Dengue and Chikungunya | Ecuadorian Red Cross | Desarrollo y Autogestión (DYA) |
| Activity 3.2 | Procurement of Zika pregnant women Kits | UNICEF | UNICEF |
| Activity 3.3 | Distribution and monitoring of the Zika pregnant women Kits. | UNICEF / Ecuadorian Red Cross | UNICEF/ Desarrollo y Autogestión (DYA)/Ministry of Public Health |
| Activity 3.4 | Develop community engagement strategy for vector control activities (Establish dialogue, cleaning days, peer messaging to increase risk perception, and specific guidance, with emphasis in pregnant woman brochures, posters, flipcharts, etc.) | Ecuadorian Red Cross | Desarrollo y Autogestión (DYA)/Ministry of Public Health |
| | | | |

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:

There are some discrepancies between planned and actual outputs which are outlined:

Regarding Output 1, outreach community visits were conducted in 17 communities due to the fact that the number of displaced persons in the government run camps was lower than expected.

Regarding Output 2, final outputs include children 6-59 months old within government run camps, spontaneous displacement sites as well as rural and urban areas. Coverage of vitamin A supplementation was provided to 250,000 children under five years which is the total number of children this age in the area (Esmeraldas and Manabí) as approved in the final proposal.

Moreover, 25,000 zinc treatments (350,000 doses) to address acute diarrhoea of children under five years were distributed directly through CERF funding. In addition, 5,000 Mid Upper Arm Circumference for children and 3,000 Mid Upper Arm Circumference for women have been distributed to strengthen the nutritional surveillance capacity of health professional's fort the rapid screening of acute malnutrition. Likewise, approximately around 3,500 (387,750 doses) children under five years old and 26,000 pregnant and lactating women had access to micronutrients to prevent anaemia and other diseases.

Regarding Output 3, the discrepancy between the initial target and the initial result is due to an overestimation of the number of surrounding families. Initially it was planned to reach eight families per pregnant women while on the field it appeared that sometimes specially in peri-urban areas this figure was under eight. Nonetheless, near 4,000 families and approximately 12,000 women of reproductive age were trained in the prevention and control of zika virus through personal protection and vector control efforts.

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

Concerning Output 1 and Output 3, the strategy was shared with beneficiaries including community leaders and community health and nutrition promoters, in order to get feedback on requirements and to better meet the needs. Moreover, coordination round tables have been established in both provinces in order to share with the community the activities progress as well as next steps and shared responsibility. Support groups were created to ensure sustainability in the fight against malnutrition.

Concerning Output 2, this supplies were analysed and distributed based on initial emergency health and nutrition needs assessments with the aim of reaching affected people. This output was successfully reached due to the close coordination with the Ministry of Public Health. In addition, trainings were conducted for health professionals to promote a better use of the supplies.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

In 2017 a global systematization of the whole UNICEF response to the emergency is planned. Part of it will be dedicated to the health and nutrition response. Additionally, a specific systematization of the UNICEF Zika strategy will be conducted in the second semester of 2017 – CERF funded partially the Zika strategy on the earthquake affected areas.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|---|---|---------------|---|---|---------------|---------------|
| 1. Agency: | WHO | | 5. CERF grant period: | 04-16-2016 - 10-15-2016 | | |
| 2. CERF project code: | 16-RR-WHO-023 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded | | |
| 3. Sector/Sector: | Water, Sanitation and Hygiene | | | | | |
| 4. Project title: | Humanitarian response to water quality surveillance and control and the provision of sanitation devices in Health facilities and Potable Water Administration Offices | | | | | |
| 7. Funding | a. Total project budget: | US\$ 660,000 | d. CERF funds forwarded to implementing partners: ■ <i>NGO partners and Red Cross/Crescent:</i> ■ <i>Government Partners:</i> | | | |
| | b. Total funding received for the project: | US\$507,608 | | | | |
| | c. Amount received from CERF: | US\$ 260,681 | | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | | | <i>Reached</i> | | |
| | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (below 18)</i> | 9,832 | 10,233 | 20,065 | 10,197 | 10,586 | 20,783 |
| <i>Adults (above 18)</i> | 14,748 | 15,349 | 30,097 | 15,233 | 15,880 | 31,113 |
| Total | 24,580 | 25,582 | 50,162 | 25,430 | 26,466 | 51,896 |
| 8b. Beneficiary Profile | | | | | | |
| <i>Category</i> | <i>Number of people (Planned)</i> | | | <i>Number of people (Reached)</i> | | |
| <i>Refugees</i> | | | | | | |
| <i>IDPs</i> | | | | | | |
| <i>Host population</i> | | | | | | |
| <i>Other affected people</i> | 50,162 | | | 51,896 | | |
| Total (same as in 8a) | 50,162 | | | 51,896 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i> | | | | | | |

| | | | |
|------------------------------|---|---------------------------------|--------------------------------|
| please describe reasons: | | | |
| CERF Result Framework | | | |
| 9. Project objective | Increase urgent access to safe water and proper sanitation for people living in shelters and communities affected by the earthquake in Ecuador | | |
| 10. Outcome statement | More than 50,000 disaster-affected people will be protected against increased risks of waterborne diseases through restored access to safe water, adequate waste disposal and knowledge of protective good hygiene practices. | | |
| 11. Outputs | | | |
| Output 1 | Access to safe water restore for people living in shelters and affected communities and health facilities | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of service providers implementing the monitoring of water quality in the affected communities | 40 | 45 |
| Indicator 1.2 | Number of shelters and affected communities implementing measures for water disinfection | 30 | 30 |
| Indicator 1.3 | Number of health facilities implementing the monitoring of water quality and measures for water disinfection | 20 | 20 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procurement and delivery of equipment for water quality surveillance | PAHO/WHO | PAHO, MOH ARCSA SENAGUA |
| Activity 1.2 | Procurement and delivery of supplies for water treatment | PAHO/WHO | PAHO, MOH ARCSA SENAGUA |
| Activity 1.3 | Rapid training of service providers and families at shelters and affected communities in the use of water treatment supplies and equipment | PAHO/WHO | PAHO, MOH ARCSA SENAGUA |
| Output 2 | Safe waste disposal ensured in shelters and affected communities | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Number of shelters and affected communities implementing safe emergency measures for temporal storage of waste disposal | 30 | 30 |
| Indicator 2.2 | Number of families living in shelters and affected communities implementing waste storage solutions | 2,400 | 2,400 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Procurement and delivery of waste disposal containers | PAHO/WHO | PAHO, MOH ARCSA SENAGUA |
| Activity 2.2 | Procurement and delivery of trash bags and other waste disposal solutions | PAHO/WHO | PAHO, MOH ARCSA SENAGUA |
| Output 3 | Protective and lifesaving good practices for water management, waste disposal and vector control disseminated among vulnerable groups | | |
| Output 3 | Description | Target | Reached |

| Indicators | | | |
|---------------------|--|--------------------------|----------------------------|
| Indicator 3.1 | Number of affected families with information about safe water, waste disposal and vector control | 2,400 | 2,500 |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Mobilization of public health experts to support local counterparts in sanitation and hygiene interventions | PAHO/WHO | PAHO, MOH ARCSA SENAGUA |
| Activity 3.2 | Printing of education material on safe practices for water management, proper sanitation and hygiene and vector control in emergency situations and dissemination in shelters and affected communities | PAHO/WHO | PAHO, MOH ARCSA SENAGUA |

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 project was implemented by PAHO supporting the MoH, ARCSA and SENAGUA. Technical support concerning safe water was provided to 45 suppliers of water services in the affected communities. For this, chlorine was donated and workshops were held concerning its use in the Water Boards in Jama, Pedernales, Portoviejo and Muisne. Through the CERF project equipment for water quality control was supplied. At least 30 government run camps, spontaneous displacement sites and communities were benefited by the equipment and technical workshops. A total of 20 health posts are participating in water quality monitoring in affected areas and the staff was trained on the use of equipment and chlorine. Concerning safe waste disposal in government run camps and affected communities, 50 trashcans with a capacity of 80 liters have been delivered in government run camps and health posts. Furthermore, 21,000 trash-bags for dangerous waste (red bags) and 51,000 bags for regular trash (black bags) were delivered in government run camps and health services in the affected areas. Finally concerning outcome 3, the promotion of good practices, water use, vector control and waste disposal, through radio spots the community received health promotion messages and with the delivery of water tank lids this helped avoid the spread of Zika. The project's planned beneficiaries were reached and the project was implemented as planned.

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

The affected communities, local health authorities, national authorities of SENAGUA and technical teams of ARCSA were part of the damage assessments after the earthquake. This information was used to design the project. Furthermore, the implementation of the Project was led by the MoH with the technical support of PAHO and the coordination of SENAGUA. Many activities promoted and included the participation of the affected communities in camps and Water Boards which were trained and received equipment and items. National and local health authorities were in charge of monitoring the implementation of the project.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

The Project evaluation took place through a two day workshop with representatives of all the organizations that coordinated with the Health Sector. The key findings from the evaluation were:

- The activities concerning monitoring of water quality were a crucial part of the response to improve the wellbeing of the affected communities.
- These activities reduced the risk of transmission of waterborne diseases
- There were a few and isolated cases of diarrhea and respiratory diseases in government run camps.
- The community actively participated in the production of radio health prevention messages
- Coordination between the Health Sector and the Government's technical working committee 2 was good

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | | | | |
|---|---|--------------|---|---|--------------|---------------|
| CERF project information | | | | | | |
| 1. Agency: | UNFPA | | 5. CERF grant period: | 05-04-2016 - 11-03-2016 | | |
| 2. CERF project code: | 16-RR-FPA-023 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Sector/Sector: | Health | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Emergency Sexual and Reproductive Health (SRH) for population affected by earthquake in Ecuador, focused on women in reproductive age and adolescents | | | | | |
| 7. Funding | a. Total project budget: | US\$ 350,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 357,860 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | | |
| | c. Amount received from CERF: | US\$ 147,860 | ▪ <i>Government Partners:</i> | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (below 18) | 2,481 | 1,531 | 4,012 | 2,650 | 1,635 | 4,285 |
| Adults (above 18) | 8,798 | 5,428 | 14,226 | 9,397 | 5,797 | 15,194 |
| Total | 11,279 | 6,959 | 18,238 | 12,047 | 7,432 | 19,479 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | | | | | | |
| IDPs | | | | | | |
| Host population | | | | | | |
| Other affected people | 18,238 | | | 19,479 | | |
| Total (same as in 8a) | 18,238 | | | 19,479 | | |
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | | | | | | |

| CERF Result Framework | | | |
|------------------------------|---|---------------------------------|--------------------------------|
| 9. Project objective | Ensure the access of affected population to Reproductive Health Services and GBV prevention and care. | | |
| 10. Outcome statement | Contribute to reduction maternal and neonatal mortality and morbidity and Sexually Transmitted Infections. | | |
| 11. Outputs | | | |
| Output 1 | Delivery of Sexual and Reproductive Health kits to the MoH to be distributed to medical units in affected areas | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of kits SRH delivered | 122 | 122 |
| Indicator 1.2 | Number of health providers trained to use SRH kits | 64 | 64 |
| Indicator 1.3 | Number of kits GBV delivered | 11 | 11 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procurement and delivery of SRH kits | UNFPA | UNFPA |
| Activity 1.2 | Delivery of training session to health staff | UNFPA (MoH support) | UNFPA and MoH |
| Activity 1.3 | Procurement and delivery of GBV kits | UNFPA (MoH support) | UNFPA and MoH |
| Output 2 | Delivery of health kits to 1,368 women in reproductive age affected by the earthquake | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Number of women receiving health kits | 1,368 | 1,368 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Procurement and assembly of kits | UNFPA | UNFPA |
| Activity 2.2 | Printing of promotion materials about ZIKA prevention and RH | UNFPA (MoH support) | UNFPA and MoH |
| Activity 2.3 | Delivery of health kits including communication activities about health and ZIKA prevention | UNFPA (MoH support) | UNFPA and MoH |
| Activity 2.4 | Monitoring visits | UNFPA (MoH support) | UNFPA and MoH |

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 planned outputs presented in the project were fulfilled and the number of beneficiaries was exceeded by more than 1000 beneficiaries reaching 19,479 with CERF funds. Moreover, there was a wide participation of the affected people and the health personnel who took interest and commitment in the process in an optimal way. UNFPA mobilized more funds, which helped reach a larger number of beneficiaries, approximately 42,000 affected persons from the provinces of Esmeraldas and Manabí.

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

- Initial meeting with the MoH national team to define indicators and activities.
- Regular meetings with the national and zonal MoH team in the two provinces to report on progress and difficulties in implementing the project.
- Three accountability activities were carried out in each province, allowing for an adjustment to the action plan. It includes the changes suggested by the MoH to strengthen actions.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

- An evaluation of the actions of the response phase with the MoH was carried out and lines of work were identified for the recovery and reconstruction phase based on the lessons learned support.

Key findings:

- It is important to support the actions of the MoH in the recovery phase with emphasis on ZIKA prevention in pregnant women and women of childbearing age, obstetrical and neonatal emergency care, GBV
- The ZIKA's comprehensive prevention strategy in areas affected by the earthquake with communities should include:
 - Community participation for the surveillance and prevention of ZIKA, GBV, Obstetric and Neonatal Emergencies.
 - Empowerment of women for their self-care, based on the delivery of clear and timely information.
 - Participation of families, including men in SRH promotion activities
 - Combined communication strategy (mass and interpersonal) is more effective.
 - Continually strengthen national capacities in response to SRH and GBV in emergency situations
 - Review and adjust existing needs assessment tools as well as response plans at national and local level.

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\$ |
|-------------------|-------------------------------|--------|--------------|--|
| 16-RR-IOM-026 | Camp Management | IOM | INGO | \$324,996 |
| 16-RR-IOM-026 | Camp Management | IOM | INGO | \$325,000 |
| 16-RR-IOM-026 | Camp Management | IOM | NNGO | \$325,000 |
| 16-RR-CEF-057 | Health | UNICEF | INGO | \$39,331 |
| 16-RR-CEF-057 | Health | UNICEF | NNGO | \$14,598 |
| 16-RR-CEF-059 | Water, Sanitation and Hygiene | UNICEF | INGO | \$220,000 |
| 16-RR-CEF-059 | Water, Sanitation and Hygiene | UNICEF | INGO | \$220,000 |
| 16-RR-CEF-059 | Water, Sanitation and Hygiene | UNICEF | INGO | \$200,000 |
| 16-RR-CEF-059 | Water, Sanitation and Hygiene | UNICEF | INGO | \$200,000 |
| 16-RR-CEF-058 | Protection | UNICEF | INGO | \$43,518 |
| 16-RR-CEF-058 | Protection | UNICEF | NNGO | \$51,786 |
| 16-RR-WFP-032 | Food Assistance | WFP | GOV | \$1,682,400 |
| 16-RR-HCR-021 | Protection | UNHCR | INGO | \$63,208 |
| 16-RR-HCR-021 | Protection | UNHCR | INGO | \$17,188 |

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|-------|---|
| AAR | After Action Review |
| ADRA | Adventist Development Relief Agency |
| AIEPI | Comprehensive care of prevalent childhood diseases |
| ALNP | Mobile units for the provision of infant feeding |
| ARCSA | National Agency for Sanitary Regulation, Control and Surveillance |
| CBT | Cash Based Transfers |
| CCCM | Camp Coordination Camp Management Sector |
| CISP | Comitato Internazionale per lo Sviluppo dei Popoli |
| CFS | Child Friendly Spaces |
| COE | Committee of Emergency Operations |
| CRS | Catholic Relief Services |
| DTM | Displacement Tracking Matrix |
| ECHO | European Civil Protection and Humanitarian Aid Operations |
| EFSA | Emergency Food Security Assessment |
| EMAPS | Municipal Water and Sanitation Company |
| ERC | Ecuadorian Red Cross |
| FAO | Food and Agriculture Organization of the United Nations |
| GBV | Gender Based Violence |
| HCT | Humanitarian Country Team |
| HIAS | Hebrew Immigrant Aid Society |
| HH | Households |

| | |
|-------------|--|
| HIV | Acquired Immune Deficiency Virus |
| IDP | Internally displaced persons |
| IDs | Identification documents |
| IOM | International Organization for Migration |
| IGEPN | Geophysical Institute of Ecuador |
| IYCF | Infant and Young Feeding in emergencies |
| INEC | National Institute of Statistics and Census |
| JAAP | Rural Water Boards |
| MCDS | Ministry Coordinator of Social Development |
| MCPEC | Ministry Coordinator of Production, Labour and Competitiveness |
| MICS | Ministry Coordinator of Security |
| MIDUVI | Ministry of Urban Development and Housing |
| MIES | Ministry of Economic and Social Inclusion |
| MIRA | Multi-Cluster/Sector Initial Assessment |
| MHPSS | Mental Health and Psychosocial Support |
| MoH | Ministry of Health |
| MOU | Memorandum of Understanding |
| NFI | Non Food Items |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| OFDA | Office of U.S. Foreign Disaster Assistance |
| ORS | Oral Rehydration Salts |
| PAHO | Pan American Health Organization |
| PDNA | Post Disaster Needs Assessment |
| PSS | Psychosocial Support |
| NPEGBV | National Plan for the Eradication of Gender Based Violence |
| RC/HC | Resident Coordinator/ Humanitarian Coordinator |
| RH | Reproductive Health |
| SENAGUA | Secretariat of Water |
| SENPLADES | National Secretariat of Planning and Development |
| SGBV | Sexual and Gender Based Violence |
| SGR | Risk Management Secretariat |
| SRH | Sexual and Reproductive Health |
| STI | Sexually Transmitted Infections |
| UASC | Unaccompanied and separated children |
| UNCT United | Nations Country Team |
| UNDAC | United Nations Disaster Assessment and Coordination |
| UNDP | United Nations Development Program |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| UNs | United Nations system |
| USG | Under-Secretary-General |
| RUD | Sole Registry of Affected Persons |
| WASH | Water Sanitation and Hygiene |
| WFP | World Food Program |
| WHO | World Health Organization |