

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
HAITI
RAPID RESPONSE
STORM (HURRICANE, CYCLONE, ETC.) 2016**

RESIDENT/HUMANITARIAN COORDINATOR

Marc Vincent (RC/HC, a.i.)

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR is pending and will take place through the revision of the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) scheduled to take place in August-September 2017. Several review exercises (STAIT mission, RTE) took place already and have gathered UN agencies, donors, international and national NGOs, the Red Cross Movement, and the Government's institutions to evaluate the humanitarian response to Matthew. Conclusions and recommendations have informed as well the present report.

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

YES ☒ NO ☐

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

YES ☒ NO ☐

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 139,000,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	6,838,529
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	
	OTHER (bilateral/multilateral)	79,561,471
	TOTAL	86,400,000

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 17/10/2016			
Agency	Project code	Cluster/Sector	Amount
FAO	16-RR-FAO-027	Agriculture	876,097
IOM	16-RR-IOM-037	Multi-sector refugee assistance	1,179,996
UN Women	16-RR-WOM-008	Sexual and/or Gender-Based Violence	207,952
UNFPA	16-RR-FPA-047	Health	371,397
UNICEF	16-RR-CEF-120	Health	252,417
UNICEF	16-RR-CEF-118	Water, Sanitation and Hygiene	986,754
UNICEF	16-RR-CEF-119	Nutrition	510,754
WFP	16-RR-WFP-067	Food Aid	1,767,870
WHO	16-RR-WHO-045	Health	685,292
TOTAL			6,838,529

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	5,024,317
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,545,012
Funds forwarded to government partners	269,200
TOTAL	6,838,529

HUMANITARIAN NEEDS

After cutting a deadly swath across the Caribbean region, Hurricane Matthew, a Category 4 storm with sustained winds of 235 km/h, violently struck south-western Haiti on 4 October causing widespread damage, flooding and displacement. The poverty level of the population in this area of Haiti reaches 70 per cent before the hurricane. Hurricane Matthew has resulted in the largest humanitarian crisis in Haiti since the 2010 earthquake at a time when the country was already facing an increase in the number of cholera cases, and severe food insecurity and malnutrition.

According to initial estimates by UNOSAT based on the track of the hurricane, more than 1.2 million people in Haiti were exposed to winds in excess of 120 km/h in the Departments Grand'Anse, Sud and western tip of Nippes. Winds caused significant damage to well-built framed homes removing roofs, snapping and uprooting trees. More makeshift housing were completely destroyed. The town of Jérémie (population 42,000) was severely damaged and telecommunications were entirely disrupted across the western edge of Haiti. Extreme rainfall, more than 200mm in less than 24 hours, occurred more to the east in and around the Gulf of Gonaive. Almost 2 million people were exposed to extreme precipitation. The worst-hit Departments in terms of rainfall were Grand'Anse, Nippes, the western part of Sud, including the area around Les Cayes, as well as parts of Ouest and Artibonite. Particularly vulnerable to flooding were the plains around Les Cayes and those South of Gonaive, where the risk of cholera and other waterborne diseases was increasing.

In this area, the main livelihoods were small-scale farming and gardening, fishery and charcoal production. Initial areal footage indicates that agricultural and fishery assets suffered massive damage. WFP estimates that up to 80 per cent of the harvest were lost. The situation further inland was unclear at the time of submission of the CERF application and has resulted in further humanitarian needs.

The Haitian Government called for an international humanitarian assistance on Wednesday 05 October following the passage of hurricane Matthew. The Government through the Ministry of Planning and External Cooperation expressed in an official request that call for humanitarian assistance and it was addressed to the United Nations Country Team and the humanitarian community in general.

As of 11 October 2016, the Directorate of Civil Protection of Haiti had confirmed 473 deaths, 339 injuries and 75 people missing. The number of evacuees was estimated at 175,509 people from four departments: Grand'Anse (99,400), Nippes (7,866), Ouest (3,877), and Sud (64,366). The displaced people were living in some 224 temporary shelters. Among the approximate 2.1 million people affected, UNICEF estimated that 894,057 were children. Nearly 1,410,774 people needed humanitarian assistance, including 592,581 children.

Humanitarian needs included access to a sufficient supply of quality water, education, shelter, child protection, health and nutrition. Many houses, schools and hospitals were damaged or destroyed in the affected areas. Cholera was a large concern and emergency interventions were focusing on the existing cholera response where possible. Preliminary reports from the Emergency Food Security Assessment indicated that the North-West Department was severely affected, with 60 to 90 per cent of crops lost. An estimated 750,000 people needed food, nutrition support, and emergency agriculture for the next three months to prevent resorting to negative coping strategies. This figure included 350,000 people in rural areas who needed to recover their production capacity in the coming months. 112,500 children under age 5 were expected to be at risk of acute malnutrition and increased morbidity and mortality. An estimated 60,000 people needed health services, as per the Haiti Flash Appeal launched on 10 October 2016. The hurricane posed a risk of a renewed spike in the number of cholera cases due to damages to water infrastructure and flooding.

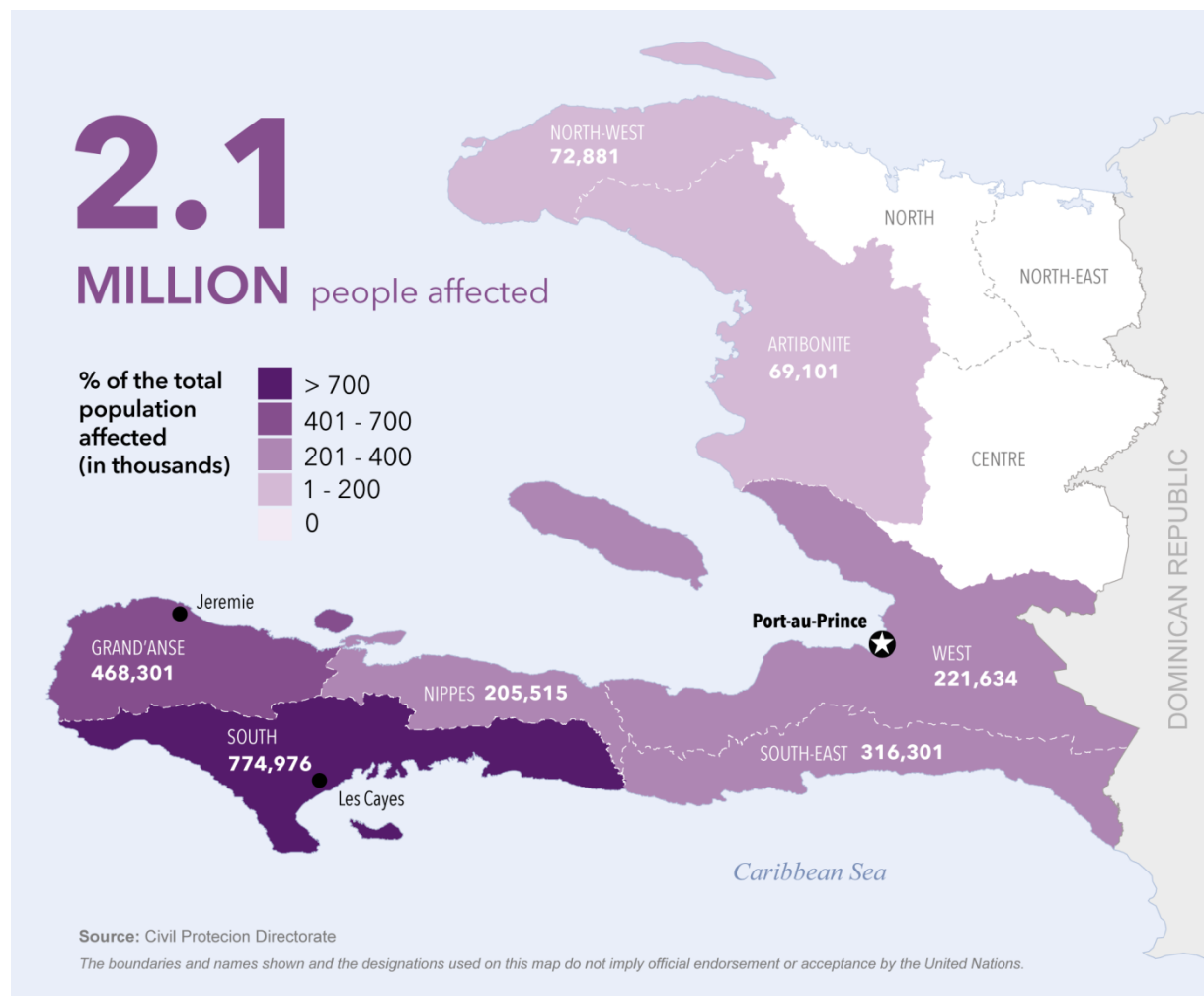
Following hurricane Matthew, the capacity of the health delivery system was severely impacted. Health facilities (departmental, health centres and dispensaries) and cholera treatment centres were physically damaged (e.g. loss of roof, flooding, trees falling on buildings). The Ministry of Health estimated that about 172 health structures were affected with loss of cold chain equipment, equipment for emergency maternal and new-born care destroyed, unavailable stock of vaccines and medications, including stocks of HIV supplies. PAHO/WHO reported that 34 centres (16%) of the 212 cholera treatment centres in the country are reported as damaged or destroyed, mainly in hurricane affected areas, while increase in cholera cases were being reported in these same areas. The lack of human resources and supplies to provide adequate health services impacted the affected population. Stocks of departmental medical items were reported as damaged or lost, and needed to be replaced quickly to ensure emergency care delivery at hospital, health centres and mobile clinics level.

Many of the hurricane-affected areas reported not having access to safe drinking water. In Jérémie, dozens of communal water systems were disrupted and there was no functioning water system anymore. Les Cayes was also affected, where thousands of people needed safe drinking water. There were high risks of waterborne diseases, especially of cholera, as about 750,000 people were considered at risk and in need of assistance. Initial needs assessment in both South and Grand'Anse between the 6th and 10th of October 2016 confirmed a high vulnerability to waterborne and hygiene related diseases among people evacuated into temporary shelters.

As of 12 October 2016, shelter was among the serious affected sector with as recalled a number of evacuees of 175,509 people from four departments: Grand'Anse (99,400), Nippes (7,866), Ouest (3,877), and Sud (64,366), living in 224 temporary shelters, 25,160 houses highly damaged, 2,381 flooded, and 500 destroyed, affecting 115,000 families, and forcing at least 589 people to seek shelter with friends and family, according to CDEMA. 80 per cent of electricity networks were destroyed in the Southern peninsula and 90 per cent of homes in the South and Grande'Anse departments were damaged or destroyed by the hurricane.

The vulnerability and the exposure of women and children to violence, to abuse, and to exploitation tends to increase in contexts of emergency. In the case of Matthew, the vulnerability of the populations, particularly those stationed in temporary shelters, was exacerbated. It was critical to respond to the protection needs of women and children and to fulfill other specific needs that impact their present living conditions, namely difficulties to feed themselves and their families (situations of food insecurity) and lodging difficulties (due to many houses having been destroyed or severely damaged). The catastrophe deteriorated living conditions, thereby increasing

the risk that women and adolescents adopt survival strategies like transactional sex.



II. FOCUS AREAS AND PRIORITIZATION

The trigger for the CERF request was the sudden onset emergency created by the passage of Hurricane Matthew in the South of Haiti and which has caused widespread damage, flooding and displacement. As of 11 October 2016, the Directorate of Civil Protection of Haiti had confirmed 473 deaths, 339 injuries and 75 people missing. The number of evacuees was estimated at 175,509 people from four departments: Grand'Anse (99,400), Nippes (7,866), Ouest (3,877), and Sud (64,366). They were living in some 224 temporary shelters. Among the approximate 2.1 million people affected, UNICEF estimated that 894,057 were children. Nearly 1,410,774 people needed humanitarian assistance, including 592,581 children. Hurricane Matthew was the largest humanitarian crisis in Haiti since the 2010 earthquake and constituted itself an unprecedented emergency for Haiti.

Funds were urgently needed to respond to the unprecedented scale of needs in the areas affected by Hurricane Matthew. The CERF request addressed the most live-saving needs of people affected. In coordination with the Government and other partners, the Humanitarian Country Team in Haiti launched on 10 October a Flash Appeal seeking **US\$139.8** million in emergency funding to meet the most urgent humanitarian needs of 750,000 people, including 315,000 children, for the next three months. Countries, agencies and donors strongly responded to the appeal, but the needs were becoming increasingly important and urgent. The appeal was **62.1 per cent funded** with **US\$ 86.4** million received. The Flash Appeal was in addition to the 2016 Haiti Humanitarian Response Plan (HRP) which itself was funded at **35.3 per cent**.

In order to respond adequately to the important needs created by the passage of Hurricane Matthew, the Humanitarian Country Team in Haiti needed to have access to more funding, ensure that the humanitarian response that was being put in place was really effective, and to ensure adequate lifesaving assistance, humanitarian assistance was delivered timely. The CERF request has come to complete the two funding mechanisms already in place, the Flash Appeal and the HRP.

The first strategic objective was to respond to the most immediate threats to life by providing timely life-saving assistance to people affected by hurricane Matthew. Provide immediate life-saving and life-sustaining safe drinking water, food assistance, nutrition support and health care to the people most affected by Hurricane Matthew. Provide emergency shelter and Non-Food Items (NFIs) for people whose houses have been partially or fully damaged or destroyed. The strategy was also to assist people rebuilding their houses and not setting up camps. Provide adequate protection measures for people in need, especially children separated from their families and restore education services.

The second strategic objective aimed at reducing the risk of cholera and other waterborne diseases in flood-affected areas. Deliver preventive interventions for cholera and other waterborne diseases in flood-affected areas. Strengthen the epidemiological surveillance

in affected areas and increase the rapid response capacities of WASH and health actors. Protect and repair water distribution systems at cholera high-risk areas.

The third strategic objective was to contribute to the overall emergency nutrition response in the hurricane affected population living in by supporting priority actions on treatment of acute malnutrition of children under five years of age. Restore and expand capacity for life-saving nutrition interventions for children under five suffering from severe and moderate acute malnutrition (SAM and MAM) living in hurricane-affected districts. Provide support to promote and sustain recommended IYCF (Infant and Young Child Feeding) practices in emergency context for children under two living in hurricane-affected districts.

The last strategic objective was to ensure equal participation of women in decision making, protection and a dignified access to humanitarian assistance. A targeted focus strategy on women-headed households, separated families, child-headed households, women and girls at risk of Gender-based violence (GBV) in the shelters was promoted – including the provision of safe spaces and access to basic necessities and supplies. Women were engaged as first responders and we ensured their access to decision making spaces as well as informing the humanitarian response on how to outreach women's networks in the hard to reach areas.

For the Nutrition component, the CERF funding aimed at contributing to the reduction in prevalence of acute malnutrition and related morbidity and mortality in children under five. It anticipated to cover 42% of the emergency nutrition needs during the first four months' post Hurricane Matthew. CERF funding aimed at supporting the restoration and expansion of nutrition services for the management of acute malnutrition including support for inpatient and outpatient treatment as well as community mobilization/outreach to ensure communities can identify cases and access the services. While the priority will be on severe cases, provision has been made to accommodate moderate cases in the absence of targeted supplementary feeding. Preliminary analysis indicated an estimated caseload of 2,200 children under five with acute malnutrition in the hurricane hit districts of Grand Anse, Nippes, South and West departments.

Based on the assessment undertaken by health sector partners immediately following the hurricane, and sectoral meetings organized by the Haitian Government and UN agencies, the following life-saving priorities were selected as key rapid response priorities:

- 1) Health care delivery capacity and access to health services restored in the most affected areas

Preliminary reports revealed that health facilities in the region (including cholera treatment centers) had been damaged and their materials lost or compromised due to flooding. The health facilities were then in lack of essential materials to treat wounds, trauma, and infection in the affected populations while faced with increased demand for care following the passage of Hurricane Matthew. Shortage and exhaustion of health personnel also affected the emergency care delivery capacity in the most affected areas as human resources working in health centers are both victims and providers at the same time. Additional support was required to reinforce teams of health workers and support rotation of staff to ensure adequate care delivery in these zones. PAHO/WHO was in the process of conducting rapid assessments to evaluate health facilities capacities post-hurricane and determine urgent needs in terms of material and structure. Additionally, PAHO continues to maintain links with emergency medical field teams (both in Haiti and international deployment) to see how to better support human resources capacities in the affected health facilities. PAHO field teams were deployed to Les Cayes in the South and to Jeremie in Grand Anse to establish a field presence to help ensure rapid response and ameliorate communication within the health system. The UNICEF project focused on restoring access to immunization, safe delivery and community education and mobilization. Under this submission, UNFPA planned to implement key elements of Minimum Initial Services Package (MISP) for reproductive health in emergency.

- 2) Epidemiological surveillance increased to support early detection and timely management of disease outbreaks

Following the hurricane, many departments and communes were cut off from each other and from the rest of the country as telephone networks were down and debris blocked road access. The situation obstructed rapid communications about epidemiologic data at the central level, thus impeding opportune decision-making. During this time, access to safe potable water had become more and more difficult while environmental conditions have worsened. This combination exposed the Southern peninsula to the risk of an epidemic, in particular cholera or other vector-borne disease like malaria. Together with the Directorate of Epidemiology and Laboratory Research, PAHO/WHO aimed at increasing epidemiological surveillance through deployment of technical personnel, procurement of essential items and training existing human resources.

3) Vector-control and protective environmental health measures intensified in impacted areas

Given the high likelihood of spread of diseases after Hurricane Matthew, it was agreed that immediate actions should be taken to reduce the risks of disease outbreaks and minimize the number of people exposed to possible infection. Monitoring and improving water quality, as well as vector control interventions in the Southern peninsula, would help prevent cholera or other vector-borne disease cases from spreading. Health promotion actions help teach preventive behaviors so the affected population could use safe behaviors, such as protecting themselves against mosquito bites or the importance of proper chlorination of their drinking water.

4) Rapid and effective response to cholera outbreaks ensured in affected communities

As each day passed, the number of cholera cases reported from the two affected zones continued to rise. Access to clean and safe water to drink was becoming scarce, and overcrowding in unsanitary shelter conditions has made it the perfect breeding ground for cholera transmission.

The CERF funds covered approximately 16% of the overall PAHO funding requirements estimated at about 4,000,000 USD, about 12% of UNFPA funding requirements, which is evaluated at 2,756,221. The CERF funds covered approximately 25% of the overall UNICEF needs estimated at 1,000,000 USD.

The WASH component aimed at responding to the immediate WASH needs of people living in Grande Anse and South departments. It targeted approximately 100,000 persons, either in shelter or in communities facing water and hygiene related urgent needs.

The expected outputs were:

- 1) Ensuring access to safe drinking water (7.5l-15 l/day/person) for all affected people
- 2) Ensuring rapid response to all cholera cases and others water-borne diseases in the hurricane affected areas
- 3) Sensitizing affected people on public health risks and cholera protection
- 4) Ensuring adequate excreta management and elimination in affected areas

III. CERF PROCESS

The Government and The United Nations Country Team agreed on a response strategy. The overall strategy of the CERF was decided in line of the Flash Appeal and the 2016 HRP and based on available information from field reports and rapid evaluations of the situation in Grand'Anse and in the South. Sectoral Working Groups coordination meetings were used to gather information on partner activities and share situation reports and humanitarian response capacities in the regions.

The Humanitarian community also counted on OCHA deployed staff to support the work of the Department of Civil Protection (DPC) at the National Operation Emergency Center (*Centre d'opération d'urgence nationale* or *COUN*) and to maintain liaison between the Haitian government and the international humanitarian community. An OCHA/UNDAC team was deployed to provide support to the DPC with a presence at the COUN, coordinating the collect, treatment and sharing of information and enhancing the assessment capacity.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 2.1 million people, including 894,057 children									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total

Agriculture	229,500	224,100	453,600	235,800	210,600	446,400	465,300	434,700	900,000
Food Aid	24,000	81,000	105,000	22,000	74,000	96,000	46,000	155,000	201,000
Health	119,667	263,689	383,356	70,668	63,248	133,916	190,335	326,937	517,272
Multi-sector refugee assistance	172,987	260,811	433,789	166,343	250,307	416,650	339,330	511,118	850,448
Nutrition	1,629	0	1,629	1,503	0	1,503	3,132	0	3,132
Sexual and/or Gender-Based Violence	8,478	2,759	11,680	88	355	443	8,566	3,114	12,123
Water, Sanitation and Hygiene	19,829	27,383	47,212	20,638	28,500	48,138	40,467	55,883	96,350

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

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	270,684	396,806	667,490
Male	250,965	380,085	631,050
Total individuals (Female and male)	521,649	776,891	1,298,540

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

BENEFICIARY ESTIMATION

(i) Health Joint Project

- The Joint Health project “Health Response to Hurricane Matthew: Restoring health delivery capacity and reducing risks of cholera outbreaks” was implemented by UNICEF, WHO and UNFPA with separated budget but targeting beneficiaries’ in the affected areas by Hurricane Matthew. The beneficiary estimation was done on the basis of the high number of beneficiaries from the three implementing agencies and was reported in one single number. Below details indicates how much each sub-projects were able to deliver.

(ii) Food insecurity, malnutrition and Emergency Agriculture

The Food security, malnutrition and Emergency Agriculture sectors also worked in synergy to deliver to the people affected by Hurricane Matthew. The beneficiary estimation of these populations is based on high figures shared by the food security and are the one referenced on in the above table of direct beneficiaries reached through CERF funding.

WASH

- Ensuring access to safe drinking water (7.5l-15 l/day/pers) for all affected people

UNICEF has managed the rapid implementation of one main water treatment plant near the city of Jeremie covering the daily needs of more than 15,000 people, with an average daily production of 100 cubic meters. The installation of two mobile water treatment plants in Nippes, have produced about 2 million litres of clean water, and the transportation by trucks of about 2.3 million of clean water between November 2016 and mid-February 2017 was carried out and had benefited an estimated 3,350 beneficiaries daily. The activation of more than 160 emergency temporary water chlorination points in Sud, Grande Anse, Nippes and Sud Est, for an estimated 40,000 persons who benefited from chlorinated water daily was also effective thanks to the CERF. The rehabilitation of 11 water systems in the four same departments, for an estimated 38,000 persons was also made possible.

Cholera

- Ensuring rapid response to all cholera cases and others water-borne diseases in the hurricane affected areas

While the percentage of suspected cholera cases responded to has been low right after Matthew due to the immediate upsurge of diarrhoea diseases and the limited number of teams to respond, the quick activation of 20 additional teams led to a steady increase in rapid response rate: 61% in November, 81% in December, 97% in February and March, leading to the current situation adequate cholera cases control.

- Sensitizing affected people on public health risks and cholera protection

This result has been achieved through more than 250 sensitization sessions implemented by NGOs partners in affected communities. Market places and schools were particularly targeted. Among the activities, 103 hand-washing stations were installed in markets places and temporary shelters.

- Ensuring adequate excreta management and elimination in affected areas

People displaced in temporary shelters, mostly schools, were the primary beneficiaries of this result. The relative “under achievement” has already been explained in relation to coming into agreement with the Haitian Civil Protection and the City Councils. As part of this activity, 18,574 children benefited from sanitation and hygiene improvement at schools. NGO partners worked in 51 schools used as temporary shelters to improve sanitation and ensure cleaning before the schools’ reopening. 39 toilets blocks were rehabilitated during the intervention. In addition to sanitation improvement at shelters level, it is worth noting that UNICEF supported the emergency reopening of the wastewater treatment plant of Fonfrede in the Sud to dispose of the faecal sludge from IDPs sites.

Nutrition

It is worth noting that the emergency nutrition response was eventually focused on only two departments, Grande Anse and South. Rapid and in-depth assessments revealed that these two departments were the most affected by hurricane Matthew with widespread loss of food stock, crops, livestock and livelihoods and increased food insecurity with concomitant destruction of water infrastructures and increase of diarrhoeal cases.

While no representative surveys were conducted during the emergency response phase, screening data indicated that the nutrition situation was under control and similar to pre-hurricane levels. Screening results showed rates of malnutrition of 1% SAM and 3% MAM in South department, and 1% SAM and 4% MAM in Grande Anse department. (Note: These results are based on MUAC and do not give the prevalence of acute malnutrition based on Weight for Height.)

Health

In collaboration with the Ministry of Health, Departmental Health Directorates, and in partnership with Medecins du Monde (MDM) Argentine, UNICEF organized a week of intensive child health work from 12-18 December 2016 in the hurricane-affected departments of South, Grande Anse, and Nippes. As part of preventive care to children under five and pregnant women:

- 41,042 children under five (12-59 months) were vaccinated against measles and rubella, of which 38,537 children under five were vaccinated against diphtheria, tetanus and pertussis. Among the 41,042 children, 18,947 children under five were supplemented with vit A for the first time, and 34,852 children under five were given a second dose.
- 9,000 children under one year of age received vaccination for other routine antigens (BCG, anti-rotavirus, penta, polio and IPV).
- 34,112 children receive appropriate health care in response to illnesses caught after Hurricane Matthew.

The cold chain equipment purchased with the CERF funds ensured the availability of quality vaccines for Haitian children. Solar refrigerators and other vaccine conservation materials purchased with CERF funds enhanced vaccine storage capacity in affected areas.

Through the CERF contribution, medical care was also available to victims of hurricane Matthew through mobile clinics that enabled reaching difficult to access areas. Partnership with the local NGO FONDEFH enabled reaching the neediest communities. 51,776 adults received medical care, including 3,396 pregnant women who received prenatal consultations and micronutrients.

Evaluations and preliminary assessments: After Hurricane Matthew passed through Haiti, it became clear that the capacity for emergency health response in affected zones, including cholera case management, was highly impacted by damage caused to the health facilities. PAHO/WHO field teams and partners worked together to systematically assess MSPP health and cholera treatment facilities. Physical damages ranged from structural impact (ex: the total collapse of the structure, missing roofs, damage to walls and fences, water damage to the building) to loss of case management materials (water damage to equipment, loss of materials and supplies, loss of case management tools).

In total, PAHO/WHO systematically evaluated 103 health facilities in the departments of Grand'Anse and South, of which 92% (95/103) sustained some damage from the hurricane. While the same numbers of institutions were damaged in both zones, most of the severe damage was sustained by Grand'Anse where several health structures completely collapsed.

The impact of Hurricane Matthew on the health system was observed in three ways:

1. Physical and structural damage to health facilities: Out of 103 existing health facilities in Grand'Anse and Sud, 34 (33%) were severely damaged (20 in GA, 14 in Sud) and 61 (59%) others were damaged to a lesser degree (27 in GA, 34 in Sud). Physical inaccessibility was a major problem right after the passage of the hurricane as flooding, downed trees and signposts blocked access to health facilities.
2. Medical supplies and equipment were lost or affected by water damage
3. Human resources were not available immediately after the hurricane to provide basic medical care

Immediate response achievements include:

- PAHO/WHO supported the rehabilitation of 10 health facilities in Grand'Anse, Nippes, and Sud departments. Six of these 10 facilities were smaller health facilities or cholera treatment facilities. Repair works included replacing roofs which had blown away during Hurricane Matthew, repairing incinerators, changing windows and doors, and creating triage and observation zones.
- Purchase of 2 Interagency Diarrheal Disease Kits. Distribution of medical cholera and WASH supplies to 21 cholera treatment facilities in Grand'Anse, South, and Nippes departments throughout the emergency period to ensure that existing health facilities have the means with which to treat their patients. PAHO/WHO also directly provided cholera supplies to at least 6 NGOs and the Departmental Peripheral Warehouses in Grand'Anse, South, and Nippes, which provide supplies to cholera treatment facilities which may not have been directly covered by PAHO/WHO distributions.
- Restoration and reinforcement of the epidemiological surveillance system thanks to PAHO/WHO, CDC, MDM and other partners through:
 - (1) direct epidemiological support to the MSPP in data collection, analysis, and reporting;
 - (2) purchase of cholera rapid tests, laboratory supplies and training on laboratory techniques;
 - (3) rapid alert and response to alerts.
- Mobilized 17 epidemiologists to ensure at least one local and one international (GOARN) epidemiologist could support the DSS and DSGA
- Mobilized 11 epidemiologists/disease specialists to support at central level

- Distribution of 1,357 mosquito nets to 33 health facilities in Grand'Anse and South departments
- Distribution of 30 water quality testing kits, water, and sanitation materials, and 1.65 tons of chlorine disinfectant to 3 departmental health directorates (Grand'Anse, Nippes, and South)
- Distribution of 6.7 tons of chlorine disinfectant to DINEPA for 3 months of chlorination of water supply systems in the most affected communities and for emergency water distribution
- Support to the Ministry of Health for supervision of quality standards related to infection prevention in acute diarrhea treatment centers in those two departments.
- Evaluation missions to determine vector control activities and priorities with the PNCM/MSPP, the section of the MSPP related to malaria control
- A sustained decreasing trend in a number of cholera cases reported has been maintained through early 2017 thanks to PAHO/WHO and partner response activities in the region.
- Provision of supplies for adequate hygiene and case management for 29 cholera treatment centers and 3 departmental health directorates. These supplies include over 200 cholera beds, water and sanitation supplies, cholera kits and other medical cholera treatment supplies to ensure adequate treatment.
- Quality Assurance to support the MSPP in supervision and improvement of quality standards related to infection prevention in 20 cholera treatment facilities.
- Rapid Response Coordination undertaken with health and WASH partners to set up temporary cholera treatment centers, facilitate the availability of medication and human resources, rapid case investigation, provide on-site training if needed, and mobilize the local community response.
- Provided support and coordinated with the EMIRA in the two departments, including advocating for more support from the MSPP (EMIRA teams from Center and Artibonite came to support the EMIRA teams in the South).
- Rehabilitation of 21 Cholera treatment facilities.

PAHO/WHO deployed two experts on quality of health services to evaluate cholera treatment facilities in South and Grand'Anse departments. These experts also re-oriented treatment facilities on norms and protocols, when necessary, to ensure hygienic and sanitary conditions for patients and personnel. They identified areas for improvement and measures to address gaps (often with the collaboration of implementing partners), which included:

- On-site training is given to cholera treatment staff on key subjects such as hygiene, appropriate cholera treatment for patients with co-morbidities such as hypertension, pregnancy, breastfeeding or malnutrition.
- Training for medical waste incinerator operators in two departments (Grand'Anse and South).
- Small-scale improvement works (ex: repair of incinerators, construction or repair of latrines, installation of footbaths, reorienting the patient circuit and flow within the center) to ensure hygiene and adequate space for patient care.

Reproductive health

UNFPA and its partners have reached 389,414 women and adolescents who received information and services on reproductive health and 9,191 pregnant women who were assisted for safe delivery at health facilities. UNFPA also established 4 health mobile team providing services in the 2 affected departments for the period of the project. 15 Health facilities received emergency reproductive health kits in Grand'Anse and Nippes departments while 40 health personnel were trained on Minimum Initial Services Package for reproductive Health in emergencies and 20 Health personnel trained on clinical management of Rape. Finally, 2 maternity health facilities were rehabilitated in Grand'Anse and Nippes departments.

Sexual and/or Gender based violence

With the CERF funds, the following results were achieved by UN WOMEN:

- 925 vulnerable women and 88 men at risk of exploitation benefited from cash-for-work activities, which facilitated their economic recovery and equally served to prevent gender based violence within the frame of humanitarian response (Cash-for-Work).
- Awareness was raised among 660 women and 180 men on the protection of women's rights and were informed on the existing services and community protection mechanisms that can be mobilized at any time and, more specifically, in case of humanitarian emergency. (Use of the Safe Spaces).
- 1,154 women and 117 men from four (4) networks of women's organizations in Grand-Anse and the South benefited from a personalized technical support with regards to leadership, preparedness, and emergency response through knowledge acquisition of a family emergency plan (PUF) and basic business management to boost economic recovery.

- Reinforcement of the partnerships/collaboration with the regional coordination of the Ministry of Women Affairs on the field, the regional cells of the DPC, and the women's organizations within the networks of the targeted organizations.
- Two training sessions on preparation and emergency response with the PUF1 tool of the DPC were held in 10 communes within the 2 geographical departments, with the aim of reinforcing the capacities of the women's organizations and the structures of the Civil Protection.

A partnership was built between UN Women and Action Aid for the construction of two Safe Spaces, one in the locality of Roseaux and the other in Buvette (in the city of Jérémie in the department of Grand'Anse). The Safe Spaces are known and primarily are used both by the members of the organizations within the KPGA/OFTAG network located in 8 communes of Grand'Anse and by the neighbouring communities. Safe Space's mission is to welcome, support, and guide the care and referral services of victims of violence. Support was provided in the form of tools and the coaching to the members OFTAG/KPGA orientation unit, which is responsible for the GBV component. They have made it possible within the settlement communities to improve how survivors of violence are welcome and accompanied and on how to refer them to other partners or structures for the follow-up (legal, psycho-socio care, etc.).

Information space / awareness / training. These women-led security spaces have become social and secure spaces where the entire community and women in particular find vital information for their protection and their access to humanitarian aid. These structures also refer, when existing, to appropriate services such as health, food, education, and shelter. They also contribute to the economic empowerment of women by serving as a community space for sharing information on cash for work and the distributions of aid that will take place in their areas.

Awareness-raising activities on violence, protection, or other issues of importance to the community, especially for women, take place regularly in these spaces. From December 2016 to February 2017, approximately 840 people were able to benefit from the services offered in the Safe Space during the activities: visibility and inauguration of spaces, community meetings, awareness training, mobile clinics, and working sessions with organizations partners. On average, 380 people benefited from the Safe Space activities each month, which amounts to a total of 1,900 people for the project period, from December to April. Through these spaces, women have had access, during community meetings, to information that can save their lives and give them relevant opportunities for social and economic recapitalization.

Agriculture

1. Support provided by FAO and number of households (and people) benefited

The project provided seed assistance to 19,600 households (98,000 people – including 49% of women) affected by Hurricane Matthew in the departments of Grande Anse (10,600 households) and South (9,000 households) instead of 9000 households planned in the project.

At the beginning of the winter growing season in November 2016, 7,500 beneficiary households (3,000 of the South and 4,500 of Grande Anse), who have irrigated plots in the plain, received 10 kg of Bean (DPC 40 variety) and / or Lima bean seed (Béséba) plus 500 sweet potato cuttings (Mizé maléré): 1500 beneficiary households per commune (Les Anglais, Chardonnière, Jérémie, Dame Marie and Moron). The beneficiaries of the commune of Port à Piment could not sow during the winter season because they did not have irrigated plots.

At the beginning of the spring season, in February 2017, the project provided seeds assistance to 7,100 other vulnerable households (3,500 of the South and 3,600 of Grande Anse), who live in the mountains without irrigated plots: 1000 vulnerable households in the commune of Les Anglais, 1500 from Port à Piment, 1000 from Chardonnière, 1200 from Jérémie, 1200 from Dame Marie and 1200 from Moron. Each household received 7.5 kg of bean seeds (DPC40), 5 kg of corn seeds (Chicken corn), 500 sweet potato cuttings (Mizé maléré) for the South department and 300 cassava cuttings (CMC 40).

¹ Plan d'urgence familial

In addition to households that have received seeds for staples crops, at the beginning of the spring season, the project also assisted 5000 vulnerable households (2500 of South and 2500 of Grande Anse), 80% of them women, with vegetable seeds at the rate of 66 g of seeds per beneficiary. Finally, the project funded capacity building of 120 rural community leaders, including 54 women (45%), on agricultural practices resilient to climate change. They will pass on the knowledge acquired to neighboring rural families through practical demonstrations in their fields.

2. Impacts/results of the project

The seed assistance for the 2016 winter season allowed each of the 7500 beneficiary households to harvest between 80 and 100 kg of beans and/or Lima beans and 250 kg of sweet potatoes, at the beginning of February 2017. This agricultural production allowed their families to have a diet composed of bean and sweet potatoes for 3 months. While each of the 7,100 beneficiaries of seeds and planting material for the spring season, will harvest about 70 kg of beans, 250 kg of maize, 250 kg of sweet potatoes and 300 kg of cassava, from June to August 2017. This agricultural production allows each family to have a diet composed of bean and cereal or tuber for more than 5 months.

Three months after sowing, the 5,000 households benefiting of vegetable seeds have a production of about 700 kg of vegetable per household. Implementing the knowledge gained by CBO leaders will enable them to increase crop yields and reduce the impact of climate change on their agricultural production. They will serve as an example for neighboring families who will learn good agricultural practices on the ground.

3. The value of total production support by the project

The economic impact has been estimated taking into account the production estimated on the basis of the average yield of each crop and a crop assessment survey conducted by FAO agronomists and NGO partners on a random sample of 5% of beneficiaries. However, as this report was done before the harvest of the 2017 spring crops, the estimate of harvests resulting from seeds and cuttings distributed at the beginning of this season was made on the basis of the average rural yield of concerned crops in Haiti. The FAO team also collected the selling prices of different foods in the market of Grande Anse and South. Thus, during the two growing seasons, the project seed assistance has allowed beneficiaries to have an estimated total production of:

- ✓ 1,402 tons of beans or Lima beans which have a monetary value of US\$3,322,740 (US\$ 2.37 / kg);
- ✓ 1,775 tons of maize which have a monetary value of US\$ 1,846,000 (US \$ 1.04 / kg).
- ✓ 2,750 tons of sweet potatoes which have a monetary value of US\$ 1,925,000 (US \$ 0.7 / kg);
- ✓ 3,195 tons of cassava which have a monetary value of US\$ 4,792,500 (US \$ 1.5 / kg).
- ✓ 3,580 tons of vegetables which have a monetary value of US\$ 7,518,000 (US \$ 2.1 /kg).

The project contributed to the overall production of about 12,700 tons of diversified foods that cost about 19,404,000 million US dollars.

Food Aid

With the CERF funding 201,000 beneficiaries have received vegetable oil. 70,000 of them have also received pulses, while 29,000 have received vegetable oil, pulses and rice to meet their food needs for two months. The original target of 80,000 beneficiaries was based on a full food basket (oil, pulses, cereals and salt) for two months. The commodities provided by the CERF funding were complemented by commodities funded by other donors to provide the full food ration.

Displacement Tracking Matrix (DTM) / Camp Coordination Camp Management (CCCM) / No Food Items (NFI)

IOM teams were deployed as of October 6th to assist in the response to those most affected by the hurricanes. Following a request from the Ministry of Interior (MICT) and with support from partnership agreements, IOM tailored its Displacement Tracking Matrix (DTM) process to respond to hurricane Matthew. The objective of the DTM was to acquire timely and accurate information on the affected and displaced population living in the departments (Grand Anse and Sud) by carrying out an emergency registration and displacement tracking mechanism for populations inside and outside of these temporary evacuation shelters (urban, rural and out of camp displacement). Through the data acquire, IOM aimed to assist and advise both the Government of Haiti and humanitarian response actors in order to implement an effective recovery strategy.

Following the passage of the hurricane, many roads were damaged and IOM teams encountered great difficulties when trying to reach certain villages and towns that became inaccessible. IOM teams in collaboration with the support of local government officials in each of the targeted communes was able to provide basic information on the affected population as well as orient DTM teams to the areas to assess. Following heavy rains and ensuing landslides, DTM teams activities were also slowed during the month of April.

Through the DTM activities a thorough inventory was carried out in collaboration of the GoH, national institutions and humanitarian partners to consolidate a masterlist of all open evacuation centers where the affected population had taken refuge prior to, during and after the hurricane in the departments most affected by the hurricane (Grande Anse, Sud and Nippes).

IOM DTM teams in collaboration with the 150 DPC agents (trained by the IOM teams on the DTM methodology), inventoried a total of 711 evacuation centres through the consolidated information provided by the aforementioned partners. Subsequently, IOM DTM teams/DPC agents carried out a profiling exercise through field visits, observation, physical counts and interview with key informants in 423 evacuation sites which were reported/estimated to house approximately 10,500 households (43,500 individuals).

IOM DTM conducted registration exercises in specific shelters targeted for assistance and/or under risk of eviction. A total of 81 of the profiled sites were registered by IOM DTM teams and DPC agents to support humanitarian interventions. These sites housed 4,547 households (19,138 individuals). As of 27th of April, 47 sites remain open in three departments (South, Grand'Anse and Nippes) most affected by Hurricane Matthew.

During the project period, four (4) DTM reports were produced between October and April 2017, in which the figures on the displaced population, movement and displacement trends as well as information on the damage assessment carried out through the building inventory were communicated to the GoH, national institutions, humanitarian partners, etc.

Following the passage of Hurricane Matthew, IOM as lead of the CCCM Working Group, immediately engaged and coordinated with the GoH, local and humanitarian partners in order to harmonize activities and maximize the aid assistance to the population affected by Matthew.

The CERF funds allowed IOM to facilitate the CCCM meetings at the national and departmental level (South and Grande Anse). An average of 11 partners actively participated in the meetings (in some occasions the CCCM meetings were held jointly with Shelter and NFI coordination). The active CCCM partners included, ACTED, Concern World Wide, Canadian Red Cross, French Red Cross, CRS, Jaminor Haiti, J/P HRO, IOM, Save the Children, Solidarity International, Oxfam, The CCCM meetings were the forum where the information on registered displaced population was shared between the response actors (output 1). Information on each respective partner's activities was also shared in this forum and compiled in a 4Ws document, which facilitated the coordinated actions from partners in the ground and contributing to identify the gaps in the emergency response. Each of the CCCM partner's activities are outlined in the attached 4W (Annex 1) The DTM and the CCCM Coordination mechanisms were the first outcome of the CERF funding.

The second outcome of the CERF funding was with regards to NFI. The CERF funds allowed IOM to assist the Government of Haiti (GoH) and its humanitarian partners to provide Emergency Shelter, Non-Food (NFIs) and WASH materials to the affected population in the Grand'Anse and South Departments. Due to the multitude of needs, humanitarian partners mobilized large quantities of in-kind NFI contributions. As a result, there was a significant increase in the quantity of NFIs managed and transported by IOM.

During the project period (27 October 2016 -26 April 2017), IOM provided the following support to the affected population by hurricane Matthew):

- Establish and managed the NFI Common Pipeline;
- Opened of 2 sub-offices in les Cayes and Jeremie to coordinate NFI allocation distribution to partners
- Received a total of 2,068 metric tons of NFIs through 33 air and road cargos for further shipment to the field;
- Supported sixty-one (63) national and international humanitarian organizations through NFI Common Pipeline;
- Aired a fleet of 15 trucks to the DPC and NGO partners to facilitate their onward distribution of NFIs.
- A total of 197,931 households (or 831,310 individuals) have received assistance through the IOM-managed NFI common pipeline.
- Dispatched a total of 258 trucks carrying 2,200 metric tons of NFIs to Les Cayes and Jeremie by road and air.

CERF's ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

The CERF funds have contributed to rapidly improve agricultural production of beneficiary households because quality seeds and planting materials were made available for two agricultural seasons following the hurricane Matthew. As results, family farmers had harvested three months' various crops after the beginning of the project.

The CERF funds supported IOM in the deployment of forty-nine (49) IOM staffs including National and International staffs in order to timely and efficiently provide rapid assistance to the severely affected communities from Hurricane Matthew. In addition, IOM put in place a fleet of 15 trucks, including five (5) in Les Cayes and ten (10) in Jeremie to support the humanitarian community in the transportation of the life-saving commodities from the related warehouses to the affected people especially in the remote areas.

In addition, the rapidity of CERF funding improved the CCCM coordination through the support of decentralised CCCM meetings. During the project, eight (8) national meetings were held in PaP and weekly meetings were held in the Grande Anse and the South Departments until February. Since mid-February, the meetings in the departments are held every two weeks (jointly with the Shelter/NFI coordination). In these meetings, data and identified needs of the displaced populations were provided to the partners in the field. This exchange of information allowed to tailor partners' interventions to the beneficiaries' needs and to coordinate actions within partners in the field.

The resources provided supported the overall emergency response carried out by PAHO/WHO in support of the Ministry of Health and Population of Haiti (MSPP). The funding made it possible to achieve the five strategic objectives prioritized by the health sector, which were:

1. Restore health care delivery capacity and access to health services in the most affected areas;
2. Increase epidemiological surveillance to support early detection and timely management of disease outbreaks;
3. Intensify vector-control and environmental health protective measures in impacted areas;
4. Ensure rapid and effective response to cholera outbreaks in affected communities;
5. Support efficient coordination of humanitarian assistance and management of information to effectively address the most urgent humanitarian needs.

b) Did CERF funds help respond to time critical needs²?

YES ☒ PARTIALLY ☐ NO ☐

The hurricane had destroyed the agricultural production mechanisms of family farmers. The CERF project was able to provide seeds and planting material to vulnerable households to boost agricultural production in the early seasons of winter 2016 and spring 2017. Thus, three months after planting, each beneficiary harvests food that can feed his family for at least 3 months.

Following the initial assessments and the significant damages caused by Hurricane Matthew to vital infrastructure, IOM overcame logistics impediments by providing coordinated, effective and timely distribution of relief items.

Throughout its capacities, IOM managed and transported NFI stocks and emergency shelter for 197931 households and pre-positioned in the affected areas for rapid distribution on the ground. Through its activities and coordination with the DPC, IOM received and transported NFI items to the DPC warehouses in Jeremie and in Cayes.

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.).

However, as the storage capacities of the DPC warehouses in the targeted departments were very limited, IOM quickly erected two (2) Rubb halls in the area of the departmental EOC³ in order to better store the additional relief items.

Furthermore, throughout the implementation of the project, IOM's DTM activities have provided the Government of Haiti and humanitarian partners with reliable and up-to-date information on the urban and out-of-camp displacement. Specifically, the DTM reports provided information on population movement trends, shelter profiling, households' registration in shelters, and building inventory. The data collected through the DTM has been analysed and enabled the determination of movement and displacement trends within the affected departments and thus provide basic qualitative information aimed at ensuring assistance and interventions that are best tailored to the needs of the affected population. The DTM has also been used for rental subsidy programs implemented by IOM and other partners in Grande Anse and Sud. Indeed, information collected through the DTM has enabled the closure of 7 evacuation sites in Grande Anse (1,135 households) and 4 evacuation sites in Sud (114 households).

Through PAHO and the funds provided by CERF, it was possible to support the procurement, temporary storage and distribution of essential medical and health supplies to ensure health continuity in affected areas. The funds facilitated the repairs and rehabilitation work on damaged health delivery structures and Acute Diarrhea Treatment Centers, which enabled restoration of essential services, including WASH rehabilitation works. It also ensured availability of disinfectant in health care facilities, training on water treatment and quality, chloride residual control, and the use of SISKLOR national water quality monitoring system.

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

YES ☒ PARTIALLY ☐ NO ☐

In addition to the CERF funds, other donors funded agricultural assistance to households affected by hurricane to contribute to the needs expressed by FAO in Flash Appeal: FAO has given 500,000 USD to assist 40,000 people of South department, SFERA Fund gave 500,000 USD to assist to restore the livelihoods of 2500 agro-pastoralists and 1500 fishermen of Grande Anse and South departments, the Kingdom of Belgium has contributed 3 million Euro to assist 12,000 rural households affected by the hurricane in the south and Grande Anse departments and Canadian Government gave 400,000 Canadian dollars to assist 2,500 rural households in the North west Department. Contacts with other donors are going on for HRP funding.

The CERF funds have helped IOM reinforce the common NFI pipeline which aimed to reinforce the capacities of the Government of Haiti and the humanitarian community to timely deliver life-saving commodities and supplies to the affected people. The significance of the pipeline was visible through the mobilization of in-kind contributions from different donors, along with the provision of logistic support for other humanitarian partners.

PAHO/WHO received in-kind donations from Austria, France, the Dominican Republic, and the UK (DFID), and also procured emergency cholera kits, basic emergency health kits, cholera beds and other items. With this stock in hand, the PAHO field teams was able to distribute medical and cholera supplies, including 2 cholera kits, 2 malaria modules, 2 PEP modules, and 2 emergency health kits (IEHK kits which cover 10,000 persons each) to 82 health and 28 cholera treatment facilities in Grand'Anse and South departments throughout the emergency period to ensure that existing health facilities have the means with which to treat their patients. Distributions were done by car, by helicopter, and by boat, thanks to collaboration with the World Food Programme's logistic arm and a Dutch naval ship.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

The CERF project provided to FAO the opportunity to work in coordination with other actors active in the food security and nutrition sectors such as UNICEF and the WFP as well as some international NGOs. The coordination focused on the departmental coordination of food security and the need assessment in concertation with CNSA, WFP and other actors in this domain.

³ EOC: DPC Emergency Operations Center. The DPC has a EOC in each of the ten departments.

Through the CERF funding, the coordination amongst the humanitarian community was strengthened in terms of responding to the critical needs of the population most affected by hurricane Matthew.

During the implementation of the project, IOM, along with the World Food Program (WFP) and in coordination with the DPC and respective partners participated in the Logistics Working Group. Specifically, IOM managed the NFI Common Pipeline and established warehousing space in Jeremie and Les Cayes. Through the management of the NFI Common Pipeline, IOM dispatched a total of 2,200 metric tons of NFI by land and air transport. Once delivered and stored in the designated warehousing space, 68 partners (28 national and 40 international partners) were responsible for the onward distribution to beneficiaries. Moreover, IOM worked closely with the DPC in the selection of eligible agencies & targeted areas to support in terms of allocation of NFIs and transportation. In areas where there were post-disaster needs and no active humanitarian partner, IOM directly supported the DPC in the distribution of NFIs to the related affected population.

PAHO/WHO was able to provide coordination for the immediate emergency response among 52 other partners, a significant percentage of those from the humanitarian community.

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

The project improved the coordination between FAO and WFP to provide vulnerable households with food assistance and seed assistance at the same time.

CERF had a substantive added value to the humanitarian response as it was able to contribute to the needs and priorities in terms of responding to the most urgent needs following the passage of hurricane Matthew. Furthermore, the impact of the CERF supported project was widespread across the South and Grand'Anse Department, where the population was most affected by the hurricane.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Make sure the sustainability of emergency actions is clear	Actively involve the communities including voluntary committee leaders, community agents, officials and other local partners in responding and preventing humanitarian crisis.	CERF Secretariat
Diversify partners to reach all the communities	Encourage UN agencies to implement a certain percentage of CERF grants through national and local partners	CERF Secretariat - HCT

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Better use of local market	Mapping of local WASH private actors, training on emergency mapping analysis applied to the WASH sector could benefit future emergency response.	OCHA, UNICEF
Improve rapid needs assessment processes	Development of clear SOP for deployment of rapid assessment teams with pre-identified key persons per organizations, and ideally per department.	OCHA, UN Agencies, Government

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	05/10/2016 - 04/04/2017		
2. CERF project code:	16-RR-CEF-118		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:	Water, Sanitation and Hygiene					
4. Project title:	Emergency water, hygiene and sanitation assistance to hurricane affected people					
7. Funding	a. Total funding requirements ⁴ :		US\$ 3,500,000			
	b. Total funding received ⁵ :		US\$ 986,754			
	c. Amount received from CERF:		US\$ 986,754			
d. CERF funds forwarded to implementing partners:						
■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 660,124.73 ■ <i>Government Partners:</i> US\$ 45,899.65						
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
	<i>Children (< 18)</i>	27,040	24,960	52,000	19,829	20,638
	<i>Adults (≥ 18)</i>	24,960	23,040	48,000	27,383	28,500
	Total	52,000	48,000	100,000	47,212	48,138
8b. Beneficiary Profile						
Category		Number of people (Planned)			Number of people (Reached)	
<i>Refugees</i>						
<i>IDPs</i>		61,000			63,590	
<i>Host population</i>		39,000			32,760	
<i>Other affected people</i>						
Total (same as in 8a)		100,000			96,350	

⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁵ This should include both funding received from CERF and from other donors.

<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 discrepancy between planned and reached beneficiaries is due to the challenges faced by WASH actors in working within emergency shelters at the onset on the response. The Haitian Civil Protection and the City Councils were initially against the provision of direct support to people in shelters. It was only following strong advocacy by UNICEF on the risks, particularly in a cholera prone area, that agreement was reached on the types of interventions authorized, such as toilets cleaning and quick rehabilitation, desludging of pits, and hand-washing stations.
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CERF Result Framework			
9. Project objective	Ensure access to safe water and adequate hygiene and sanitation for the hurricane affected population in Grande Anse, South, Nippes and North West		
10. Outcome statement	Affected people are protected against infectious water-borne diseases and have access to water and sanitation respecting their dignity, privacy and security		
11. Outputs			
Output 1	Ensuring access to safe drinking water (7.5l-15 l/day/pers) for all affected people		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of persons provided with safe water for drinking, cooking and personal hygiene use	100,000	96,350
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Install and operate water treatment units where water distribution systems are out of order	DINEPA, EU Civil Protection and NGO partners	DINEPA, EU Civil protection, ACTED, Solidarités International
Activity 1.2	Installing water storage capacity near gathering sites/collective shelters	DINEPA, NGO partners	DINEPA, ACTED, Solidarités International
Activity 1.3	Providing household water treatment solutions for population living in isolated areas or being reached by collective water supplies systems	DINEPA, NGO partners	ACTED, Solidarités International
Output 2	Ensuring rapid response to all cholera cases and others water-borne diseases in the hurricane affected areas		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	80% cholera alerts responded in less than 48 hours by November 2016	80%	80.6%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Reactivating the community surveillance of cholera cases in all affected areas	MSPP and NGO partners	MSPP, ACTED, Solidarités International
Activity 2.2	Increasing the number of rapid response teams in the main affected departments;	MSPP and NGO partners	MSPP, ACTED, Solidarités International

Activity 2.3	Support DINEPA for systematic chlorination of all functioning water systems in the affected area	MSPP, DINEPA and NGO partners	DINEPA, ACTED, Solidarités International
Output 3	Sensitizing affected people on public health risks and cholera protection		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of persons sensitized on hygiene related risks in hurricane affected areas	100,000	93,300
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Emergency sensitization provided to the affected population on water, sanitation and hygiene related health risks	MSPP, NGO partners	ACTED, Solidarités International, Terre des Hommes
Activity 3.2	Providing families with basic standard hygiene kits	NGO partners	ACTED, Solidarités International, Terre des Hommes
Activity 3.3	Providing hand-washing stations in shelters, schools and health facilities when relevant	NGO partners	ACTED, Solidarités International, Terre des Hommes
Output 4	Ensuring adequate excreta management and elimination in affected areas		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of persons having access to safe, secure and hygienic sanitation (50 pers/toilets in the first weeks and then 20 per/ toilet as soon as possible)	100,000	32,760
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Ensuring access to safe, sex-segregated and hygienic sanitation facilities	DINEPA and NGO partners	ACTED, Solidarités International, Terre des Hommes
Activity 4.2	Providing hand-washing stations for all utilized sanitation facilities	DINEPA and NGO partners	ACTED, Solidarités International

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:

Output 1:

This result has been achieved through:

- The rapid implementation of one main water treatment plant near the city of Jeremie covering the daily needs of more than 15,000 people, with an average daily production of 100 cubic meters.
- The installation of two mobile water treatment plants in Nippes, having produced about 2 million litres of clean water, and the transportation by trucks of about 2.3 million of clean water between November 2016 and mid-February 2017, which benefited an estimated 3,350 beneficiaries daily.
- The activation of more than 160 emergency temporary water chlorination points in Sud, Grande Anse, Nippes and Sud Est, for

an estimated 40,000 persons who benefited from chlorinated water daily.

- The rehabilitation of 11 water systems in the four same departments, for an estimated 38,000 persons.

Outcome 2:

While the percentage of suspected cholera cases responded to has been low right after Matthew due to the immediate upsurge of diarrhoea diseases and the limited number of teams to respond, the quick activation of 20 additional teams led to a steady increase in rapid response rate: 61% in November, 81% in December, 97% in February and March, leading to the current situation adequate cholera cases control.

Outcome 3:

This result has been achieved through more than 250 sensitization sessions implemented by NGOs partners in affected communities. Market places and schools were particularly targeted. Among the activities, 103 hand-washing stations were installed in markets places and temporary shelters.

Outcome 4:

People displaced in temporary shelters, mostly schools, were the primary beneficiaries of this result. The relative "under achievement" has already been explained above in relation to coming into agreement with the Haitian Civil Protection and the City Councils. As part of this activity, 18,574 children benefited from sanitation and hygiene improvement at schools. NGO partners worked in 51 schools used as temporary shelters to improve sanitation and ensure cleaning before the schools' reopening. 39 toilets blocks were rehabilitated during the intervention.

In addition to sanitation improvement at shelters level, it is worth noting that UNICEF supported the emergency reopening of the wastewater treatment plant of Fonfrede in the Sud to dispose of the faecal sludge from IDPs sites.

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

NGOs partners evaluated immediate needs of the affected population through rapid participatory assessment in communities. The scale of the disaster forced NGO partners to cover large areas, which made it challenging to establish stable relationships with communities.

Some partners implemented rapid satisfaction surveys on the quality of distributed water, results of which were generally positive and indicated to a good level of acceptance.

However, the Real Time Evaluation indicated to weakness in the field of community engagement and communication with affected people. Since then, several trainings and meetings with partners took place on the ground to improve this component of the response and include AAP in the signed agreements between UNICEF and its partners.

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

EVALUATION CARRIED OUT ☒

A real time evaluation has been carried out in December 2016. The results indicated that the WASH sector was performing well, while recognizing room for progress.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNICEF		5. CERF grant period:	21/10/2016 - 20/04/2017			
2. CERF project code:	16-RR-CEF-119		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Nutrition						
4. Project title:	Management of severe acute malnutrition in children under five living in hurricane affected areas						
7. Funding	a. Total funding requirements ⁶ :		US\$ 1,200,000		d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 271,346.65 ▪ <i>Government Partners:</i>		
	b. Total funding received ⁷ :		US\$ 900,000				
	c. Amount received from CERF:		US\$ 510,754				
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 (< 18)		1,100	1,100	2,200	1,629	1,503	3,132
Adults (≥ 18)							
Total		1,100	1,100	2,200	1,629	1,503	3,132
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population		2,200			3,132		
Other affected people							
Total (same as in 8a)		2,200			3,132		

⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁷ This should include both funding received from CERF and from other donors.

<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>	Total number of beneficiaries reached (3,132) include children 6-59 months suffering both from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) (937 SAM and 2,195 MAM). Provision for MAM was factored into the proposal in order to prevent deterioration of MAM into SAM. To respond to the absence of supplementary feeding targeting MAM, UNICEF covered both SAM and MAM needs using the same product (RUTF), the same supply chain and the same distribution channel.
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CERF Result Framework			
9. Project objective	Reduce the risk of mortality in children under five affected by acute malnutrition		
10. Outcome statement	Acute malnutrition rates are maintained below pre-hurricane levels		
11. Outputs			
Output 1	2,200 children under five suffering from acute malnutrition are treated according to national protocol		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Recovery rate in line with Sphere standards	> 70%	68%
Indicator 1.2	Death rate in line with Sphere standards	< 10%	1%
Indicator 1.3	Defaulter rate in line with Sphere standards	< 15%	16%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of therapeutic nutrition commodities, systematic treatment drugs and anthropometric equipment	UNICEF	UNICEF
Activity 1.2	Training of health care providers in CMAM	Ministry of Health, UNICEF and partners	Ministry of Health, UNICEF, AVSI, Save the Children, FONDEFH
Activity 1.3	Active and passive case findings at community and facility level	Ministry of Health and partners	Ministry of Health, AVSI, Save the Children, FONDEFH, HHF
Activity 1.4	Outpatient care of MAM and SAM cases without complications	Ministry of health	Ministry of Health, with support from AVSI, Save the Children, FONDEFH, HHF
Activity 1.5	Inpatient care of SAM cases with complications	Ministry of Health	Ministry of Health, with support from AVSI, Save the Children, FONDEFH, HHF

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:

It is worth noting that the emergency nutrition response was eventually focused on two departments only, Grande Anse and South. Rapid and in-depth assessments revealed that these two departments were the most affected by hurricane Matthew with widespread loss of food stock, crops, livestock and livelihoods and increased food insecurity with concomitant destruction of water infrastructures and increase of diarrhoeal cases.

While no representative surveys were conducted during the emergency response phase, screening data indicated that the nutrition situation was under control and similar to pre-hurricane levels. Screening results showed rates of malnutrition of 1% SAM and 3% MAM in South department, and 1% SAM and 4% MAM in Grande Anse department. (Note: These results are based on MUAC and do not give the prevalence of acute malnutrition based on Weight for Height.)

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

The project was inclusive and non-discriminatory: beneficiaries were selected according to objective criteria (their nutritional status) regardless of other factors, treatment was given free of charge and a decentralized approach (mobile clinics) was used thereby bringing the services close to the hard to reach population and ensuring that the most vulnerable were reached. Community involvement and participation was promoted through community health agents, volunteers, women clubs, who were oriented to sensitize and mobilize their communities to identification, referral and treatment of acute malnutrition.

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

EVALUATION CARRIED OUT ☐

No evaluation planned.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	UNICEF UNFPA WHO		5. CERF grant period:	04/10/2016 - 03/04/2017 (UNICEF) 04/10/2016 - 03/04/2017 (UNFPA) 04/10/2016 - 03/04/2017 (WHO)			
2. CERF project code:	16-RR-CEF-120 16-RR-FPA-047 16-RR-WHO-045		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Health						
4. Project title:	Health Response to Hurricane Matthew: Restoring health delivery capacity and reducing risks of cholera outbreaks						
7. Funding	a. Total funding requirements ⁸ :	US\$ 9,000,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ⁹ :	US\$ 1,914,106	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 339,175				
	c. Amount received from CERF:	US\$ 1,309,106	■ <i>Government Partners:</i> US\$210,240				
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 (< 18)</i>		69,456	29,344	98,800	119,667	70,668	190,335
<i>Adults (≥ 18)</i>		218,744	33,456	252,200	263,689	63,248	326,937
Total		288,200	62,800	351,000	383,356	133,916	517,272
8b. Beneficiary Profile							
<i>Category</i>		<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>							
<i>IDPs</i>		163,000					
<i>Host population</i>							

⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁹ This should include both funding received from CERF and from other donors.

Other affected people	1,566,336	517,272
Total (same as in 8a)	1,729,336	517,272
<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 discrepancy in the number of beneficiaries is largely due to the difference between planned and reached of women of reproductive health having access to Maternal and Child Health interventions with CERF funds. As noticed, the expected population of IDPs were finally relocated back in their community and the estimated number of women beneficiaries were reviewed at low following more needs assessments. Currently provided figures reflect the total number of individual reached directly through CERF funding only.	

CERF Result Framework: PAHO/WHO			
9. Project objective	Health Response to Hurricane Matthew: Reinforcing health delivery capacity and cholera prevention.		
10. Outcome statement	Emergency health care delivery capacity including cholera response is strengthened as part of health response to Hurricane Matthew.		
11. Outputs			
Output 1	Health care delivery capacity and access to health services restored in most affected areas		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	10 health facilities and cholera treatment centers with restored care delivery conditions	10	10
Indicator 1.2	10 affected health structures and cholera treatment centers with essential supplies	10	10
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Minor repairs and small rehabilitation works, including WASH rehabilitation works, in damaged health structures and Acute Diarrheal Treatment Centers (CTDA) to re-establish full functionality of essential services	PAHO/WHO and MdM France	PAHO/WHO and Heart to Heart
Activity 1.2	Support procurement, temporary storage and distribution of essential medical and health supplies to ensure continuity of healthcare delivery in affected areas	PAHO/WHO	PAHO/WHO and Heart to Heart
Output 2	Epidemiological surveillance increased to support early detection and disease outbreaks timely Managed		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	% of coverage by epidemiological surveillance system	100%	100%

Indicator 2.2	Percentage of sentinel sites reporting weekly on key infectious diseases and potential outbreaks in affected areas	100%	100%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Facilitate the deployment of 4 epidemiologists to reinforce detection, notification and investigation of suspected cholera cases at departmental and local levels.	PAHO/WHO	PAHO/WHO
Activity 2.2	Provide rapid on-site training to field investigations teams on standardizing data collection and prompt reporting, on strengthening the continuous risk assessment and the Situation Rooms; and on implementing an adequate response through mitigation and control measures.	PAHO/WHO	PAHO/WHO
Activity 2.3	Support the rapid establishment of sentinel epidemiological surveillance systems for early detection of infectious diseases and potential outbreaks in affected areas	PAHO/WHO	PAHO/WHO
Activity 2.4	Provide logistical and technical support to DELR/UADS for supervisory visits case detection and notification	PAHO/WHO	PAHO/WHO
Output 3	Vector-control and protective environmental health measures intensified in impacted areas		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Rate of residual chlorine according to the standard (> 0.5 mg/L) in 80% of health care institutions	80%	90%
Indicator 3.2	150 health institutions receive mosquito nets to prevent transmission of mosquito borne disease from affected patients	150	33
Indicator 3.3	Aedic Index measured for the most 50% affected areas	50%	Unavailable
Indicator 3.4	Number of families receiving a hygiene kit in affected areas	40,000	0
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Ensure disinfectant availability in health care facilities, training on water treatment and water quality monitoring of personnel responsible for water treatment and chlorine residual control and in the use of the SISKLOR national water quality monitoring system	PAHO/WHO	PAHO/WHO
Activity 3.2	Support and intensify vector control activities to prevent increases in vector-borne diseases, such as establishing the Aedic index baseline and monitoring, fumigation, prevention of breeding sites development, and social mobilization	PAHO/WHO	PAHO/WHO

Activity 3.3	Provide health institutions with key supplies and time critical information for patients for the prevention and treatment of malaria, Zika and other mosquito-spread diseases	PAHO/WHO	PAHO/WHO
Activity 3.4	Distribution of hygiene kits in affected communities and dissemination of good hygiene practices, including food and water safety promotion.	PAHO/WHO	PAHO/WHO
Output 4	Rapid and effective response to cholera outbreaks ensured in affected communities		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	80% Cholera alerts are responded to in under 48 hours	80%	80%
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Provide rapid deployment of medical teams in support of health structure to ensure cholera case management according to MoH standards (Surge capacity)	MdM France	PAHO/WHO and Heart to Heart
Activity 4.2	Deploy field response team to affected communities to support investigations and rapid response to alerts in under 24 hours and support rapid evaluations of cholera treatment centres in affected areas	PAHO/WHO and MdM France	PAHO/WHO and Heart to Heart
Activity 4.3	Procure essential cholera response items and equipment to support immediate treatment of detected cases	PAHO/WHO and MdM France	PAHO/WHO and Heart to Heart

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:

In collaboration with the Ministry of Health, Departmental Health Directorates, and in partnership with Medecins du Monde (MDM) Argentine, UNICEF organized a week of intensive child health work from 12-18 December 2016 in the hurricane-affected departments of South, Grande Anse, and Nippes. As part of preventive care to children under five and pregnant women:

- 41,042 children under five (12-59 months) were vaccinated against measles and rubella, of which 38,537 children under five were vaccinated against diphtheria, tetanus and pertussis. Among the 41,042 children, 18,947 children under five were supplemented with vit A for the first time, and 34,852 children under five were given a second dose.
- 9,000 children under one year of age received vaccination for other routine antigens (BCG, anti-rotavirus, penta, polio and IPV).
- 34,112 children receive appropriate health care in response to illnesses caught after Hurricane Matthew.

The cold chain equipment purchased with the CERF funds ensured the availability of quality vaccines for Haitian children. Solar refrigerators and other vaccine conservation materials purchased with CERF funds enhanced vaccine storage capacity in affected areas.

Description	Quantity
ARKTEK-YBC-5 (Cold box long term storage)	30
BK-VC1.7 (vaccine carrier)	30
Ice Pack 0.4 litre capacity	1,500
RCW 25/CF(cold box for vaccine transportation)	30

Electronic refrigerator logger, 30 days	30
60-90L Domestic TCW2043 SDD Hot	4
HAIER Chest freeze 25 of TWH	5

Through the CERF contribution, medical care was also availed to victims of hurricane Matthew through mobile clinics that enabled reaching difficult to access areas. Partnership with the local NGO FONDEFH enabled reaching the neediest communities. 51,776 adults received medical care, among which 3,396 pregnant women who received prenatal consultations and micronutrients.

Output 1. 1. Health care delivery capacity and access to health services restored in most affected areas

Immediate response achievements include:

- PAHO/WHO supported the rehabilitation of 10 health facilities in Grand'Anse, Grand Sud, and Sud departments. Six of these 10 facilities were smaller health facilities or cholera treatment facilities. Repair works included replacement of roofs which had blown away during Hurricane Matthew, repair of incinerators, replacement of windows and doors, and the creation of triage and observation zones.
- Purchase of 2 Interagency Diarrheal Disease Kits. Distribution of medical cholera and WASH supplies to 21 cholera treatment facilities in Grand'Anse, South, and Nippes departments throughout the emergency period to ensure that existing health facilities have the means with which to treat their patients. PAHO/WHO also directly provided cholera supplies to at least 6 NGOs and the Departmental Peripheral Warehouses in Grand'Anse, South, and Grand Sud, which provide supplies to cholera treatment facilities which may not have been directly covered by PAHO/WHO distributions.

As provided, these activities were executed successfully and finalized with a short extension. However, the following details provide reasons for which PAHO/WHO decided to change the proposed implementing partner to support the recuperation of three of the 10 healthcare facilities that needed rehabilitation work through these funds:

Output 1. Activities 1.1 and 1.2. Following the evaluations of the CTCs run by MDM in Grand'Anse and South Departments in November 2016, concerns were raised regarding the quality of the services provided by MDM. As PAHO/WHO and MDM were unable to reach a consensus in terms of the minimum standards of quality of services to be provided, it was decided to look for a new implementing partner. Heart to Heart International was identified, having previously successfully rehabilitated the Marfranc health facility and demonstrating good quality work. Due diligence in the corresponding work plans continued through three Letters of Agreement. The activities were carried out as initially proposed for these outcomes in Chambellon, Corail, and Abricots; completing rehabilitation works and deploying medical teams to these regions. For detailed information on activities implemented by Heart to Heart, please refer to Annex 1. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS.

Output 2. Epidemiological surveillance increased to support early detection and disease outbreaks timely managed

Immediately following the passage of Hurricane Matthew, PAHO/WHO provided technical expertise to local and national health authorities to increase epidemiological surveillance to support early detection and timely control of disease outbreaks, including:

- Direct support to the departmental health directorate epidemiology section in both Grand'Anse and South Departments through the permanent presence of epidemiologists in each department from October to March.
- Participation in field operations such as case investigation and outbreak control for cholera and other transmissible diseases together with the Departmental Health Directorates.
- Support for the system of the alert and response for priority infectious diseases.
- Support data analysis and surveillance, preparation of epidemiological reports to better characterize at risk zones for cholera and other infectious diseases.
- Promotion of adherence to national standards, guidelines, tools and best practices by all response personnel without neglecting the importance of adapting to the local standards.
- Support to laboratory confirmation capacity, in particular, sample collection, transport, diagnostic tests, and results.

These activities, supported by CERF funds, contributed to the following achievements:

- Restoration and reinforcement of the epidemiological surveillance system thanks to PAHO/WHO, CDC, MDM and other partners

through:

- (1) direct epidemiological support to the MSPP in data collection, analysis, and reporting;
- (2) purchase of cholera rapid tests, laboratory supplies and training on laboratory techniques;
- (3) rapid alert and response to alerts.

- Mobilization of 17 epidemiologists to ensure at least one local and one international (GOARN) epidemiologist could support the DSS and DSGA
- Mobilization of 11 epidemiologists/disease specialists to support at central level
- 10 health/cholera facilities in Grand'Anse and South departments rehabilitated or repaired.
- Rehabilitation of 3 health/cholera facilities through Heart to Heart International

Output 3. Vector-control and protective environmental health measures intensified in impacted areas:

CERF funding supported the implementation of vector control and protective environmental measures to reduce risks of outbreaks of vector-borne diseases in emergency-affected areas, including:

- Distribution of 1,357 mosquito nets to 33 health facilities in Grand'Anse and South departments
- Distribution of 30 water quality testing kits, water, and sanitation materials, and 1.65 tons of chlorine disinfectant to 3 departmental health directorates (Grand'Anse, Nippes, and South)
- Distribution of 6.7 tons of chlorine disinfectant to DINEPA for 3 months of chlorination of water supply systems in the most affected communities and for emergency water distribution
- Support to the Ministry of Health for supervision of quality standards related to infection prevention in acute diarrhea treatment centers in those two departments.
- Evaluation missions to determine vector control activities and priorities with the PNCM/MSPP, the section of the MSPP related to malaria control

The following details provide reasons for *differences* between targets proposed and actuals reached. Some of the activities were carried out by other international agencies, and some strategic realignment in others was a response to the needs and priorities found in the field after the proposal.

Output 3. Indicator 3.2 - 33 Healthcare centres were provided with mosquito nets. Immediately after the passage of the hurricane, the majority of health care facilities were not operational because of the damages they had suffered, or were inaccessible due to severe meteorological conditions or damage to the roads. Only operational facilities that could deliver health services were prioritized for this distribution.

Output 3. Indicator 3.1 - 90% of all operational facilities was reached. Provision of 6.7 tons of chlorine disinfectant (HTH 70%), to three Health Departmental Directions of the Ministry of Health in the most affected Departments, Grand'Anse, South and Nippes, as well as other equipment's such as buckets, soap, water treatment pills and water taps, intended to install hand-washing stations in health institutions (30). Provision of 30 water quality testing kits and water quality reagents to the same three Health Departmental Directions to ensure that the Sanitary Authority had the means for water quality surveillance in emergency operations.

Output 3. Indicator 3.3 - Aedic Index was not thoroughly assessed given to continuous difficulties with variant environmental conditions, which resulted in obstacles to conclusive data collection activities. The efforts were re-oriented to provide means of immediate epidemiological detection, surveillance and contention in the affected areas.

Output 3. Indicator 3.4 - In the context of response Matthew, UNICEF had already distributed hygiene kits in the same areas. A duplication of the activity would have been counterproductive considering the priorities and immediate necessities found by PAHO/WHO in the field. Therefore, the funds were reallocated and used in response to the increase in cholera outbreaks worsened by the damages caused by Matthew, which presented an imminent life-threatening risk for the population affected by the hurricane

Output 4. Rapid and effective response to cholera outbreaks ensured in affected communities

PAHO/WHO deployed two experts on quality of health services to evaluate cholera treatment facilities in South and Grand'Anse departments. These experts also re-oriented treatment facilities on norms and protocols, when necessary, to ensure hygienic and sanitary conditions for patients and personnel. They identified areas for improvement and measures to address gaps (often with the collaboration of implementing partners), which included:

- On-site training is given to cholera treatment staff on key subjects such as hygiene, appropriate cholera treatment for patients with co-morbidities such as hypertension, pregnancy, breastfeeding or malnutrition.
- Training for medical waste incinerator operators in two departments (Grand'Anse and South).
- Small-scale improvement works (ex: repair of incinerators, construction or repair of latrines, installation of footbaths, reorienting

the patient circuit and flow within the center) to ensure hygiene and adequate space for patient care.

Through a partnership with Heart to Heart International, • 34,884 people were trained in water-borne diseases, safe use of water, hands washing, food hygiene, and waste management.

- Drinking water purification systems were set-up in affected areas and 305 water filters were distributed to families in remote areas where safe water supply was limited or inexistent.
- 4,266 cholera patients (mostly women) receive appropriate healthcare.

PAHO/WHO's interventions supported by CERF funds contributed to the following achievements:

- A sustained decreasing trend in a number of cholera cases reported has been maintained through early 2017 thanks to PAHO/WHO and partner response activities in the region.
- Provision of supplies for adequate hygiene and case management for 29 cholera treatment centers and 3 departmental health directorates. These supplies include over 200 cholera beds, water and sanitation supplies, cholera kits and other medical cholera treatment supplies to ensure adequate treatment.
- Quality Assurance to support the MSPP in supervision and improvement of quality standards related to infection prevention in 20 cholera treatment facilities.
- Rapid Response Coordination undertaken with health and WASH partners to set up temporary cholera treatment centers, facilitate the availability of medication and human resources, rapid case investigation, provide on-site training if needed, and mobilize the local community response.
- Provided support and coordinated with the EMIRA in the two departments, including advocating for more support from the MSPP (EMIRA teams from Center and Artibonite came to support the EMIRA teams in the South).

The change of the proposed implementing partner for this outcome responds to the same reasons stated on Outcome 1, activities 1.1 and 1.2.

Output 4. Activities 4.1, 4.2 and 4.3 – All healthcare delivery activities and rehabilitation works were completed successfully. For detailed information on activities implemented by Heart to Heart, please refer to Annex 1. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS.

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

The cold chain equipment was selected according to the needs of the population with the involvement of the health departments. Departmental technicians participated in the selection and installation, and were trained for the maintenance of solar refrigerators.

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

EVALUATION CARRIED OUT ☐

Evaluation initially not planned. No project specific evaluation was planned for activities carried out using CERF funds. As PAHO/WHO emergency projects are wrapping-up, a general lessons learned exercise might be carried out later on this year to review the overall response of the organization specifically and the health sector more generally to identify successful mechanisms, good practices and recommendations for future emergencies.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

CERF Result Framework: UNFPA			
9. Project objective	Provide emergency lifesaving reproductive health services to 234,700 women, adolescents and girls in affected areas by the Hurricane Matthew.		
10. Outcome statement	The expected outcome of this project is to reduce maternal mortality and vulnerability of women, adolescents and girls affected by the Hurricane Mathew.		
11. Outputs			
Output 1	Strengthened the capacity of Health facility and communities to deliver emergency reproductive health services.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	One assessment conducted to identify damage and needs of targeted health facilities	1	1
Indicator 1.2	6 maternity health facilities rehabilitated in Grande Anse and Nippes departments	6	2
Indicator 1.3	15 Health facilities received emergency reproductive health Grande Anse and Nippes departments	15	15
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct a need assessment in the 2 affected departments to identify reproductive health needs in health facilities and communities	UNFPA	UNFPA
Activity 1.2	Rehabilitation of 6 health facilities	UNFPA	UNFPA
Activity 1.3	Provision of emergency reproductive health kits and supplies to targeted health facilities and communities in the 2 affected departments.	MOH	UNFPA
Output 2	Strengthened capacity of health providers and community to delivery emergency sexual and reproductive health for affected population in 2 departments.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	40 health personnel trained on Minimum Initial Services Package for reproductive Health in emergencies	40	40
Indicator 2.2	20 Health personnel trained on clinical management of Rape	20	20
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Training of 40 health personnel on Minimum Services Package for reproductive health (MISP)	40	40
Activity 2.2	Training of 20 health personnel on clinical management of rape(CMR)	20	20
Output 3	Increased access of women, adolescents and women in the affected areas to emergency sexual and reproductive health services.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	4 health mobile team established and providing services in the 2 affected departments	4	4

Indicator 3.2	at least 10,500 pregnant women assisted for safe delivery at health facilities	10,500	9,191
Indicator 3.3	At least 200,000 women and adolescents received information and services on reproductive health	200,000	389,414
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Deployment of 4 mobile clinics to reach out affected population with basic and emergency sexual and reproductive health services	MOH	MOH
Activity 3.2	Conduct awareness raising activities among most at risk, women, adolescents, and girls.	UNFPA	MOH
Activity 3.3	Conduct monitoring and evaluation visit to ensure smooth implementation of the project.	UNFPA	UNFPA

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 rehabilitation of 6 health facilities was planned in the initial work plan, only 2 of them were carried out. The implication of the MoH was vital to carry out this activity and because Haiti government was in transition and that presidential elections were in process, the availability of MoH personnel was very limited. The affluence of NGO's and partners willing to carry out health facilities rehabilitation was very strong in the departments affected by the hurricane and the government at departmental level as well as central level was facing numerous solicitation related to this kind of activity. UNFPA avoided to conduct such intervention without the guidance of the MoH which happened to be available for the first main technical step of this intervention 3 months after the disaster. The technical procedure revealed that the maternities were facing strong power issues. 3 months after none of them had continuous power and were still unable to provide full quality care during the day and night. Based on that a request of no cost extension and reprogramming was addressed to the CERF Secretariat who agreed with one extra month implementation.

The collaboration with MINUSTAH produced an additional assessment that showed important technical challenges leading to the reduction of the targeted health facilities. 2 of them presented more extended damages than expected and the total rehabilitation cost couldn't fit in the planned budget and the bidding process couldn't identify in a timely manner sufficient and qualified firms to conduct all the planned rehabilitations.

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

The implication of MoH at departmental level was at the heart of the intervention. A first joint evaluation was led in collaboration with the central level which allowed UNFPA to meet community representatives at collect their specific needs. Regular monitoring intervention were led by the reproductive health coordinator of MOH at department level and the mobile clinics happened to be an important intervention that provided relevant information to the population about the humanitarian response and the related results expected.

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

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		FAO		5. CERF grant period:		24/10/2016 - 23/04/2017	
2. CERF project code:		16-RR-FAO-027		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Agriculture				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Emergency agricultural assistance to family farmers affected by Hurricane Matthew in the South and Grande Anse Departments.					
7.Funding	a. Total funding requirements ¹⁰ :		US\$ 9,000,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹¹ :		US\$ 4,860,074		▪ NGO partners and Red Cross/Crescent: US\$ 54,654		
	c. Amount received from CERF:		US\$ 876,097		▪ Government Partners: US\$13,060		
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 (< 18)		9,360	8,640	18,000	36,456	22,544	59,000
Adults (≥ 18)		14,040	12,960	27,000	24,304	14,896	39,000
Total		23,400	21,600	45,000	60,760	37,440	98,000
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population		45,000			98,000		
Other affected people							
Total (same as in 8a)		45,000			98,000		

¹⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹¹ This should include both funding received from CERF and from other donors.

<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>For the 2016 winter season, the project provided bean seed to 7,500 vulnerable households (37,500 people) with plots in marshes and irrigated areas. For the spring season, the project gave seeds and cuttings to 7,100 households (35,500 people) with plots on mountains. While 5,000 other households (25,000 people) who are in vegetable-producing groups (with more than 60% of women) received vegetable seeds. This corresponds to 19600 vulnerable households (98,000 people) assisted by the project.</p> <p>The increase in the number of beneficiaries is due to the fact that there were many vulnerable households in different agro-ecological zones: the locations that had the possibility of sowing during the winter season (dry season) are different from those that could sow during The spring season. The project has served families of the two agro-ecological zones.</p>
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CERF Result Framework			
9. Project objective	Improving of food security of 9,000 vulnerable households affected by hurricane Matthew in the South and Grande Anse departments through their access to seeds and planting material for the revival of agricultural activities during the next two cropping seasons.		
10. Outcome statement	Vulnerable households have access to seeds and planting material to boost their agricultural production for the next cropping season		
11. Outputs			
Output 1	9000 vulnerable households have access to seeds and planting material		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of vulnerable households who receive a kit per household of 500 sweet potato cuttings (Mize maléré varieties), 10 kg of bean (DPC 40 or XRAV variety) or Lima beans seeds (Béseba variety) and 5 kg of maize seeds	9,000 households	14600 vulnerable households (38% of women head's households) were assisted in seeds and cuttings for the 2016 winter season (7,500 households: 3000 of the South and 4500 of Grande Anse) and 2017 spring season (7,100 households: 3500 of the South and 3600 of Grande Anse).
Indicator 1.2	Number of vulnerable households who 25 banana suckers and 6 fruit seedlings	4,800 households	Banana crops affected by the hurricane released new banana suckers. Therefore, households did not need other suckers. This has increased the quantity of seeds and cuttings of other crops.
Indicator 1.3	Three to four months after sowing/planting of seeds/cuttings, these seeds/cuttings will allow each beneficiary to have a harvest of about 100 kg of Lima bean or bean, 300 kg of Cereals and 300 kg tubers		The 7,500 households that received seeds and cuttings in 2016 winter season produced 100 kg of beans and 250 kg of sweet potatoes. While the 7,100 households who received seeds and cuttings for the 2017 spring will have an estimated production of 75 kg of beans, 250 kg of maize and 250 kg of sweet potato or cassava.
Output 1	Description	Implemented by	Implemented by (Actual)

Activities		(Planned)	
Activity 1.1	Tender and letter of agreements with Local NGOs	FAO has already launched the Call for tenders for the selection of Local NGOs partners	Letters of agreement were signed with two local NGOs with the purpose of targeting beneficiaries and distributing seeds and cuttings: APASD in Grande Anse department and GREHDELH in the South department.
Activity 1.2	Selection of the most affected households	Local NGO, FAO, BAC, CBO and local authorities	It was carried out by the two NGOs in collaboration with the local technical (BAC) and administrative authorities (CASEC)
Activity 1.3	Development of technical specifications, purchase and procurement of seeds and planting material	The technical specifications of seeds and the tender for the purchase of seeds and planting material have been prepared by FAO	Seed's technical specifications were developed by an international expert in seed production. Seeds were technically cleared by AGP-FAO HQ and purchased by FAO local procurement unit in collaboration with FAO Divisional procurement unit at Headquarters (CSAP)
Activity 1.4	Distribution of seeds and planting material to the beneficiaries and technical advice	Local NGO, FAO, BAC	It was done by local NGOs in collaboration with the local technical and administrative authorities
Output 2	4500 vulnerable households with access to the irrigation or watering receive vegetable seeds		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of vulnerable households who receive 40 grams of seeds of different vegetable species. Often these households are grouped into associations of vegetable producers.	4,500 households (at least 40% of women)	5000 vulnerable households (of which 80% of women head's households), organized in groups of vegetable producers received 330 kg of vegetable seeds and were supervised in vegetable production: 2500 households of the South and 2500 households of the Grande Anse.
Indicator 2.2	These seeds allow to each beneficiary household to harvest about 400 kg of vegetables	4,500 households (at least 50% of women)	Each beneficiary household produced about 700 kg of vegetables during the 2 growing seasons.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Selection of vulnerable beneficiaries of vegetable seeds.	FAO, BAC, CBO and local authorities	The selection of beneficiaries of vegetable seeds was done by the FAO team in collaboration with the local technical and administrative authorities (BAC, CASEC).
Activity 2.2	Development of technical specifications, purchase and procurement of seeds	The technical specifications of seeds and the tender for the purchase of seeds and planting material have been prepared by FAO	Seed's technical specifications were developed by the FAO Haiti international seed's expert. Seeds were technically cleared by AGP of FAO HQ and purchased by the local procurement unit of FAO in collaboration with the Division of procurement at FAO Headquarters

			(CSAP).
Activity 2.3	Distribution of seeds and planting material to the beneficiaries and technical advice	FAO, BAC	330 kg of vegetable seeds were purchased and distributed to beneficiaries: carrot seeds (40 kg), pepper (60 kg), cabbage (110 kg) tomato (80 kg) and spinach (40 kg).
Activity 2.3	Supervision and technical advisor for the vegetable producer's groups	FAO	Technical Advices on vegetable crops were provided to the beneficiaries' groups by FAO technical team in collaboration with the staff of the different municipal agricultural offices (Bureaux Agricoles Communaux: BAC)
Output 3	The capacity of CBOs leaders and vulnerable households in good agricultural practices is strengthened.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	The trained CBO leaders (including 40% women) of the Grande Anse Department apply good agricultural practices	120 leaders (at least 48 women)	120 leaders of CBO (45% of women) were trained on good practices resilient to climate change by an FAO consultant. They will transmit the knowledge acquired to neighboring rural families through practical demonstrations in their fields.
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Selection of CBOs leaders to be trained	FAO, Local NGO partners, BAC and local authorities	The selection of beneficiaries of the training was made by the staff of the BAC in collaboration with the FAO agronomists and CBOs.
Activity 3.2	Training of CBOs leaders	FAO	Trainings was organized by a FAO consultant
Activity 3.3	Monitoring and supervision of the implementation of the acquired knowledge	FAO, BAC and DDA	The FAO teams located in the South and in Grande Anse continue to supervise the leaders trained to practice the new agricultural techniques learned in their fields.

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:

4. Support provided by FAO and number of households (and people) benefited

The project provided seed assistance to 19,600 households (98,000 people – including 49% of women) affected by Hurricane Matthew in the departments of Grande Anse (10,600 households) and South (9,000 households) instead of 9000 households planned in the project.

At the beginning of the winter growing season in November 2016, 7,500 beneficiary households (3,000 of the South and 4,500 of Grande Anse), who have irrigated plots in the plain, received 10 kg of Bean (DPC 40 variety) and / or Lima bean seed (Béséba) plus 500 sweet potato cuttings (Mizé malèré): 1500 beneficiary households per commune (Les Anglais, Chardonnière, Jérémie, Dame Marie and Moron). The beneficiaries of the commune of Port à Piment could not sow during the winter season because

they did not have irrigated plots.

At the beginning of the spring season, in February 2017, the project provided seeds assistance to 7,100 other vulnerable households (3,500 of the South and 3,600 of Grande Anse), who live in the mountains without irrigated plots: 1000 vulnerable households in the commune of Les Anglais, 1500 from Port à Piment, 1000 from Chardonnière, 1200 from Jérémie, 1200 from Dame Marie and 1200 from Moron. Each household received 7.5 kg of bean seeds (DPC40), 5 kg of corn seeds (Chicken corn), 500 sweet potato cuttings (Mizé maléré) for the South department and 300 cassava cuttings (CMC 40).

In addition to households that have received seeds for staples crops, at the beginning of the spring season, the project also assisted 5000 vulnerable households (2500 of South and 2500 of Grande Anse), 80% of them women, with vegetable seeds at the rate of 66 g of seeds per beneficiary.

Finally, the project funded capacity building of 120 rural community leaders, including 54 women (45%), on agricultural practices resilient to climate change. They will pass on the knowledge acquired to neighboring rural families through practical demonstrations in their fields.

5. Impacts/results of the project

The seed assistance for the 2016 winter season allowed each of the 7500 beneficiary households to harvest between 80 and 100 kg of beans and/or Lima beans and 250 kg of sweet potatoes, at the beginning of February 2017. This agricultural production allowed their families to have a diet composed of bean and sweet potatoes for 3 months.

While each of the 7,100 beneficiaries of seeds and planting material for the spring season, will harvest about 70 kg of beans, 250 kg of maize, 250 kg of sweet potatoes and 300 kg of cassava, from June to August 2017. This agricultural production allows each family to have a diet composed of bean and cereal or tuber for more than 5 months.

Three months after sowing, the 5,000 households benefiting of vegetable seeds have a production of about 700 kg of vegetable per household.

Implementing the knowledge gained by CBO leaders will enable them to increase crop yields and reduce the impact of climate change on their agricultural production. They will serve as an example for neighboring families who will learn good agricultural practices on the ground.

6. The value of total production support by the project

The economic impact has been estimated taking into account the production estimated on the basis of the average yield of each crop and a crop assessment survey conducted by FAO agronomists and NGO partners on a random sample of 5% of beneficiaries. However, as this report was done before the harvest of the 2017 spring crops, the estimate of harvests resulting from seeds and cuttings distributed at the beginning of this season was made on the basis of the average rural yield of concerned crops in Haiti. The FAO team also collected the selling prices of different foods in the market of Grande Anse and South. Thus, during the two growing seasons, the project seed assistance has allowed beneficiaries to have an estimated total production of:

- ✓ 1,402 tons of beans or Lima beans which have a monetary value of US\$3,322,740 (US\$ 2.37 / kg);
- ✓ 1,775 tons of maize which have a monetary value of US\$ 1,846,000 (US \$ 1.04 / kg).
- ✓ 2,750 tons of sweet potatoes which have a monetary value of US\$ 1,925,000 (US \$ 0.7 / kg);
- ✓ 3,195 tons of cassava which have a monetary value of US\$ 4,792,500 (US \$ 1.5 / kg).
- ✓ 3,580 tons of vegetables which have a monetary value of US\$ 7,518,000 (US \$ 2.1 /kg).

This project contributed to the overall production of about 12,700 tons of diversified foods that cost about 19,404,000

million US dollars.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Before the project formulation, an emergency food security assessment (EFSA-72) was conducted jointly by CNSA, FAO and WFP to assess urgent needs of rural households affected by hurricane Matthew. The agricultural assistance of this project is a contribution to the needs of vulnerable households raised by the evaluation mission.</p> <p>During the execution of the project activities, FAO worked with local technical and administrative authorities. A team of agronomists were installed in the offices of the Departmental Directorate of Agriculture (DDA) of Grande Anse and South departments for synergy with local authorities in the supervision and coordination of project activities. The selection of beneficiaries of all project components was made in collaboration with local administrative and technical authorities and Community based organizations (CBOs) in respect of gender balance. In each commune beneficiaries' selection Committees were set up by FAO, partner NGOs, BAC and CBOs. At the end of the selection, each committee submitted a preliminary list of beneficiaries to the leaders of CBOs and local communities for public validation supervised by local authorities, FAO teams and partner NGOs.</p> <p>At the beginning of each growing season, the same local authorities and CBOs were always consulted to select the type of seeds and cuttings to be distributed according to growing seasons and agricultural potential of different communal sections.</p> <p>The choice of participants in the training was also made by FAO staff in direct collaboration with BAC and CBOs prioritizing of households living in communal sections vulnerable to natural disasters.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>During the implementation of activities, FAO field agronomists regularly monitored field activities and collected information that was shared with the FAO Monitoring and Evaluation Unit: quantity of seed and cuttings received by households, constraints encountered in the implementation of activities, average production obtained by the beneficiaries of seeds, number of persons trained, etc.</p> <p>To assess and confirm the compliance/coherence of outcomes with project objectives, on-site inspections are being carried out by the team of the FAO Seed Sector Support Unit, supervised by an international seed expert. The Letters of Agreement (LoA) between FAO and NGOs required them to provide detailed progress and final reports including detailed on impact. The information contained in these reports is being cross-checked through field visits carried out on a regular basis by FAO Monitoring and Evaluation team. But the evaluation of the real production of the 2017 spring season is not yet done because the beneficiaries have just sown. It will be done in June 2017.</p>	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		IOM		5. CERF grant period:		27/10/2016 - 26/04/2017	
2. CERF project code:		16-RR-IOM-037		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Multi-sector refugee assistance				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Emergency Registration and expanded NFI management capacities for Hurricane Matthew affected populations					
7.Funding	a. Total funding requirements ¹² :		US\$13,900,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹³ :		US\$ 2,964,970	▪ NGO partners and Red Cross/Crescent:			
	c. Amount received from CERF:		US\$ 1,179,996	▪ 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 (< 18)		71,400	68,600	140,000	172,987	166,343	339,330
Adults (≥ 18)		107,100	102,900	210,000	260,811	250,307	511,118
Total		178,500	171,500	350,000	433,798	416,650	850,448
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population							
Other affected people		350,000			850,448		
Total (same as in 8a)		350,000			850,448		

¹² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹³ This should include both funding received from CERF and from other donors.

<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>	Due to the multitude of needs, humanitarian partners mobilized large quantities of in-kind NFI contributions. As a result, there was a significant increase in the quantity of NFIs managed and transported by IOM. During the project period, IOM received a total of 33 sea, air and road cargos, totalling 2,068 metric tons of relief commodities.
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CERF Result Framework			
9. Project objective	To ensure coordinated provision of life-saving aid to Hurricane Matthew affected populations		
10. Outcome statement	The GoH and humanitarian actors have the necessary means and information to provide life-saving aid to populations affected by Hurricane Matthew		
11. Outputs			
Output 1	Hurricane Matthew response actors have registration information and coordination on populations displaced by Hurricane Matthew		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of databases established for displacement information, both in and out of camps	1	1
Indicator 1.2	% of Hurricane Matthew affected individuals registered by the Registration/DTM teams	100	100%
Indicator 1.3	# of DTM reports issued in the 2 months following Hurricane Matthew	4	4
Indicator 1.4	# of CCCM Working Group coordinating displacement response actors	1	1
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identify and map targeted area	IOM / DPC	IOM
Activity 1.2	Deployment of DTM/Registration coordination/monitoring teams	IOM/ DPC	IOM/DPC
Activity 1.3	Conduct registration of affected households	IOM/DPC	IOM/DPC
Activity 1.4	Maintain and update the urban displacement database	IOM	IOM
Activity 1.5	Analyse the data and needs (including protection) of the affected population	IOM	IOM
Activity 1.6	Disseminate DTM reports (maps and tabular data) to the GoH and humanitarian partners	IOM	IOM
Activity 1.7	Coordinate Hurricane Matthew Displacement actors	IOM/CCCM Working Group partners/DPC	IOM/CCCM Working Group partners/DPC
Output 2	The Haitian DPC capacities to procure, transport, store and coordinate distribution of essential Non Food Items in affected areas increased		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Minimum number of MTons of NFIs handled by IOM	400	2,200

Indicator 2.2	# of Temporary storage structures established and jointly managed by IOM and DPC	5	5
Indicator 2.3	# of loose NFIs procured and delivered to affected individuals	480,000	692,140
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Oversee delivery of NFI items in Haiti through the Shelter/NFI pipeline	IOM	IOM
Activity 2.2	Ensure transport of goods to distribution hubs in affected regions	IOM	IOM
Activity 2.3	Identify or establish new storage capacities in affected regions	IOM/DPC	IOM/DPC
Activity 2.4	Support the warehousing of NFIs in affected regions	IOM/DPC	IOM/DPC
Activity 2.5	Coordinate distribution of NFIs by partners	IOM/DPC	IOM/DPC

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:

Outcome 1

DTM

By establishing a centralized DTM database, IOM assisted in identifying, profiling and recording data of the affected people. Through this data, IOM ensured that reliable statistics on urgent needs and gaps in assistance were available to the GoH and response partners. Throughout the implementation of the project, IOM issued four (4) DTM reports (attached in Annex). The reports provided by the DTM included data on:

1. Overall situation and damage assessment of the areas affected by hurricane Matthew
2. Shelter assessments and registration of displaced population (inventory of all evacuation shelters in use and registration of their population)
3. Mapping of affected areas with building inventory and status (damaged, partially damaged, severely damaged, destroyed or not damaged)
4. Demographics, vulnerabilities, and socio-economic profile of the displaced populations linked to the inventoried buildings.
5. Population movement trends and tracking of the displacement
6. Sectoral needs, gaps, and service provisions to the displaced populations

CCCM Coordination

Through CERF funding and partnership agreements, CCCM meetings were held regularly at the national and departmental level (South and Grande Anse) in order to coordinate the assistance to the displaced population. The meetings at the national level were co-chaired by the CCCM government lead, the GoH Housing Authority, the UCLBP (Unité de Construction de Logement et Batiments Publiques) and by Civil Protection and/or the Ministry of Social Affairs in the Departments. During the reporting period, eight (8) national meetings were held in PaP and weekly meetings were held in the Grande Anse and the South Departments until February. Since mid-February, the meetings in the departments are held every two weeks (jointly with the Shelter/NFI coordination). During these meetings, updates on the displacement situation were shared with partners and authorities, priority actions were discussed and partners provided updates in their activities. These exchanges were essential to ensure a coordinated response as well as to identify the assistance gaps.

In line with the strategy of the Minister of the Interior, the sector advocated for assistance in the areas of origin in order to

accompany the displaced population to return safely to their communities. People displaced in school buildings were deemed a priority by the GoH in order to allow the school activities to continue after the shock and also to avoid further tensions between the displaced families and the student community. In this respect, the CCCM coordination advocated to prioritise the families displaced in schools as well as families displaced in evaluation centres at risk of eviction. The CCCM interventions were done in close coordination with the Shelter/NFI sector, however the main obstacle for the affected families was to return to their areas of origin as their respective houses experienced various levels of damaged or were completely destroyed.

Coordination between partners also allowed several field evaluations to be conducted on the average cost of rent in Jeremie, Les Cayes and Dame-Marie. The methodology of the study was validated by UCLBP and the recommendations of the evaluation were approved by the Mayor's offices. The results of the evaluation served as guide for the 'cash for rent' interventions in these communes.

In order to keep track the active Partners activities/assistance to the displaced population from Matthew, the CCCM Coordination produced and maintained and regularly updated the CCCM 4Ws. The 4w document was also updated regularly for the CCCM sector: information was compiled from partners by the CCCM coordination and the information was then shared with OCHA. OCHA created 4W maps and published them regularly in their Haiti website.

As per the information compiled by the CCCM Coordination as of March 23rd, 2,443 displaced households had received assistance from partners in the Grand'Anse and South Departments. From those, 762 households had received food and NFI assistance and 1,681 households displaced in 21 evacuation centers had received assistance to return safely to their areas of origin, which allowed the closure of these evacuation centers as displacement sites. 18 out of these 21 centers were schools.

Outcome 2

NFI

Within hours following hurricane Matthew, IOM in close coordination with DPC and its respective partners, activated its Emergency Response Operation and co-lead the Coordination Response meeting for Logistics in order to assess and address the urgent needs following the disaster. Following the initial assessments and the significant damages to vital infrastructure, IOM overcame logistics impediments by providing coordinated, effective and timely distribution of relief items.

Throughout its capacities, IOM managed and transported NFI stocks and emergency shelter for 197,931 households (or 831,310 individuals) and pre-positioned in the affected areas for rapid distribution on the ground. Through its activities and coordination with the DPC, IOM received and transported 2,200 MTons of NFI items to the DPC warehouse Jeremie COUD (Centre d'opération d'urgence départemental) temporary warehouse in Les Cayes.

Due to the multitude of needs, humanitarian partners mobilized large quantities of in-kind NFI contributions. As a results, there was a significant increase in the quantity of NFIs managed and transported by IOM. During the project period, IOM received a total of 33 sea, air and road cargos, totalling 2,068 metric tons of relief commodities into the IOM Central warehouse in Port-au-Prince. IOM Project staff were responsible for clearing the NFI shipments from customs, processing and submitting to the GoH all necessary documents to regularize shipment tax exemption. Upon arrival the NFIs were stocked in the IOM Central Warehouse then subsequently transported to the EOCs. The NFI's were made available to the Direction de la Protection Civile (DPC) and other partners on the ground for emergency response in line with GoH/DPC emergency preparedness and response strategies.

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

implementation and monitoring:

Beneficiaries were involved in the decision on the type of assistance to be received, prioritizing always the security of the beneficiary. Accordingly, all assistance was provided on a voluntary basis. The type of assistance provided to vulnerable population will be determined on a case by case basis. IOM is bound by the victim confidentiality protocol to ensure the victims' personal security is given the highest priority. Furthermore, IOM applies gender mainstreaming, the process of assessing the implications for women and men of any planned action, ensuring that gender perspectives and attention to the goal of gender equality are central to all activities. IOM has also paid special attention, and incorporated into this Action, lessons learned from previous projects.

14. Evaluation: Has this project been evaluated or is an evaluation pending?EVALUATION CARRIED OUT ☐

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING ☐NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		WFP		5. CERF grant period:		10/10/2016 - 09/04/2017	
2. CERF project code:		16-RR-WFP-067		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Food Aid				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Provide emergency assistance through general food distribution in southern Haiti					
7.Funding	a. Total funding requirements ¹⁴ :		US\$ 46,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁵ :		US\$ 30,000,000	▪ NGO partners and Red Cross/Crescent: US\$ 80,400			
	c. Amount received from CERF:		US\$ 1,767,870	▪ 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 (< 18)		25,500	22,500	48,000	24,000	22,000	46,000
Adults (≥ 18)		17,000	15,000	32,000	81,000	74,000	155,000
Total		42,500	37,500	80,000	105,000	96,000	201,000
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population		80,000			201,000		
Other affected people							
Total (same as in 8a)		80,000			201,000		

¹⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁵ This should include both funding received from CERF and from other donors.

<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>	With the CERF funding 201,000 beneficiaries have received vegetable oil. 70,000 of them have also received pulses, while 29,000 have received vegetable oil, pulses and rice to meet their food needs for two months. The original target of 80,000 beneficiaries was based on a full food basket (oil, pulses, cereals and salt) for two months. The commodities provided by the CERF funding were complemented by commodities funded by other donors to provide the full food ration.
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CERF Result Framework			
9. Project objective	WFP's Strategic Objective 1 - Save lives and protect livelihoods in emergencies		
10. Outcome statement	Meet urgent food and nutrition needs of hurricane-affected vulnerable people and communities		
11. Outputs			
Output 1	Food distributed in sufficient quantity, quality and in a timely manner to targeted households Description		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of beneficiaries receiving assistance as % of planned (disaggregated by activity; by women, men, girls, boys)	80,000	201,000
Indicator 1.2	Quantity of food assistance distributed, as % of planned distribution (disaggregated by type)	1,341 MT	1,284 MT
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	General food distributions	WFP	WFP / NGOs

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 was met as food was distributed and covered Grand'Anse and South departments. The planned number of beneficiaries has been reached (<i>see table 8a</i>). General food distribution was implemented by WFP cooperating partners (South: FONDEFH, Grand'Anse: ODRG)
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
<p>Food distributions were followed and monitored by WFP sub-office staff and food aid monitors. This included supervision of NGO partners. All monitoring forms included questions regarding protection, e.g. waiting conditions, safety and violence at distributions and outside. Information collected through post-distribution monitoring (PDM) and frequent field visits showed that no beneficiaries experienced safety problems while traveling to or from distributions.</p> <p>Additionally, a protection officer was recruited to reinforce accountability to affected populations aspects in the response to the hurricane Matthew. A simple and effective protection guide was created for partners involved in the response to ensure the safety, respect and dignity of the beneficiaries being served. This guide was used to modify field level agreements with partners to better incorporate protection elements to the partnership and is now being used by other humanitarian actors.</p> <p>To allow beneficiaries to directly share any issues and problems with WFP, efforts were made to set up a direct hotline to WFP for the hurricane affected areas, which is operational since January 2017.</p>

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation is planned for 2017.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED X

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UN Women		5. CERF grant period:	27/10/2016 - 26/04/2017			
2. CERF project code:	16-RR-WOM-008		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Sexual and/or Gender-Based Violence						
4. Project title:	Ensuring Equal Access and Participation of women and girls to life saving protection and humanitarian assistance in post-Hurricane Matthew Haiti						
7. Funding	a. Total funding requirements ¹⁶ :		US\$2,200,000				
	b. Total funding received ¹⁷ :		US\$ 208,488				
	c. Amount received from CERF:		US\$ 207,952				
			d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 139,312 ▪ <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 (< 18)		10,800	200	11,000	8478	88	8566
Adults (≥ 18)		3,200	800	4,000	2759	355	3114
Total		14,000	1,000	15,000	11237	443	11680
8b. Beneficiary Profile							
Category		Number of people (Planned)		Number of people (Reached)			
Refugees							
IDPs		10,000		9,344			
Host population		5,000		2,336			
Other affected people							

¹⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁷ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	15,000	11,680
<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>	Safe Space not functional as desired from the end of December. The use increased after their inauguration and equipment from February.	

CERF Result Framework			
9. Project objective	Provide women and girls with life-saving information and resources on protection and access to humanitarian assistance in post-Hurricane Matthew Haiti		
10. Outcome statement	Equal Access and Participation of women and girls to life-saving information		
11. Outputs			
Output 1	15,000 women receive life-saving information for their protection and access to humanitarian assistance through two women's spaces established in the Departmental capitals of Grand'Anse and South Departments		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of spaces established	2	2
Indicator 1.2	Number of women and girls who access lifesaving information through the spaces	15,000	11,680
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Consultation with women community leaders and women's grassroots organizations in targeted areas to identify location of the spaces in partnership with ActionAid	UN Women	Consultation carried out and sites chosen according to the criteria.
Activity 1.2	Establishment of the spaces in Jeremie and Roseaux in partnership with ActionAid	UN Women	Two safe spaces were set up in Jeremie and Roseaux in partnership with Action Aid
Activity 1.3	Implement community outreach to inform about creation of the spaces with community organizations and ActionAid	UN Women	The community was informed of the creation of safe spaces
Activity 1.4	Oversee management of the spaces (spaces to be run by women from affected areas, remunerated through cash-for-work component on the basis of vulnerability criteria) in partnership with ActionAid	UN Women	Safe spaces are managed by KPGA / OFTAG via their anti-violence unit Already existing
Output 2	2,500 women with particular vulnerabilities receive cash for-work-assistance to immediately restore livelihoods and prevent negative, life-threatening, coping strategies		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of women who benefit from cash-for work assistance	2,500	1,013
Output 2 Activities	Description	Implemented	Implemented by

		by (Planned)	(Actual)
Activity 2.1	Identification of remittance company in partnership with ActionAid	UN Women	The distribution mechanisms for the funds were established internally by FED and KPGA / OFTAG
Activity 2.2	Selection of beneficiary on the basis of vulnerability criteria with women's community organizations and ActionAid	UN Women	The beneficiaries were selected by FED and KPGA / OFTAG on the basis of the previously defined criteria.
Activity 2.3	Implementation of cash-for-work component with remittance company, women's community organizations and ActionAid.	UN Women	A cash for work component was set up by KPGA / OFTAG through internal funds transfer mechanisms

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:

Principal Results Obtained with the CERF Funds

With the CERF funds, the following results were achieved:

- ✓ 925 vulnerable women and 88 men at risk of exploitation benefited from cash-for-work activities, which facilitated their economic recovery and equally served to prevent gender based violence within the frame of humanitarian response (Cash-for-Work).
- ✓ Awareness was raised among 660 women and 180 men on the protection of women's rights and were informed on the existing services and community protection mechanisms that can be mobilized at any time and, more specifically, in case of humanitarian emergency. (Use of the Safe Spaces).
- ✓ 1,154 women and 117 men from four (4) networks of women's organizations in Grand-Anse and the South benefited from a personalized technical support with regards to leadership, preparedness, and emergency response through knowledge acquisition of a family emergency plan (PUF) and basic business management to boost economic recovery.

Table 1-a People who benefited directly from the CERF funding, planned and realized:

Direct Beneficiaries	Expected			Realized		
	Women	Men	Total	Women	Men	Total
Children (<18 ans)	10.800	200	11.000	8.478	88	8566
Adults (> 18 ans)	3.200	800	4.000	2.759	355	3.114
Total	15. 000			11.680		

The following results were also obtained:

- ✓ Reinforcement of the partnerships/collaboration with the regional coordination of the Ministry of Women Affairs on the field, the regional cells of the DPC, and the women's organizations within the networks of the targeted organizations.
- ✓ Two training sessions on preparation and emergency response with the PUF18 tool of the DPC were held in 10 communes within the 2 geographical departments, with the aim of reinforcing the capacities of the women's organizations and the structures of the Civil Protection.

UN Women/Action Aid/ KPGA-OFTAG

A partnership was built between UN Women and Action Aid for the construction of two Safe Spaces, one in the locality of Roseaux and the other in Buvette (in the city of Jérémie in the department of Grand'Anse). The Safe Spaces are known and primarily are used both by the members of the organizations within the KPGA/OFTAG network located in 8 communes of Grand'Anse and by the neighboring communities. Safe Space's mission is to welcome, support, and guide the care and referral services of victims of violence. Support was provided in the form of tools and the coaching to the members OFTAG/KPGA orientation unit, which is responsible for the GBV component. They have made it possible within the settlement communities to improve how survivors of violence are welcome and accompanied and on how to refer them to other partners or structures for the follow-up (legal, psycho-socio care, etc.).

Information space / awareness / training. These women-led security spaces have become social and secure spaces where the entire community and women in particular find vital information for their protection and their access to humanitarian aid. These structures also refer, when existing, to appropriate services such as health, food, education, and shelter. They also contribute to the economic empowerment of women by serving as a community space for sharing information on cash for work and the distributions of aid that will take place in their areas.

Awareness-raising activities on violence, protection, or other issues of importance to the community, especially for women, take place regularly in these spaces. From December 2016 to February 2017, approximately 840 people were able to benefit from the services offered in the Safe Space during the activities: visibility and inauguration of spaces, community meetings, awareness training, mobile clinics, and working sessions with organizations partners. On average, 380 people benefited from the Safe Space activities each month, which amounts to a total of 1,900 people for the project period, from December to April. Through these spaces, women have had access, during community meetings, to information that can save their lives and give them relevant opportunities for social and economic recapitalization.

Table 1-b : Participants in Safe Space activities from December to February

Activités de	Buvette/ Jérémie		Roseaux		Total
	Femmes	Hommes	Femmes	Hommes	
Visibility of Safe Space	240	60	160	40	500
Community Meetings	30	30	30	30	120
Trainings	60		60		120
Mobile Clinics	80	20	-----		100
TOTAL 1	410	110	250	70	840

¹⁸ Plan d'urgence familial

NB : From January to April around 1,520 people participated in Safe Space activities

Establishment of the Order of Priorities.

Without straying from the domains of intervention of CERF, the final geographic targeting of CERF differs lightly from the one described in the proposal due to: 1) the results of the rapid evaluation of the primary needs of women performed by UN Women in the aftermath of the disaster, and, 2) the areas and types of interventions implemented by UN Women on the field right after Matthew, an efficient way to ensure continuity and sustainability of actions. Two (2) departments and (12) communes in the departments of the South and Grand-Anse were affected: South (Aquin, Camp-Perrin, Port-Salut, Roche-à-Bateau, Cayes), Grand-Anse (Roseaux, Jérémie, Abricot, Les Irois, Anse-d'Hainault, Dame-Marie, Chambellan).

The areas of intervention are related to the activities of the selected implementation partners: FED and OFTAG/KPGA. FED intervened both before and after the disaster in both departments, in close collaboration with two main networking groups: "Kòwodinasyon Fanm Sid / Coordination des femmes du Sud" (KOFASID) and "Mouvement des femmes pour le développement de la Grand-Anse" (MOFEDGA). The interventions were almost similar to OFTAG/KPGA in Grand-Anse. These organizations intervene in sectors such as: agriculture, apiculture, fishing, and agribusiness. Furthermore, With regards to primary humanitarian needs, the following was determined through the rapid evaluation:

- First and foremost, a necessity for women to confront the loss of their means of subsistence and their productive resources. The identified actions should touch upon: the economic recapitalization of women (via commerce, agriculture, etc.) and food security.
- Secondly, the promotion of the empowerment of women within the context of disaster-prevention. The focus is on:
 - The active presence of women within the official risk and disaster management mechanisms and within the decision-making bodies at all levels working towards the reduction of risks caused by natural catastrophes.
 - Education of women (access to information, prevention, and preparation for disasters)

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

To implement structured and structuring actions, UN Women needed to present compelling data. A study was sponsored by UN Women to identify the primary needs of women and their families within the targeted communes to develop and implement concrete and well targeted actions on their behalf. The analytical report presents the following results:

- Information gathered by ActionAid and FED pertaining to the different key sectors (infrastructure, social, productive, transversal) were compiled and analyzed. The produced report allowed for a complete comprehension of the situation of women and their families;
- The identification of the specific needs of women with regards to the different risks they incur within the post-disaster context;
- An analysis of the situation with regards to the context and the actors, and a proposal by order of priority of the concrete and well targeted actions that respond to the needs of these women and that of their families.

The location for the construction of the Safe Spaces and the subsequent use of these spaces were decided in consultation with the KPGA/OFTAG organization in order to ensure that they correspond to the priorities and preoccupations of women. KPGA/OFTAG, which upheld the project within the community, relayed the information pertaining to the available services in the spaces to all organizations members of its network.

A Cash-for-Work program was implemented in two departments to respond to the primary needs of women, According to predefined criteria.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

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-FAO-027	Agriculture	FAO	NNGO	\$43,986
16-RR-FAO-027	Agriculture	FAO	NNGO	\$10,668
16-RR-FAO-027	Agriculture	FAO	GOV	\$13,060
16-RR-CEF-118	Water, Sanitation and Hygiene	UNICEF	INGO	\$422,445
16-RR-CEF-118	Water, Sanitation and Hygiene	UNICEF	INGO	\$85,937
16-RR-CEF-118	Water, Sanitation and Hygiene	UNICEF	INGO	\$151,743
16-RR-CEF-118	Water, Sanitation and Hygiene	UNICEF	GOV	\$45,900
16-RR-CEF-119	Nutrition	UNICEF	INGO	\$214,000
16-RR-CEF-119	Nutrition	UNICEF	NNGO	\$57,347
16-RR-CEF-120	Health	UNICEF	NNGO	\$6,083
16-RR-CEF-120	Health	UNICEF	INGO	\$88,704
16-RR-FPA-047	Health	UNFPA	GOV	\$210,240
16-RR-WOM-008	Gender-Based Violence	UN Women	INGO	\$7,664
16-RR-WOM-008	Gender-Based Violence	UN Women	NNGO	\$94,410
16-RR-WOM-008	Gender-Based Violence	UN Women	NNGO	\$37,238
16-RR-WHO-045	Health	WHO	INGO	\$244,387.50
16-RR-WFP-067	Food Assistance	WFP	NNGO	\$40,200.00
16-RR-WFP-067	Food Assistance	WFP	NNGO	\$40,200.00

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AGP	Plant Production and Protection Division
APASD	Asosyasyon Pwodikite/Tris Agrikol ak semans Diranton
BAC	Bureau Agricole Communal
CASEC	Conseil d'Administration de la Section Communale
CBO	Community Based Organization
CCCM	Camp Coordination Camp Management
CDC	The Centers for Disease Control and Prevention
CNSA	Coordination National de la Sécurité Alimentaire et Nutritionnelle
CTDA	Centres de Traitement des Diarrhées Aigües
DDA	Direction Départementale de l'Agriculture
DINEPA	Direction Nationale de l'Eau Potable et de l'Assainissement
DSGA	Direction sanitaire de la Grand 'Ansé
DSS	Direction Sanitaire du Sud
DTM	Displacement Tracking Matrix
EMIRA	Equipes Mobiles d'Intervention Rapide
GOARN	Global Outbreak Alert and Response Network
GREHDEIH	Groupe de Recherche et d'Expertise en Développement Local en Haïti
HtH	Heart to Heart International
IDP	Internally Displaced Person
LoAs	Letters of Agreement
MAM	Moderate Acute Malnutrition
MDM	Médecins du Monde
MSPP	Ministère de la Santé Publique et de la Population
MUAC	Mid-Upper Arm Circumference
NFI	No Food Items
NGO	Non Governmental Organisation
RUTF	Ready-to-use Therapeutic Food
SAM	Severe Acute Malnutrition
SISKLOR	Système de Surveillance de Chlore Résiduel
SOP	Standard Operating Procedures
UADS	Unité d'Appui à la Décentralisation Sanitaire
UNICEF	United Nations Children's Fund
WASH	Wash Sanitation and Hygiene