

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ANTIGUA AND BARBUDA
RAPID RESPONSE
STORM (HURRICANE, CYCLONE, ETC.) 2017**

RESIDENT/HUMANITARIAN COORDINATOR

Stephen O'Malley

REPORTING PROCESS AND CONSULTATION SUMMARY

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

On Thursday, 27 June 2018 the Office of the Resident Coordinator for Barbados and the OECS coordinated an After Action Review for CERF 17-RR-DMA-27733 and CERF 17-RR-ATG-27500. It was attended by emergency focal points and key actors from PAHO/WHO, UNDP, UNFPA, UNICEF, UN WOMEN, WFP and IOM.

- 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

On Tuesday, 29 May and 23 July the Resident Coordinator and UN Subregional Team discussed the update of the CERF programmes and reporting process.

- 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

The CERF report was shared with the Eastern Caribbean Development Partners Group for Disaster Management, which is the coordinating mechanism for disaster management in the Eastern Caribbean. This group includes partners ranging from governments, to CARICOM, the Organization of the Eastern Caribbean States, the primary regional disaster management agency, international development partners such as DFID, USAID, New Zealand and European Union, UN agencies, IFRC and other non-governmental organizations.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: USD 27 Million		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,154,461
	COUNTRY-BASED POOL FUND <i>(if applicable)</i>	N/A
	OTHER (bilateral/multilateral)	6,377,123
	TOTAL	8,531,584

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 02/10/2017			
Agency	Project code	Cluster/Sector	Amount
IOM	17-RR-IOM-041	Shelter	180,006
UN Women	17-RR-WOM-002	Sexual and/or Gender-Based Violence	248,975
UNDP	17-RR-UDP-012	Early Recovery	300,007
UNFPA	17-RR-FPA-051	Health	197,860
UNICEF	17-RR-CEF-105	Education	396,300
WFP	17-RR-WFP-059	Common Logistics	831,313
TOTAL			2,154,461

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,866,847
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	116,788
Funds forwarded to government partners	97,966
Returned to CERF	72,860
TOTAL	2,154,461

HUMANITARIAN NEEDS

Hurricane Irma—the most powerful hurricane ever recorded over the Atlantic—began its destructive path across the small island developing states of the Caribbean on September 5th. For four days, it battered the region.

Irma first bore down on Antigua and Barbuda with Category 5 strength in the early hours of September 6th, destroying over 90% of the housing stock in Barbuda, severing communication with its sister isle Antigua and rendering the island uninhabitable for its 1,780 residents. From September 6th to 8th Irma swept through Sint Maarten, Anguilla, British Virgin Islands and Turks and Caicos, leaving physical devastation and extensive breakdown of essential services in its wake. Across these countries, 70-90% of the housing stock was damaged, and almost all residents were directly affected. It affected 129,285 people—the total population of Anguilla, Barbuda, British Virgin Islands, Sint Maarten and Turks and Caicos. Of the affected population, up to 32,000 were displaced, 20,000 children were affected, and 17,000 individuals needed immediate shelter.

During its four-day run, Irma exposed these people to sustained winds that reached 296 km/h, heavy rains, storm surges, flash flooding and injury from debris. Those winds lasted for 37 hours, making Irma the longest-lived storm of that intensity anywhere around the globe for at least the past 50 years, per the United Kingdom Met Office. The scale of the natural disaster—a combination of its intensity and breadth—is unprecedented in the region.

While the small island developing states (SIDS) of the Caribbean have suffered natural disasters before, this was the first catastrophe to strike and debilitate five countries simultaneously. This has stretched established national, regional and international relief mechanisms to the limit. The regional emergency response machinery—coordinated by the Caribbean Disaster Emergency Management Agency supported by the United Nations system—laboured to support the affected governments to the varied needs in the five severely impacted territories, each with complex topography and diverse political frameworks (a mix of small, independent states and Dutch and British Overseas Territories).

While the robust preparedness measures taken by national and local authorities before the hurricane made landfall limited the initial fatalities within the region to 35 people, the extensive damage to essential services and housing stock increased the risk of diseases spreading and life-threatening conditions. Initial assessments revealed that the countries suffered severe damage to core infrastructure, disrupting their ability to provide basic services such as health care, electricity, water, sewage and waste systems, and education. Consequently, almost all residents suffered from impaired to non-existent access to clean water, electricity and functional sewage systems. Across the territories, WASH facilities were damaged, depriving residents of consistent access to clean water, functional sanitation facilities and adequate hygiene resources. Further, roofless and damaged structures with stagnant water created ideal conditions for mosquitos (which in turn serve as vectors for malaria, dengue fever, Zika and Chikungunya). The capacity of the healthcare delivery system was dramatically impacted in Antigua and Barbuda, the British Virgin Islands (British Virgin Islands), Turks and Caicos (Turks and Caicos Islands) and Sint Maarten in the aftermath of Hurricane Irma. Preliminary assessments indicated damage to several health facilities at all levels and destruction of equipment, and medical supplies, including sexual and reproductive health commodities and supplies. A significant number of schools were destroyed or damaged and school materials lost. Children in these affected islands needed access to quality social services including education, protection, water, sanitation, hygiene and recovery from the trauma of the event. Further, the collapse of telecommunications and logistical infrastructure required significant international assistance to tie together these disparate territories.

The damage caused by Irma has increased the vulnerability of the affected population and of the physical landscape to further natural hazards.

II. FOCUS AREAS AND PRIORITIZATION

Across the five affected countries, 70-90% of the housing stock was damaged, and 129,285 people (the total population of Anguilla, Barbuda, British Virgin Islands, Sint Maarten and Turks and Caicos) were affected. Of the affected population, up to 32,000 were displaced, 20,000 children were affected, and 17,000 individuals needed immediate shelter.

In Antigua and Barbuda, while Antigua only withstood a minor impact, its sister isle Barbuda was devastated with 90 percent of the housing stock and critical infrastructure suffering damage, forcing the mandatory evacuation of its population. The entire population of Barbuda represented the target demographic for relief support for Antigua and Barbuda. Nonetheless, efforts were channelled through the government of Antigua in order to facilitate the receipt of social services by displaced Barbudans.

When UN agencies and international NGOs prepared to offer support in the immediate aftermath of Hurricane Irma, their immediate objectives were to provide life-saving assistance throughout the countries and restore basic services in key sectors in collaboration with the authorities. These objectives—guided by the countries' request and the initial assessment of the damage—were spelled out in the Regional Response Plan. Through consultation within the UN Subregional Team, it was decided to focus on the following sectors: Child Protection, Common Logistics, Early Recovery, Education, Health, Sexual and/or Gender-Based Violence and Shelter. Given the access constraints and connectivity issues, particular attention was given to jumpstarting the logistics and emergency telecommunications activities.

The Post-Disaster Needs Assessment undertaken by the UN, EU, World Bank, Caribbean Development Bank and Eastern Caribbean Central Bank from 26 September – 7 October 2017, affirmed this assessment, concluding that Antigua and Barbuda alone suffered total damage of EC\$ 367.5 million (US\$ 136.1 million), with losses amounting to EC\$ 51.2 million (US\$ 18.9 million) and recovery needs amount to EC\$ 600.1 million (US\$ 222.2 million). Housing accounted for 32% of the damages and losses, totalling EC \$140.9 million (US\$ 52.2 million). Transport accounted for 10% of damages and losses, totalling EC\$ 44,509,380 (US\$ 16,484,900), while education and health accounted for more than 1%.

III. CERF PROCESS

The CERF strategy was drafted in line with the initial priorities of the Regional Response Plan.

Several discussions were held within the UN Subregional Team (UNST) in Barbados and with colleagues and partners on the ground in the affected territories to identify potential priority sectors and activities in the Regional Response Plan.

Following inputs outlining critical sector needs, potential responses and estimated funding requirements, a full meeting of the UNST was held on September 19, 2017 to agree on priority sectors, related projects, collaborative programming and indicative envelopes. This exercise was informed by the engagement of UN agency staff and UNDAC members in the Rapid Needs Assessments, and by consultations with donors and other partners through the Eastern Caribbean Development Partners Group – Disaster Management (ECDPG-DM), met almost daily under the co-chairmanship of the CDEMA Executive Director Ron Jackson and the UN Resident Coordinator for Barbados and the Organisation of Eastern Caribbean States (OECS), Stephen O'Malley.

The Regional Response Plan was officially launched on September 15, 2017 and highlighted the urgent needs of the most vulnerable populations affected by the impact of Hurricane Irma in Sint Maarten, Anguilla, British Virgin Islands and Turks and Caicos. It sought to meet the needs of the 129,285 people (essentially the entire population of the affected countries) who bore the direct impact of the Category 5 hurricane. It was developed with the support of national and regional disaster management entities, the Caribbean Disaster and Emergency Management Agency and is based on preliminary indications from multiple Rapid Needs Assessments undertaken under CDEMA's coordination leadership.

Using the Regional Response Plan as the basis for discussion, the UN Resident Coordinator catalysed the UN Subregional Team to develop CERF priorities. This discussion was informed by partner briefings, convened through the ECDPG-DM. While no clusters were activated, the different agencies worked within their areas of expertise to develop projects for the Regional Response Plan. For the CERF, agencies worked together to prioritize activities for the submission to the CERF in two key sectors, Protection and Health, because several agencies are equally active. Thus, the Protection Sector projects are the result of consultations between UNWOMEN, UNICEF and IOM, while the Health project proposal resulted from consultations between PAHO/WHO and UNFPA on priorities for CERF funding. UN agencies also consulted on priorities with national officials through national disaster management structures.

The execution of this CERF allocation was supported by two central factors:

- the agencies' joint disaster response in the Eastern Caribbean in December 2013 and August 2015, which provided key practices for collaborative delivery,
- coordination of UN agencies' actions and information through frequent meetings of senior management and surge response at the multi-country office as well as collaboration with the respective governments and
- the ECDPG-DM, which provided UN agencies an opportunity to receive meteorological updates from the Caribbean Institute for Meteorology and Hydrology, remain abreast of the shifting needs and resources and engage directly with donors and fellow humanitarian partners.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Common Logistics	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Early Recovery	0	134	134	0	179	179	0	313	313
Education	6,978	N/A	6,978	6,978	N/A	6,978	13,956	N/A	13,956
Health	14,101	2,346	16,447	11,281	1,877	13,158	25,382	4,223	29,605
Sexual and/or Gender-Based Violence	N/A	1,800	1,800	N/A	800	800	N/A	2,600	2,600
Shelter	694	1,945	2,639	647	1,708	2,355	1,341	3,653	4,994

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

BENEFICIARY ESTIMATION

With the five countries in the Caribbean badly affected, a significant humanitarian response was required. Agencies' varied responses were guided by their mandate, but the UN Subregional Team's relief efforts benefited approximately 29,605 individuals across the five countries. This figure represents the sector that reached the highest number of beneficiaries overall.

UNICEF prioritized children and adolescents from 0 to 17 years old, and at the same time those in charge of the protection and wellbeing, as families and teachers among others. UNICEF has been regularly monitoring the programme implementation in all the countries, following clear impact indicators. To avoid double counting, UNICEF Monitoring and Evaluation team worked closely with the programme team. For this report, UNICEF utilized one of the Humanitarian Action Plan indicators, estimating 13,956 child beneficiaries.

UNDP prioritized adults in need of temporary employment. Through the cash for work programme 313 beneficiaries (43% of whom were female) were engaged to remove and manage the debris and waste that resulted from the impact of Hurricane Irma.

- In Antigua and Barbuda, UNDP partnered with the government and the Marine Ecosystem Protected Area Trust Inc (MEPA) to identify 28 beneficiaries. A conscious and deliberate effort was made to include women and other vulnerable groups, including widowers, persons living with disabilities and persons with incomes below ECD10,000 per annum in the list of targeted beneficiaries.
- In Sint Maarten UNDP utilized multiple channels, including, community councils, radio shows, the Government's lists of registered people looking for work and UNDP's own networks to identify 127 beneficiaries.
- In the British Virgin Islands UNDP and the Department of Waste Management identified 53 beneficiaries.
- In the Turks and Caicos, UNDP partnered with Turks and Caicos Red Cross and Public Works Department (within the Ministry of Infrastructure, Housing and Planning) to identify 105 persons.

UNFPA prioritized adults vulnerable to sexual and/or gender-based violence, by training 62 health care professionals in the use of the Minimum Initial Service Package (MISP), providing a total of 2,562 dignity kits and 36 reproductive health kits with essential drugs, supplies and equipment to benefit 2,346 women and 1,877 men as well as 25,382 children.

IOM used its Displacement Tracking Matrix (DTM) methodology to identify the collective centres and monitor displacement across the country. The DTM enabled the timely identification of vulnerable populations and their needs and thereby, a coordinated response by all relevant humanitarian actors. Through partnerships with national authorities and non-governmental organizations, IOM reached 4,994 individuals (1,341 children and 3,653 adults).

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	14,101	2,346	16,447
Male	11,281	1,877	13,158
Total individuals (Female and male)	25,382	4,223	29,605

CERF RESULTS

With compromised access to shelter, telecommunications and basic services have increased vulnerability to crime and violence, including sexual and gender-based violence UNICEF, UN Women, UNFPA and IOM worked to protect the most vulnerable segments of the population.

UNICEF addressed child protection and education. Due to the hurricane impact in the affected territories, the whole education system was affected, dislocating the entire education population of: children, adolescents, teachers and education authorities. Close to 100% of education centres had some level of impact, due in part to weak preparedness, as well as limited emergency planning for the impact of hurricane. The limited child protection workforce was unable to respond to the situation in which children and their caregivers were immobilized by the widespread devastation. UNICEF had immediate field presence, providing technical support to education and child protection authorities, providing lifesaving and education supplies. The Educational supplies comprised tents, reaching more than 3,139 students; school-in-a-box, reaching more than 8,152 students; recreational kits, reaching almost 12,712 students; and early childhood development kits catering to more than 3,082 children under 5 years old. The agency also worked with key ministries and agencies to identify issues that might require further protection intervention strategies and to develop key messages and capacity to prevent child abuse with community participation. Ultimately 13,956 children benefitted through CERF funding.

UN Women addressed sexual and/or gender-based violence. UN Women provided personal care and hygiene equipment, comprehensive assessment and mental health and psychosocial support service and lifesaving information regarding safety, security

and access to services during an emergency. In partnership with government departments and international agencies, UN Women strengthened the disaster response platform within the governments of the affected territories. The agency supported the mapping of social services, identifying critical gaps, duplication and fragmentation in the response mechanisms. This assessment relayed into the design, configuration and roll out of Mental Health and Psychosocial Support (MHPSS), using a community-based approach. This gender-sensitive approach integrated triage, case management and throughput, as well as capacity building for the development and delivery of therapeutic services to the affected populations and those affected by GBV. The project developed six Public Service Announcements (PSAs) focused on GBV, four PSAs focusing on MHPSS and a theatrical production to address post-disaster mental trauma (which was staged in Antigua and Barbuda and the Turks and Caicos). While it was difficult to estimate the reach of the PSAs, the use of the national radio and television stations would have extended the reach to at least 500 persons across the territories. Further, 350 persons attended the theatrical production in Antigua and Barbuda, while 200 did so in Turks and Caicos. With the delivery of 1500 dignity/security kits and 1000 lifesaving information documents, the project would have reached approximately 3000 individuals.

With such severe damage to the housing sector, shelter was a critical priority. IOM aimed to provide shelter and NFIs to 4,963 individuals across Sint Maarten, Antigua and Barbuda, and Turks and Caicos. IOM also deployed technical support in the areas of camp coordination and camp management and shelter and data collection by implementing the Displacement Tracking Matrix (DTM).

- In Sint Maarten, IOM supported the Emergency Support Function 7 (EFS7) in drafting the Evaluation Centre Strategy, which was used for identification of the collective centres. As a result, 15 collective centres were identified. Out of that there were ten with capacity to accommodate 1,800 IDPS (these were stocked with food and water by Dutch marines). Five hundred IDP households (or 1,500 individuals with average size of three individuals in the family), who returned home were given one set of tarpaulins and ropes, for temporary reconditioning due to roof damage in the houses. IOM successfully passed along its critical outreach (improving the capacity building in shelter administration) to 50 volunteers from the Red Cross and K1 Britannia Foundation. These volunteers were trained on basic standards of collective centre management.
- In Antigua and Barbuda, IOM coordinated with the local authorities to assess, identify and establish shelters for IDPs. In collaboration with Shelter Box, IOM relayed 250 tents and 250 cleaning tool kits for debris removal to enable Barbudan volunteers to begin clean-up work. IOM worked with Department of Environment to provide 30 tents to use of staff and returning families, who had no other accommodation on the island.
- In Turks and Caicos, IOM worked with First Pentecostal Church of God to distribute NFIs to migrants affected by the hurricane, benefiting 210 households.

The prompt coordination and response with the IOM missions in Panama and Haiti made it possible to distribute 1,500 NFIs in shelter material (including tarpaulins, ropes, tents and cleaning tool kits) in Sint Maarten, Antigua and Barbuda. As a result, more than 15 times as many households were able to benefit as initially estimated in the proposal. Consequently, IOM supported 2250 of most vulnerable households to receive essential shelter materials, rather than the 100 initially targeted.

UNFPA addressed critical health care needs including comprehensive survivor-centered care for gender-based violence survivors. UNFPA achieved results across three of the four target countries—Antigua and Barbuda, Sint Maarten and Turks and Caicos Island. The agency relayed 36 reproductive health kits with essential drugs, supplies and equipment for provision of priority reproductive health services to the affected populations and 2,652 dignity kits. In Antigua and Barbuda and Sint Maarten, UNFPA helped to establish the Referral pathway for multi-sectoral services and care for GBV survivors. Further, it provided critical training to service providers: (a) UNFPA trained sixty-two health care professionals on the MISF, syndromic management of STIs and clinical management of rape for first-level diagnosis, treatment and referral of GBV sexual violence survivors including provision of skills and tools for data collection and case management and (b) following the adaptation of IASC guidelines on GBV prevention and response, trained 50 personnel from health and shelter on integrating GBV prevention and response in sectoral response. To reach its target population of women and men of reproductive age, UNFPA partnered with the primary providers of sexual and reproductive health services to ensure that they had critical resources. These providers included the Ministry of Health, Caribbean Family Planning Association and other key partners whom women and girls of reproductive age typically use to access the SRH services. Through this partnership UNFPA was able to reach 70% of the target population (29,605/42,229). Although partners have not undertaken an evaluation to measure the uptake, they confirmed that women and girls of reproductive age accessed the resources.

UNDP worked to restore livelihoods through debris and waste management projects and related programmes. The Early Recovery Programme achieved its main outcome of economic activity restored for the most vulnerable persons displaced and directly impacted by Hurricane Irma through debris and waste management. The project achieved this result through mobilizing the support and participation of local authorities, NGOs and communities to implement cash for work programmes (CfW) in each of the four target countries, Turks and Caicos Islands, Sint Maarten, Antigua and Barbuda and British Virgin Islands. In view of the importance of tourism as a major income generator, in many of the islands, key facilities including ports of entry, as well as important tourism sites, such as beaches were prioritised for debris removal in some islands. The majority of activities within the project were successfully completed including introductory consultations, procurement and distribution of tools including Personal Protective Equipment (PPE), debris clearance and transfer of cash to beneficiaries.

Local agencies were used to identify, hire and pay workers. In the case of Barbuda, UNDP utilized the services of the Marine Ecosystem Protected Area Trust Inc (MEPA), the nationally appointed agency to facilitate clean-up activities. MEPA procured necessary Personal Protective Equipment (PPE) and paid workers. In addition, community members were engaged through meetings with cash for work teams to discuss ideas, expectations and concerns before implementation. Because of these consultations, work was adjusted to ensure more effective implementation. Weekly meetings also created a bond amongst the emergency employment personnel and MEPA trust and were also used to monitor programme activities. For Turks and Caicos Islands, the UNDP Jamaica Country Office (CO) partnered with the Turks and Caicos Islands Red Cross and the Public Works Department (PWD) of the Ministry of Infrastructure, Housing and Planning to implement the CfW programme. For Sint Maarten the programme has created long term benefits for several of the workers as they have been able to gain regular employment on conclusion of the programme from contractors that have hired them as part of their regular workforce.

Although the project planned to reach 3,181 beneficiaries, it provided employment for 313 persons (134 females and 179 males). This represents 10% of the anticipated goal, however this work force represents those who were available to work. Notwithstanding, although fewer beneficiaries than planned directly benefitted, the indirect beneficiaries from within the communities are substantial as critical road ways would have been cleared. Additionally, the project still reached its goal of injecting needed income into the economy as \$148,718.21 which represents 126% of the targeted funds allocated for cash for work was transferred to beneficiaries.

Relating to the debris collected and recycled the results are mixed. For British Virgin Islands and Turks and Caicos Islands these targets were met with 21% and 20% being reached representing the percentage of debris collected that was recycled. In the case of Barbuda, 3,000 tonnes of debris was removed and taken to the designated site with the government directly undertaking the sorting and recycling of debris separately. In Sint Maarten 9.920 m² of hurricane debris has been removed from backyards and public spaces as part of the CERF support.

WFP provided support to regional emergency response mechanisms, in particular CDEMA, to overcome the most urgent transport and communication challenges for assessments and delivery of humanitarian assistance. Further, the other agencies' efforts were supported by the enhanced logistical and telecommunication support provided by WFP. In view of the scale of the disaster, WFP rapidly augmented supply chain and emergency telecommunications capacities in the Caribbean region by deploying staff to coordinate the support activities of the humanitarian community. Response Teams were deployed to Turks & Caicos Islands, Sint Maarten, and Antigua and Barbuda to assess urgent needs and to coordinate with government institutions and other humanitarian partners' the access to common logistics services such as transport and warehousing, and to provide essential information, including cargo tracking and Geographic Information System (GIS) mapping services. WFP established operational and coordination hubs in Turks and Caicos, Antigua and the liaison office in Barbados; the agency facilitated air passenger and light cargo services from Antigua to Barbuda, Sint Maarten and Anguilla. To serve the areas that were completely cut off, the Special Operation delivered vital humanitarian cargo to isolated locations with chartered aircrafts and air service support.

CERF's ADDED VALUE

The CERF funding was instrumental to the fast delivery of assistance to beneficiaries. The quick provision of the funding facilitated the activation of the priorities in the Humanitarian Response Plan by enabling the agencies to mobilize response teams and lifesaving supplies. The funding facilitated a swift emergency response with DTM assessment to identify needs, prioritize actions and map the overall outreach of the disasters.

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

YES PARTIALLY NO

As the first funding source to become available, CERF was critical in helping the agencies deliver life-saving support.

- With the funds, UNDP tested emergency employment activities in Sint Maarten, provided emergency livelihoods to vulnerable persons in local communities in Turks and Caicos, and fast-tracked financial assistance to beneficiaries in Barbuda. While the CERF funds were made available in November 2017 in British Virgin Islands, the difficulty in procuring a suitable Cash for Work Supervisor delayed the start of the programme until February 2018.¹
- IOM used the CERF funding to launch the DTM, identifying locations, population numbers, conditions and priority needs as well as the possibility for return for the internally displaced persons. With the funds, IOM elaborated a report on households' intentions, identifying means of improving the living conditions for the affected population and providing crucial information to the Government and stakeholders seeking sustainable solutions for the displaced population.
- During the first week of the emergency, WFP deployed Programme, Logistics Rapid Response Teams (RRT) and Emergency Telecommunication Cluster staff to the region to assess the requirements for food assistance, logistics, communications and coordination support. CERF funds supported the continued delivery of passenger and light cargo transport to affected territories across the Caribbean.
- UNFPA and UN Women experienced delays in relaying dignity kits and expertise.

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

YES PARTIALLY NO

Yes. UNDP utilized the funds to meet two time-critical needs: (1) the removal of hazardous and lethal debris (galvanized sheets, metal, glass, wood etc.) from many residential areas and (2) emergency employment, which was critical in providing legal alternatives for livelihoods and a safety net for large portions of the population against emerging precariousness and poverty. IOM provided emergency shelter solutions to 3,963 beneficiaries as well as essential NFIs (tarpaulins, ropes, tents, blankets, hygiene kit, mosquito net and toolkit). IOM also provided quick training on camp management and camp coordination to shelter managers. Through the implementation of 3 rounds of DTM/ rapid assessments, IOM identified the population needs and vulnerabilities of individuals evacuated to Collective Centres in Antigua and Sint Maarten. The DTM also allowed mapping the area and calculate the dimension of the disaster. CERF funding supported WFP's deployment to Logistics Rapid Response Teams and emergency programme teams to Barbuda, Barbados, Sint Maarten and Turks and Caicos to provide critical logistical and telecommunication support to partners.

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

YES PARTIALLY NO

Yes, CERF funding allowed UNDP to piloting emergency employment activities in Sint Maarten. These activities were then scaled up through remaining CERF funds and support from the Government of the Netherlands. In British Virgin Islands, the funds allowed the Government to mobilize additional resources and man power from private citizens. In Turks and Caicos Islands, UNDP utilized the funds

¹ The first round of procurement was unsuccessful. Following this, there was intensive discussion with the Government of British Virgin Islands to determine whether to contract an international or national consultant. The second round of procurement for a national consultant was successful and resulted in the onboarding of the Cash for Work Supervisor in February 2018.

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.).

to leverage additional funding for the Early Recovery Programme. UNFPA received support from DFID/CANADEM to mobilize a Humanitarian Coordinator.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF funds supported coordination at the sub-regional level (facilitating ongoing collaboration between resident coordinators and UN country teams) as well as between agencies at the country level. The funding allowed UN agencies, national partners and other humanitarian actors to work closely together for the timely implementation of emergency activities within the joint coordination mechanisms established and to pool resources for the expected results. In Turks and Caicos Islands, the CERF allocation facilitated strategic partnerships between the Turks and Caicos Islands Red Cross, the Ministry of Infrastructure, Housing and Planning as well as the Ministry of Health, Agriculture and Human Services. These partnerships have helped to advocate for early recovery and recovery planning, emphasized the need for investment and support in disaster risk reduction and climate change adaptation, and allowed for greater operational effectiveness.

In Antigua and Barbuda for the DTM assessment, IOM coordinated with UNICEF, UNFPA and UN Women and the Social Service Division of the Ministry of Social Transformation. IOM partnered with Shelter Box (NGO) for the donation and distribution of tents and toolkits for worker and affected families involved in debris removal. For delivery IOM coordinated with the Red Cross. IOM attended coordination meeting chaired by the National Officer for Disaster Services (NODS). In Sint Maarten IOM coordinated with the Emergency Support Function 7- Social Service - National Emergency Management and Ministry of Public Health, Social Development and Labor for the NFIs distribution and DTM assessment. IOM attended the coordination meeting. In Turks and Caicos, IOM coordinated with the Permanent Secretary of the Department of Disaster Management and Emergency (DDME) of Turk and Caicos Island, however for distribution of NFI to affected vulnerable migrants, who were not included in the other assistance, coordinated with the First Pentecostal Church of God.

By liaising with CDEMA, the UN Sub-Regional Bureaux/Office, and national disaster management structures for a coordinated response, WFP augmented and strengthened emergency response capacity of the national and supra-national government entities in the hurricane-prone sub-region.

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

In Antigua and Barbuda, the CERF created an expanded platform for UNDP collaboration with non-traditional partners during the recovery project. WFP noted that the government and humanitarian community benefited from essential lifesaving food assistance, logistics and emergency telecommunications services including delivery of life-saving relief items to the affected population, a reliable means of transport for aid workers, coordination efforts and other necessary operational support to ensure the affected population received the desired level of relief. UN Women identified key gaps in the provision of psychosocial programming, including the lack of coordination, misunderstanding around mental health and psychosocial issues, inadequate or non-existent training for key front-line disaster preparedness and response staff as well as uncoordinated and untimely Psychosocial Support intervention. The CERF funding facilitated the utilization of cultural and creative arts, the dissemination of critical life-saving information on gender-based violence and psychosocial strategies. The production, mounted in Antigua and Turks and Caicos, was well-received.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Adequate funding should be provided to facilitate adequate monitoring of the project on the ground. In the case of the Jamaica CO which covers Turks and Caicos Islands, a member of staff has to travel to Turks and Caicos Islands regularly to monitor project implementation.	Ensure budgets include the cost for monitoring activities	CERF secretariat
Funds flexibility	The CERF is intended to save lives in the first weeks, so the proposals are always based on limited information and assumptions. It is recommended to reduce the information requested regarding the budget breakdown.	OCHA
Clear guidance on CERF policies and procedures is required so that proposals can be developed with minimum errors, which could cut back on time spend in making multiple modifications based on feedback from Secretariat.	Training on development of CERF proposals and implementation of funds	OCHA and CERF secretariat
Psychosocial impact of disasters must be given equal weight in contingency planning needs assessment and emergency funding	Ensure that the contingency plans and humanitarian response has clear and definitive lines of action around MHPSS. Funds must be allocated in a dedicated proportion to MHPSS activities.	CERF
Anomaly between fast track implementation and use of regular procurement procedures	CERF funding should be accompanied by an automatic agency level trigger for the activation of rapid response procurement procedures.	CERF secretariat executive level with Agencies in NY

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Prepositioning and in country local purchasing is best case scenario for procurement of materials and supplies but not always possible and remains burdensome with high transaction costs for agencies	Trigger for use of fast track procurement procedures should be delegated to front line emergency agencies and in the Caribbean this needs to year long due to long hurricane season and therefore limited time for planning and preparation	OCHA
Disaster preparedness and management is key	The government of Antigua and Barbuda needs to urgently improve disaster preparedness/management by clearly identifying, empowering and strengthening relevant institutions to respond adequately.	Antigua and Barbuda National Office of Disaster Services

Proactive response mechanisms are long overdue in disaster prone countries/communities	The UN must improve on its proactive response mechanisms in disaster-prone communities.	UNGASS/UNOCHA/UNDG
Payment systems for cash for work schemes must be able to provide quick pay-out services. Paying the workers through the Government's system caused a delay in payments. The Government's system is filled with unnecessary red tape and should be avoided if possible.	A full assessment of the recommended mechanism to facilitate cash transfer must be undertaken.	UNDP in collaboration with governments.
Government support and endorsement of activities is essential.	Ensure activities are developed in collaboration with the government stakeholders.	UNDP Jamaica Country Office (CO)
Information exchange and sharing of experiences and knowledge among participating COs are beneficial	Document lessons learnt	UNDP Jamaica CO
Fiduciary and operational processes must be flexible, efficient and simple to facilitate and ensure quick implementation of activities.	Ensure understanding of processes	UNDP
Implementation mechanisms must be carefully designed to ensure efficient and effective implementation of project activities.	Document lessons learnt to inform future projects.	UNDP Jamaica CO
The capacity of local organisations need to be strengthened to enable a more coordinated early recovery process	Turks and Caicos Islands to be incorporated in capacity building initiatives being coordinated through and by the CO.	UNDP Jamaica CO
The time taken to strengthen partnerships can delay programme implementation	CO to maintain strong relationships and partnerships with countries as much possible particularly to strengthen pre-disaster planning and preparedness	UNDP Jamaica CO
Consultations with various stakeholders and their participation in developing early recovery programmes can be lengthy but are integral to the success of initiatives	Ensure stakeholders are engaged prior to disasters	UNDP Jamaica CO
The absence of a standard approach to coordination, coupled with political hurdles, made it difficult to effectively implement programmes in the state.	Preparedness messages need to be discussed and disseminated before-hand and should be regularly distributed throughout the hurricane season. Response mechanisms and the like must also be discussed before a disaster or immediately following a disaster; funding also needs to be made available for these ideas.	UNST Barbados and OECS
Logistics are expensive in the region	The investment in logistics was much more than expected, more resources need to be allocated for this purpose.	UNICEF
It is essential to work closely and empower national partners and	National authorities and stakeholders are the most suitable partners to identify the needs and gaps.	UNICEF

stakeholders.		
Sub-cluster/sector leads must to clearly identified before the onset of an emergency to prevent competition among agencies for leadership roles and keep focus on addressing the needs of affected populations	Identify sub-cluster/sector leads before an emergency and assist in clearly defining roles and responsibilities to avoid competition and potential conflicts	Humanitarian Country Team/Clusters/Implementing Agencies
Hurricanes Irma and Maria were complex humanitarian situations affecting 5 islands with no physical UNFPA presence and late arrival of emergency items and personnel significantly constrained the timeliness of the response.	<p>Establish a regional surge roster comprising Caribbean nationals and UNFPA staff and that could be deployed immediately after a disaster</p> <p>Establish Long Term Agreement (LTA) with the Caribbean Disaster Emergency Management Agency (CDEMA) for prepositioning, storage and transportation of emergency items (dignity kits) through its regional hubs and also partner with WFP on logistics.</p>	UNFPA
Local political conditions impinge directly and immediately on disaster response	Include local government as well as central government authorities in contingency planning and emergency response design and roll out, forge stronger relationships at the local government level	Country team and HOA
Key gaps in planning and implementation around MHPSS in disaster response	Incorporate MHPSS in contingency planning	Country team and HOA
Use of community based participation methodology is time consuming but critical to the success of emergency response	Capacity building in community based participation methodology	Country team and HOA

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	16/09/2017 - 15/03/2018		
2. CERF project code:	17-RR-CEF-105		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Education and Child Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Creating Quality Learning, and Protective Spaces for children affected by hurricane Irma in the Caribbean					
7. Funding	a. Total funding requirements ³ :	US\$ 2,370,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁴ :	US\$ 1,500,000	▪ <i>NGO partners and Red Cross/Crescent:</i>			US\$ 0
	c. Amount received from CERF:	US\$ 396,300	▪ <i>Government Partners:</i>			US \$58,966
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (< 18)</i>	7,100	7,000	14,100	6,978	6,978	13,956
<i>Adults (≥ 18)</i>				N/A	N/A	N/A
Total	7,100	7,000	14,100	6,978	6,978	13,956
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>			14,100	13,956		
Total (same as in 8a)			14,100	13,956		

³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁴ 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>	There are various factors that explain this discrepancy, including the high among islands and to the United Kingdom.
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CERF Result Framework			
9. Project objective	Ensure that 14,100 children and adolescents under 18 years in Anguilla, Barbuda, British Virgin Islands and the Turks and Caicos Islands have access to quality learning and safe and protective spaces through the provision of psychosocial care, educational materials and information to protect them from harm and violence		
10. Outcome statement	Children affected by the Hurricane are safe, protected and have access to quality education		
11. Outputs			
Output 1	12,000 children and adolescents have access to safe learning spaces and quality teaching		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of emergency affected children and youth (5-18 yrs. old) attending learning spaces/schools in affected areas	# of emergency affected children and youth (5-18 yrs. old) attending learning spaces/schools in affected areas	11,556 students
Indicator 1.2	# of emergency affected children (3-5 yrs. old) attending ECD (Child Friendly) Spaces in affected areas	# of emergency affected children (3-5 yrs. old) attending ECD (Child Friendly) Spaces in affected areas	2,400 children under 5 years old
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of ECD kits, school –in the box kits, recreation kits, tents and tarpaulins	UNICEF	UNICEF
Activity 1.2	Distribution of Education supplies to partners	UNICEF	UNICEF
Activity 1.3	Support Ministries of Education in development and implementation of return to classes plan	Ministries of Education	Ministries of Education with the support of UNICEF through OECS
Output 2	14,100 children and adolescents provided with psychosocial support, and are in protective environments		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of teachers/other educational personnel trained in psycho-social support	# of teachers/other educational personnel trained in psycho-social support	UNICEF and partners trained more than 372 facilitators to provide psychosocial

			support (PSS) for primary and secondary school aged students.
Indicator 2.2	# of learning spaces/schools incorporating psycho-social support	# of learning spaces/schools incorporating psycho-social support	21 schools incorporating psycho-social support (11,353 children benefitted from safe access to community spaces for socializing, play and learning that incorporated psycho-social support).
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Emergency training for teachers and other education personnel in return to Happiness methodology	Ministries responsible for Child Protection and Ministries of Education (Return to Happiness Psychosocial Support Facilitators)	Ministries of Social Services and Ministries of Education, with the support of UNICEF
Activity 2.2	Provision of materials to support the delivery of RTH program to affected children	UNICEF	UNICEF
Activity 2.3	Development and provision of information materials for children, families and education personnel on child protection in emergencies	UNICEF	UNICEF

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy

between planned and actual outcomes, outputs and activities, please describe reasons:

The project was implemented as planned, due to the flexibility and commitment of national and international partners. UNICEF partnered with key agencies and ministries to ensure the continuum of psychosocial services in collective shelters, schools and other outlets. By providing materials to key partners at the national level, UNICEF was able to reach up to 5,028 children aged 5-12 years, who were enrolled in the Return to Happiness Programme (and able to benefit from psychosocial support through it).

UNICEF worked with key ministries and agencies to (1) identify issues that might require further protection intervention strategies and (2) develop key messages and capacity to prevent child abuse. Over 16,000 children were provided with information on good hygiene and on safety and protection measures via distribution of communication material, radio messages, social media and through SMS based messages.

UNICEF had immediate field presence, providing technical support to education and child protection authorities, providing lifesaving and education supplies. UNICEF catered to more than 3,082 children under 5 years old through early childhood development kits. The tents reached more than 3,139 students; the school-in-a-box reached more than 8,152 students and the recreational kits reached almost 12,712 students.

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

The project implementation was informed by the rapid assessments that UNICEF and other partners conducted. Considering that the project was oriented to provide direct and immediately relief to the most affected population, the consultation process was limited, due the time constrains. However, the population was made informed the project and there was some limited consultation during implementation. Further, UNICEF worked closely with national partners to implement the project.

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

EVALUATION CARRIED OUT

CERF resources were utilized to provide direct services to the most needed population, in close cooperation with International Partners and National Authorities. Considering the emergency response characteristics and the project metrics, and evaluation is not considered at this point.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	10/09/2017 - 09/03/2018		
2. CERF project code:	17-RR-FPA-051		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Respond to the life-saving SRH needs of women and girls and provide comprehensive survivor-centred and multi-sectoral care for GBV survivors affected by Hurricane Irma					
7. Funding	a. Total funding requirements ⁵ :	US\$ 1,300,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁶ :	US\$ 197,860	▪ NGO partners and Red Cross/Crescent:		US\$0	
	c. Amount received from CERF:	US\$ 197,860	▪ Government Partners:		US\$0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	21,115	16,891	38,006	14,101	11,281	25,382
Adults (≥ 18)	2,346	1,877	4,223	2,346	1,877	4,223
Total	23,461	18,768	42,229	16,447	13,158	29,605
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	42,229			29,605		
Host population						
Other affected people						

⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁶ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	42,229	29,605
<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 population targeted in the British Virgin Islands was not reached due to delayed deployment of the humanitarian coordinator, SRH and GBV specialists, mainly as a result of transit visa challenges. This situation was exacerbated by slow governmental engagement, limited capacity on rapid response and the bureaucracy of intra-governmental communication processes. These factors affected the ability to carry out the planned SRH and GBV activities.	

CERF Result Framework			
9. Project objective	Respond to life-saving needs of women and adolescent girls affected by Hurricane Irma by i) preventing, mitigating and responding to Gender-Based Violence (GBV) and ii) implementing the Minimum Initial Service Package (MISP), providing SRH supplies to health facilities, and providing access to SRH information.		
10. Outcome statement	Affected women, adolescent girls and at-risk populations have access to life-saving sexual and reproductive health services (SRH) through the Minimum Initial Service Package (MISP) and can safely access to survivor-centred, multi-sectoral services and life-saving information to prevent, mitigate and respond to Gender-Based Violence (GBV).		
11. Outputs			
Output 1	Improved quality of, availability and access to survivor-centred, multi-sectoral services and referral systems to respond in a timely manner to GBV incidents.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# Targeted locations with a functional referral pathway that includes multi-sectoral services for GBV survivors.	4	2
Indicator 1.2	% Service providers trained in appropriate survivor care, including clinical management of rape.	80%	80%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establish referral pathways in each location to ensure survivors of GBV have safe access to life-saving and survivor-centred health care, basic psychosocial support, security and community-based support networks.	UNFPA, Directorate of Gender Affairs.	UNFPA, Directorate of Gender Affairs
Activity 1.2	Train service providers including shelter managers, health and psychosocial support personnel and community-led mechanisms on identifying and timely responding to GBV incidents.	UNFPA, Directorate of Gender Affairs.	UNFPA, Directorate of Gender Affairs
Output 2	Life-saving information materials on available services for survivors of GBV and dignity kits delivered to 1,300 women and adolescent girls.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of women and adolescent girls provided with dignity kits	1300	2,652
Indicator 2.2	# of IEC materials promoting GBV services produced and disseminated	1300	0

Indicator 2.3	% of reported GBV survivors who access psychosocial support.	90%	90%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement and delivery of dignity kits.	UNFPA, Directorates of Gender Affairs, Caribbean Family Planning Affiliation	UNFPA, Directorates of Gender Affairs
Activity 2.2	Production and delivery of life-saving information on available services for GBV survivors and at-risk populations, including where and how to access those services.	UNFPA, Directorates of Gender Affairs, Caribbean Family Planning Affiliation	UNFPA, Directorates of Gender Affairs
Output 3	Ensure access to essential sexual and reproductive health (SRH) services including Emergency Obstetric Care Services.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of women and girls with major obstetric complications who have access to Emergency Obstetric Care Services (EmOC).	563	563
Indicator 3.2	# of targeted health facilities are supplied with clinical delivery assistance kits.	9	9
Indicator 3.3	# of visibly pregnant women who receive a clean delivery kit.	1,800	1,800
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Establish referral systems to hospitals/clinics providing basic and comprehensive EmOC.	UNFPA, Caribbean Family Planning Association, Ministry of Health	UNFPA, Ministry of Health
Activity 3.2	Train health professionals on the use of Referral kits.	UNFPA, Caribbean Family Planning Association, Ministry of Health	UNFPA, Ministry of Health
Activity 3.3	Provide every targeted health facility with Clinical Delivery Assistance Kits and train health professionals on the use these kits.	UNFPA, Caribbean Family Planning Association, Ministry of Health	UNFPA, Ministry of Health
Activity 3.4	Provide every visibly pregnant woman with a Clean Delivery Kit.	UNFPA, Caribbean Family Planning Association, Ministry of Health	UNFPA, Ministry of Health
Output 4	Ensure access to sexual and reproductive health services including treatment of Sexually Transmitted Infections (STIs), Clinical Management of Rape (CMR), and family planning.		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	# of health centres supported with Rape Management kits and STIs treatment kits.	9	9

Indicator 4.2	% of people, including survivors of GBV, receive STI treatment in targeted health facilities.	100%	100%
Indicator 4.3	% of reported GBV survivors who receive CMR services in targeted health facilities.	100%	100%
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Procure and distribute STIs treatment kits and Rape Management Kits to targeted health facilities.	UNFPA, Caribbean Family Planning Association, Ministry of Health	UNFPA, Ministry of Health
Activity 4.2	Provide STIs and CMR treatment services in targeted health facilities.	UNFPA, Caribbean Family Planning Association, Ministry of Health	UNFPA, Ministry of Health
Activity 4.3	Train health professionals and midwives on STIs and CMR to improve access to these services.	UNFPA, Caribbean Family Planning Association, Ministry of Health	UNFPA, Ministry of Health

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

Full implementation of the project was constrained by delayed deployment of the humanitarian coordinator, SRH and GBV specialists, due to transit visa challenges, with notably impact on the support to British Virgin Islands. This situation was exacerbated by slow governmental engagement, limited capacity on rapid response and the bureaucracy of intra-governmental communication processes. These factors affected the ability to carry out the full range of planned SRH and GBV activities including community outreach and sensitization sessions and printing and dissemination of IEC materials. To reach its target population women and men of reproductive age UNFPA partnered with the primary providers of sexual and reproductive health services to ensure that they had critical resources. These providers included the Ministry of Health, Caribbean Family Planning Association and other key partners whom women and girls of reproductive age typically use to access the SRH services. Through this partnership UNFPA was able to reach 70% of the target population (29,605/42,229). Although partners have not undertaken an evaluation to measure the uptake, they confirmed that women and girls of reproductive age accessed the resources. Notwithstanding, the outputs and activities were framed so as to be achievable to a large extent.

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

During the project design phase, national government, civil society, community-based organizations and beneficiaries were consulted to identify the needs, location and vulnerable/most at risk population. SRH and GBV action plans and project monitoring dashboard/matrix were developed and implemented in further consultation with partners. Site visits and ongoing follow-up were conducted for activities and where gaps were identified, an internal strategy and rigorous monitoring was done to monitor the procurement process, implementation of activities in the field and strengthen the coordination and partnership with the government, civil society and UN partners to speed up implementation of the activities.

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

EVALUATION CARRIED OUT

UNFPA has already conducted a rapid assessment of its support to the affected countries in partnership with the Regional Office in Panama. Key findings are being awaited, which will inform preparedness planning and response for future emergencies.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	08/09/2017 - 07/03/2018		
2. CERF project code:	17-RR-IOM-041		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Shelter and displacement tracking assistance to the hurricane affected population in the Eastern Caribbean region					
7. Funding	a. Total funding requirements ⁷ :	US\$ 1,500,000 ⁸	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ :	US\$ 180,006	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 180,006	▪ <i>Government Partners:</i>		US\$ 0	
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>	750	750	1,500	694	647	1,341
<i>Adults (≥ 18)</i>	1,750	1,750	3,500	1,945	1,708	3,653
Total	2,500	2,500	5,000	2,639	2,355	4,994
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	5,000			3,944		
<i>Host population</i>						
<i>Other affected people</i>				1,050		

⁷ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁸ Source – Hurricane Irma – Regional Response Plan for the Caribbean Region (OCHA)

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

Total (same as in 8a)	5,000	4,994
<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>	N/A	

CERF Result Framework			
9. Project objective	Contribute to alleviating the suffering of populations affected by hurricanes in the Eastern Caribbean region		
10. Outcome statement	IOM's actions will support displaced people (including men and women of different ages) affected by the hurricane Irma and help to mitigate the suffering caused by the impact of natural disaster.		
11. Outputs			
Output 1	Displaced people have improved access to safe, well-managed and dignified shelter		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of displaced people living in well managed shelters	5,000	4,994
Indicator 1.2	# of people with increased skills in shelter management	300	90
Indicator 1.3	# of most vulnerable households that receive essential shelter materials	100	2,550
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Mapping of humanitarian stakeholders involved in emergency and transitional shelter and provision of technical support in the development of shelter solutions	IOM	IOM
Activity 1.2	Orientation and concise practical training sessions on shelter management to shelter managers and relevant actors	IOM	IOM
Activity 1.3	Procurement, shipment and distribution of essential shelter materials	IOM and local partners	IOM and local partners
Output 2	Numbers, locations and humanitarian needs of displaced population are tracked and disseminated to humanitarian actors and government authorities, enabling timely and effective humanitarian response		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of assessments conducted	3	3
Indicator 2.2	# of reports on locations, conditions and needs	3	3
Indicator 2.3	Site profiles of identified sites compiled and shared	Profiles to be generated for all significant sites identified	5
Output 2 Activities	Description	Implemented by	Implemented by

		(Planned)	(Actual)
Activity 2.1	Tracking and monitoring the movement and needs of the displaced people	IOM	IOM
Activity 2.2	Mapping, demographic profiles and reports	IOM	IOM
Activity 2.3	Referral of the protection concerns to the relevant humanitarian actors	IOM	IOM

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

IOM CERF fund complements efforts made to alleviate suffering caused by Hurricanes Irma (category 5) and José (category 4) which impacted numerous islands across the Leeward Islands, eastern Caribbean regions and sub-Bahamian region. IOM undertook different action to face the emergency in the following islands:

Based on the situation in Antigua, Barbuda, Sint Maarten and Turks and Caicos, the target number for emergency response was 4,963 individuals receiving assistance by the end of the project implementation period in 2018. At the same time, IOM was supporting the humanitarian response with technical staff deployed to the islands of Antigua and Barbuda and Sint Maarten with coordination support from IOM Panama with roaming capabilities to the other islands when required. The teams on the ground provided technical support in the areas of camp coordination and camp management and shelter and data collection by implementing the Displacement Tracking Matrix (DTM).

In Sint Maarten: IOM supported the Emergency Support Function 7 (EFS7) in drafting the Evaluation Centre Strategy, which was used for identification of the collective centres. As a result, 15 collective centres were identified. Out of that there were ten with capacity to accommodate 1,800 IDPS were stocked with food and water by Dutch marines. 500 IDP households (or 1,500 individuals with average size of three individuals in the family), who returned home were given one set of tarpaulins and ropes, for temporary reconditioning due to roof damage in the houses. This material (1,000 pieces of tarpaulins and ropes) was procured, shipped and transported from Panama to Sint Maarten and handed over to EFS7, as part of the interinstitutional coordination efforts. The delivery of these NFIs was coordinated with the Ministry of Public Health Social, Development and Labour, which determined that 25 health facilities should be the point of contact and distribution to the community.

IOM successfully passed along its critical outreach (improving the capacity building in shelter administration) to 50 volunteers from the Red Cross and K1 Britannia Foundation. These volunteers were trained on basic standards of collective centre management.

In Antigua and Barbuda: IOM in coordination with the local authorities of Barbuda assessed and identified two locations (a school play field and a sport tarmac field, both in the vicinity of Codrington) to establish shelters for IDPs. 250 tents and 250 cleaning tool kits for debris removal were deployed from the IOM warehouse in Port au Prince, Haiti thanks to the collaboration agreement with Shelter Box NGO. The cargo was coordinated with WFP to be delivered in Antigua. IOM sent these items to the National Office of Disaster Services (NODS), who in coordination with the Department of Environment and Barbudan volunteers started the clean-up work in Barbuda.

The initial request from NODS to support returning workers in Barbuda, took a long time to come to fruition, due to an inability to provide a workforce to partner and work with IOM. The NODS asked IOM to work with the Department of Environment, where 30 tents were allocated for the staff use and returning families, with no other accommodation option in the islands. The 30 tents provided accommodation for many support service staff and continue to do so.

In Barbuda, the movement flow from the Collective Centres has been particularly slow, as the IDPs have been reluctant to return to their homes. This reluctance was in part due to the absence of utility services, such as water and power, which have not yet resumed.

In Turks and Caicos, IOM held a meeting with the Permanent Secretary of the Department of Disaster Management and Emergency (DDME). IOM also worked with First Pentecostal Church of God for the NFIs to distribute goods to migrants affected by the hurricane, benefiting 210 households. The government had been implementing the recovery strategy at a fast pace and the collective centers were closed in November 2017.

IOM consulted OCHA about the possibility in reducing the number of countries, since it was not possible to cover all 5, due to

high cost of traveling. Instead IOM focused its operations on three countries - Sint Maarten, Antigua and Barbuda, and Turks and Caicos.

IOM faced various challenges during this operation, such as rising costs of traveling among the islands and lack of available local workforce at the institutional level at the very first stage of the emergency, as most of them were IDPs as well. Rapidly, IOM coordinated with the key institutions to provide assistance to their workforce, helping them to return to work ASAP.

Considering the conditions of the emergency, it was only possible to assist in shelter training 50 volunteers from Red Cross and K1 Britannia and 40 government officers. Due to constant efforts in locating local staff (volunteer and government officials), it was challenging to train the staff as they engaged in fluid migration from one country to another.

The prompt coordination and response with the IOM missions in Panama and Haiti made it possible to distribute 1,500 NFIs in shelter material (including tarpaulins, ropes, tents and cleaning tool kits) in Sint Maarten, Antigua and Barbuda. As a result, more than 15 times as many households were able to benefit as initially estimated in the proposal. Through integrating the CERF project into a larger project co-funded by other donors, IOM supported 2,250 of most vulnerable households to receive essential shelter materials, rather than the 100 initially targeted.

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

The affected people participated from the design stage of the project through the assessment conducted to the emergency shelters and expressed their needs. During the implementation stage the affected people participated in groups discussions, organizing the distribution of the NFIs, attended orientation session on the use of shelter items such as tents, where overnight to participate in the cleaning up of the areas in Barbuda.

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

EVALUATION CARRIED OUT

Each activity had its own monitoring and evaluation conducted throughout the duration of the project and therefore no final evaluation was conducted.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNDP		5. CERF grant period:	18/09/2017 – 30/06/2018		
2. CERF project code:	17-RR-UDP-012		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Early Recovery			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Restoration of economic activity after Hurricane Irma in the Caribbean through debris and waste management					
7. Funding	a. Total funding requirements ¹⁰ :	US\$ 3,700,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹¹ :	US\$ 2,504,924	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 116,788	
	c. Amount received from CERF:	US\$ 300,007	▪ <i>Government Partners:</i>		US\$ 39,000	
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>						
<i>Adults (≥ 18)</i>	1,560	1,621	3,181	134	179	313
Total	1,560	1,621	3,181	134	179	313
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>			1,000		28	
<i>Host population</i>						
<i>Other affected people</i>			2,181		285	

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.

Total (same as in 8a)	3,181	313
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The project planned to reach 3,181 persons but instead 313 persons benefitted. The delay in the commencement of activities led to fewer persons being available for work and decreased uptake among the affected population. For example, when outreach to prospective participants began Sint Maarten, some persons were then no longer interested and there was limited uptake (38%) of available funds (US\$25,683.21 paid out from the total allocation of \$66,924.5). In the case of Barbuda, the delay in the start-up of activities was mainly due to reasons beyond the control of the project, as residents were not allowed to return to the island until February 2018, which resulted in a three-month delay. In the case of British Virgin Islands, although attempts were made to start the programme in December 2017, the delayed selection process for the CfW supervisor postponed the project activities.	

CERF Result Framework			
9. Project objective	To facilitate the removal of debris and waste as well as restoration of livelihoods to revive economic activities within the impacted countries for the direct benefit of 3,100 persons		
10. Outcome statement	Economic activity restored for most vulnerable persons displaced and directly impacted by Hurricane Irma		
11. Outputs			
Output 1	Facilitation of emergency livelihoods through debris and waste management in Turks and Caicos Islands, Sint Maarten, Antigua and Barbuda, British Virgin Islands		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of debris collected which is recycled (e.g. for shelter, furniture, livelihoods production etc.)	20%	Turks and Caicos Islands- 20% British Virgin Islands- 21% Barbuda- 3,000 tons delivered for recycling Sint Maarten- 9.920 m2 removed.
Indicator 1.2	Number and percentage of households with no income sources provided with income support (transfer or generation)	477, 45%	228 households (Antigua – 28, Turks and Caicos Islands – 105, British Virgin Islands- 32, Sint Maarten- 63)
Indicator 1.3	Percentage of economically active workforce that is employed on a short term/temporary basis	50% (450 estimation)	Percentages: Barbuda-6% (28 persons) Sint Maarten- 28%, (127 persons) British Virgin Islands - 40% Turks and Caicos Islands – 5% (105 persons)
Indicator 1.4	Total amount to be transferred to the beneficiaries (as cash for work)	\$118,230	\$148,718.21

			\$36,948- Barbuda, \$25,683.21- Sint Maarten, \$28,000- British Virgin Islands, \$58,087- Turks and Caicos Islands
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Technical scoping and advisory missions, identification of needs, planning and execution	UNDP	UNDP UNDP and MEPA Trust (Antigua and Barbuda)
Activity 1.2	Procurement and distribution of tools, equipment and PPE	UNDP	UNDP MEPA Trust (Antigua and Barbuda)
Activity 1.3	Debris clearance, sorting, reuse, separation for recycling and safe disposal through emergency employment	UNDP	UNDP MEPA Trust/ GoAB (Antigua and Barbuda) Government of British Virgin Islands (British Virgin Islands)
Activity 1.4	Transfer of \$118,230 to the beneficiaries	UNDP	UNDP MEPA Trust/ GoAB (Antigua and Barbuda)

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 programme achieved its main outcome of using debris and waste management to restore economic activity for the most vulnerable persons who had been displaced and directly impacted by Hurricane Irma. UNDP mobilized the support and participation of local authorities, NGOs and communities to implement cash for work programmes (CfW) in each of the four target countries, Turks and Caicos Islands, Sint Maarten, Antigua and Barbuda and British Virgin Islands.

The majority of project activities were successfully completed and outputs realized. The total amount transferred to beneficiaries (indicator 1.4) surpassed the target. \$148,718.21 (which represents 126% of the targeted funds allocated for *cash for work component only*) was transferred to beneficiaries. Cash for workers was a component of the programme and not the entire programme itself. The overall CERF programme valued at USD 300,007 financed components relating to:

- Cash for Workers
- Debris and waste management consultant
- Procurement of PPEs and other equipment
- Travel cost

It was necessary to proportionally increase the amount of funds transferred to workers for the following reasons:

- 1) Higher per daily rate per persons for wages based on further discussions with the national counterparts using their established systems. The wages costs also included a component for insurance against injury
- 2) The debris removal component of the programme lasted longer than 15 days as indicated in the proposal. In the case of BVI for example, this clean up occurred over a period of 25 days

As such the increase in the funds transferred was a critical component for the successful completion of the emergency employment programme. Additional funds required for the cash for work component were derived from savings under other components of the CERF programme—specifically the work of the debris and waste management consultant. Only CERF resources were utilised therefore to fund the increase in funds transferred to beneficiaries.

The number and percentage of economically active workforce employed through the cash for work programme (indicator 1.3); as well as the number and percentage of households provided with income support (indicator 1.2) were below planned targets. This was a trickle on effect from the low 'individual reach' of the project. The project planned to reach 3,181 persons but only 313 persons benefitted. Fewer persons than anticipated were available to work, which contributed to project activities being delayed until February. The delay in the commencement of activities led to fewer persons being available for work and decreased uptake among the affected population. In Sint Maarten, some persons were no longer interested when the activity commenced and there was limited uptake (38%) of available funds (US\$25,683.21 paid out from the total allocation of \$66,924.5). In the case of Barbuda, the delay in the start-up of activities was mainly due to reasons beyond the control of the project. Residents were not allowed to return to the island until February 2018, which resulted in a three-month delay. In the case of British Virgin Islands, although attempts were made to start the programme in December 2017, the delayed selection process for the CfW supervisor postponed the project activities.

With respect to recycling debris, the British Virgin Islands and Turks and Caicos Islands met the targets. However, precise figures are not available for Sint Maarten and Barbuda. For Sint Maarten, a full-scale assessment of debris quantities was never undertaken. In Barbuda debris removed was delivered to a site recommended by the government, who had the responsibility for sorting and recycling. In this case the amount recycled is not verifiable.

As planned, personal protection equipment (PPE) was procured to protect individuals from harm when clearing the debris and transporting it to the selected dumpsite. Moreover, the workers were trained on the use of their PPE and small operating tools/equipment to ensure that the waste is safely handled and disposed.

Antigua and Barbuda

In the case of Barbuda, additional unplanned results were achieved, such as the capacity building on first aid health and safety provided to the beneficiaries through collaboration with the IFRC. All participants received a certificate valid for two years as result of this training. Another additional output is the environmental management plan (EMP) which was developed with the support of CERF funds. The plan outlines a comprehensive debris management and safe disposal mechanisms for disaster waste.

British Virgin Islands

The emergency employment program for the Government of the British Virgin Islands (British Virgin Islands) commenced in February 2018 to remove debris within segments of four islands within the chain of islands within British Virgin Islands. An introductory meeting with the workers was convened to discuss roles and expectations; this opportunity was used to disseminate the PPE equipment procured.

Tortola

The focus was on the eastern end of the island and included debris removal in the communities of East End and Long Look. In East End, this also included removal of debris from the ferry terminal near the airport on Beef Island. Further activities included debris removal in sections of the Elmore Stoutt High School in coordination with the All Hands and Hearts volunteer group. The participants helped clear classrooms and the school's court yard.

Josh Van Dyke

On Josh Van Dyke, the focus was on cleaning Great Harbour's beach and the ferry dock. On this island the programme partnered with an NGO (Green and Clean's) for baling for export and recycling. Approximately 2400lbs of galvanized roofing material and 700lbs of scrap aluminum was cut on site and transported to Green and Clean's facility for baling for export and recycling. In this case activities focused on clearing of National Parks and roadways in Virgin Gorda (which are considered the top tourist sites in British Virgin Islands) to restore economic activity in the tourism sector.

Anegada and Virgin Gorda

Focused on cleaning coastline and Spanish Town respectively.

Sint Maarten

In Sint Maarten multiple channels were used to attract labour. These included Government’s list of registered people looking for work, community councils, radio shows, and UNDP’s own networks. Most of the cash for work beneficiaries were identified through contacts in community councils or in communities. Although many of the 300 people on that Government list had indicated that they were available for manual labour, there was limited uptake from this list. Many indicated that they were no longer available or preferred clerical/administrative work. However, some individuals were still mobilized this way.

Turks and Caicos Islands

Both the government and beneficiaries have highlighted the significance of the CfW Programme which provided much needed incomes support to the most vulnerable populations affected by the hurricanes. An additional output, the Debris/Waste Management Plan, will enable the Government to develop strategies to enhance the management of waste in Turks and Caicos Islands daily and after a disaster.

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

Antigua and Barbuda

The direct beneficiaries of the project were women, girls, and men of Barbuda who have been adversely affected by the hurricane of 2017. Twenty-eight of these beneficiaries have been directly involved in the planning and design stages of the project and went on to comprise the core teams of CFW and involved in the other stages of the project cycle. UNDP has drawn on its strong presence in Antigua and Barbuda immediately after the hurricane; and its good relationships with organs of the government and people of Antigua and Barbuda to establish an area-based resilience strategy of stakeholder engagement in the targeted project location. This resulted in the identification of a national NGO (MEPA Trust) who had implemented previous similar activities in the country and in Barbuda particularly. The relationship with MEPA Trust provided UNDP with useful entry-points of engagement with the local population during the planning stage of the project. UNDP aimed to integrate the needs of the local population into the design of interventions, through consultations and advocacy with strategic members of the community including randomly selected women, elderly people, youth leaders and men. The project has been designed as a community-based participatory project with integral accountability mechanisms like a daily feedback session during which direct beneficiaries were trained and empowered to hold MEPA Trust and UNDP and the Government of AB, including the Barbuda Council accountable for the effective implementation of the project. The agreement which was signed between UNDP and the MEPA Trust clearly spelt out all accountability structures and responsibilities pertinent for the successful implementation of the project and the sustainability of its results.

Turks and Caicos

In designing, implementing and monitoring the project, significant efforts were made to ensure that the target populations were engaged at all stages. At the design phase, consultations were had with government officials with responsibility for all the islands. UNDP collaborated with the Public Works Department (PWD), the governmental organisation with responsibility for solid waste management on the island, and the Red Cross in designing the cash for work programme with vulnerable populations in Turks and Caicos Islands. The local District Commissioners (DC) led the selection of persons participating in the programme.

Prior to the commencement of the CfW Programme, meetings were held with beneficiaries to ensure they understood their roles and responsibilities, as well as, the arrangements for compensation. Weekly check-ins were done with the DC and beneficiaries to address efficiently any issue or challenge faced by beneficiaries effectively. At the end of the programme UNDP conducted a monitoring visit. Beneficiaries were given the opportunity to provide feedback on the effectiveness of the programme, as well as, to share recommendations as to how the programme could be enhanced.

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

EVALUATION CARRIED OUT

The CERF was a part of a broader regional project with multiple donors. UNDP's Regional

EVALUATION PENDING

Bureau for Latin America and the Caribbean advises that this project, developed within an emergency context, will have a final review of the project and results as part of UNDP's project Quality Assurance process.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	13/09/2017 - 12/03/2018		
2. CERF project code:	17-RR-WFP-059		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Common Logistics			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Supply Chain and Emergency Telecommunications Augmentation and Coordination in Support of the Caribbean Islands Impacted by Hurricane Irma					
7. Funding	a. Total funding requirements ¹² :	US\$ 9,904,618	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹³ :	US\$ 3,899,819	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 831,313	▪ <i>Government Partners:</i>		US\$ 0	
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>						
<i>Adults (≥ 18)</i>						
Total			0			N/A
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)				N/A		

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>	N/A
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CERF Result Framework			
9. Project objective	To support governments in the Caribbean with their life-saving relief activities during the critical first months following the hurricanes.		
10. Outcome statement	Fundamental information technology and telecommunication infrastructure were re-established in Sint. Maarten, Antigua and Barbuda and Turks and Caicos Islands and logistics services and coordination was provided to governments and stakeholders involved in the emergency response.		
11. Outputs			
Output 1	Fundamental information technology and telecommunication infrastructure is re-established in Sint. Maarten, Antigua and Barbuda and Turks and Caicos Islands.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of common operational areas provided access to voice and data communications services	3	0
Indicator 1.1	Number of common operational areas provided with telecommunications network	3	0
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Deployment of emergency telecommunications staff, installation of network infrastructure for the government and the wider humanitarian community.	ETC led by WFP.	ETC led by WFP
Output 2	Adequate logistics services and coordination are provided in support to governments and stakeholders involved in the emergency response.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of service requests to handle, store and or transport cargo fulfilled	85	80
Indicator 2.1	Number of passengers transported by air	250	256
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Coordinate and consolidate strategic airlifts through the staging area and other air cargo services for initial one month	WFP	WFP
Activity 2.2	Provision of air service for half a month for passenger and light cargo transport across the islands.	WFP	WFP
Activity 2.3	Set up temporary coordination hubs for Turks and Caicos, Antigua and Barbuda and Sint Maarten.	WFP	WFP

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 Emergency Telecommunications Cluster (ETC) and its partners, Ericsson Response and the Government of Luxembourg (emergency.lu) deployed its team to Antigua to coordinate the overall response following Hurricane Irma. Multiple infrastructure assessments were carried out across Sint Maarten, Barbuda, Antigua and Dominica to determine connectivity priority and support needs for the response. In the case of Antigua and Barbuda, there were no requirements for ETC support as the affected area (Barbuda) was completely evacuated. In Turks and Caicos, there was no request from the government for an ETC deployment. However, WFP provided connectivity in Sint Maarten to the airport and the hospital. Following Hurricane Maria, much of the ETC coordination shifted from Antigua to Dominica, as the overall efforts in the Caribbean shifted there as well.

Coordination on restoration connectivity was managed directly through the Ministry of Telecommunication with the cluster and support from Global System for Mobile Association (GSMA). The teams provided high-bandwidth satellite connectivity services and Wi-Fi in Sint Maarten as well as in Dominica, ensuring that critical communications be available for the government and humanitarian responders after Hurricane Irma and Maria. The ETC provided connectivity to the Dominican Government and to the first humanitarian responders two days after Hurricane Maria made landfall - providing the connectivity the Government of Dominica had asked for. Furthermore, in Dominica, the ETC collaborated with the local Internet Service Provider (ISP), EPIC, to provide high capacity fibre-connectivity to the government and the humanitarian response community during the peak of the emergency in Roseau, where central coordination efforts took place. Multiple meetings with the local mobile network providers, Flow and Digicel, took place to minimize a service overlap wherever possible and prioritize areas that needed and required emergency communications.

The initial assumption was that data and telecoms (i.e. radio) services would be needed. However, following assessments, only data communications services (i.e. the first indicator) were needed.

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

WFP has provided tools, solutions, assets and technical expertise to strengthen the capacities of the national and supra-national government entities for the development of longer-term strategies in similar interventions in the future.

Various assessments took place under the Service for Communities domain in Antigua (for those who evacuated Barbuda).

The ETC team was also able to provide emergency connectivity services to the general population in areas most in need, during the second phase of the response in Dominica, targeting the east of the island. This ensured that critical connectivity services were made available not only to the humanitarian and government entities, but also to the local communities, including community leaders, the police department and health clinics.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

An evaluation is pending and the results will be shared with CERF.

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UN Women		5. CERF grant period:	08/09/2017 - 07/03/2018		
2. CERF project code:	17-RR-WOM-002		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Gender Responsive Protection Services to survivors of Hurricane Irma in the Caribbean					
7. Funding	a. Total funding requirements ¹⁴ :	US\$ 600, 487	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁵ :	US\$248,975	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 248,975	▪ <i>Government Partners:</i>		US\$ 0	
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>				N/A	N/A	N/A
<i>Adults (≥ 18)</i>	1,400	600	2,000	1,800	800	2,600
Total	1,400	600	2,000	1,800	800	2,600
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	900			1,000		
<i>Host population</i>				400		
<i>Other affected people</i>	1,100			1200		
Total (same as in 8a)	2,000			2,600		

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.

<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>N/A</p> <p>Reason for increase of 400 in direct beneficiaries within host population (300 increase in PSA audience and 100 increase in number who received mental health support)</p> <ul style="list-style-type: none"> - Mental Health and Psychological Support Services (MHPSS) were expanded to include service providers in Antigua and Turks and Caicos. These included persons from the Sexual Assault Response Team in Antigua, as well as, the gender machineries in Antigua and Barbuda and Turks and Caicos. Informally, Psychological Support Services were provided to all key stakeholders during individual interviews and focus groups; participants included respondents among the cohort interviewed for the mapping and assessment, program managers, and staff of Gender Machineries. Specialised Psychological Support Services were integrated into psycho-educational modules for trainings and workshops based on the heightened need to provide critical Psychological Support Services to caregivers and front-line staff and not just those who were IDPs. More formally, Psychological Support Services interventions were completed with key groups including displaced teachers from Barbuda and District Commissioners in TCI. (100) - MHPSS Radio Public Service Announcements were added for both Antigua and Barbuda and TCI. Initially the PSAs were to be focused on safety and GBV related issues but due to recognized need the media consultant worked with the MHPSS consultants to develop MHPSS PSAs at no extra cost. - UN Women was able to print 7000 brochures for Antigua and Barbuda, which was more than the 3000 that were originally planned. - Theatre production mounted in Antigua and Turks and Caicos, Providenciales also increased the general numbers exposed to safety and GBV in disasters related information.
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CERF Result Framework			
9. Project objective	Emergency gender responsive protection services to survivors of Hurricane Irma in four Caribbean countries		
10. Outcome statement	Displaced and disaster affected women and men access gender responsive protection services and are treated with dignity and regard for their human rights		
11. Outputs			
Output 1	Women and men in Antigua and Barbuda, Turks and Caicos, and British Virgin Islands have strengthened capacity and resources to maintain lifesaving dignity and security resources.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of women and men receiving dignity/security kits	700	703
Indicator 1.2	Number of lifesaving information documents delivered to humanitarian and emergency workers and public servants	1000	1000
Indicator 1.3	Reporting and referral pathways for GBV cases (re)developed and utilised	Pathways exist	Pathways developed and documented

Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and assembly of kits	UN WOMEN, UNFPA, Directorate of Gender Affairs (A&B), NEOC and Red Cross (British Virgin Islands)	UN Women, Directorate of Gender Affairs Antigua and Barbuda; Department of Gender Affairs Turks and Caicos Office of Gender Affairs British Virgin Islands
Activity 1.2	Delivery of dignity/security kits	UN WOMEN, UNFPA, Directorate of Gender Affairs, NEOC and Red Cross (British Virgin Islands)	UN Women, Directorate of Gender Affairs Antigua and Barbuda; Department of Gender Affairs Turks and Caicos Office of Gender Affairs British Virgin Islands
Activity 1.3	Development and delivery of lifesaving information documents including minimum standards/code of conduct and disclosure guidelines for service providers	UN WOMEN, UNFPA, Directorate of Gender Affairs, Department of Family Services, Department of Community Development, Department of Youth Affairs, Turks and Caicos Islands Gender Coordinator Dept., Office of Gender Affairs British Virgin Islands	UN Women, Directorate of Gender Affairs Antigua and Barbuda; Department of Gender Affairs Turks and Caicos Office of Gender Affairs British Virgin Islands
Activity 1.4	Establishing standard operating procedures, including referral pathways, to ensure a coordinated, multi-sectoral response to GBV cases	UN WOMEN, Directorate of Gender Affairs, Department of Family Services, Department of Community Development, Department of Youth Affairs, Turks and Caicos Islands Gender Coordinator Dept. Office of Gender Affairs British Virgin Islands	UN Women, Directorate of Gender Affairs Antigua and Barbuda; Department of Gender Affairs Turks and Caicos Office of Gender Affairs British Virgin Islands
Output 2	Increased access to urgent psychosocial, and safety interventions for women and girls to ensure return to normalcy and healing		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of targeted audience report learning information from PSAs.	200	500
Indicator 2.2	Number of people in shelters and affected communities who received mental health support with gender approach in Antigua and Barbuda and Turks and Caicos	200	300

Indicator 2.3	Number of psychologists provided.	2	2
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Regional experts on gender responsive mental health with a focus on GBV and positive coping techniques for men on retainer for 3 months to support Directorate of Gender Affairs in Antigua and Barbuda and Gender Affairs Coordinator in Turks and Caicos.	UN WOMEN	UN Women
Activity 2.2	Assessment on the psychosocial situation of vulnerable groups in shelters	UN WOMEN, Directorate of Gender Affairs, Department of Family and Social Services, UNFPA Turks and Caicos Islands Gender Coordinator Dept.	UN Women
Activity 2.3	Specialized psychosocial support provided to women and men.	UN WOMEN, Directorate of Gender Affairs, Department of Family and Social Services, Turks and Caicos Islands Gender Coordinator Dept	UN Women

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

The overall project implementation framework was not significantly altered and implementation proceeded as planned for the most part.

The most significant changes occurred in the rapid and extensive expansion of the mandate for the delivery of mental health and psychological support (MHPSS) services. A range of direct and indirect MHPSS services and rapid assessments were carried out due to the demands on the ground and the critical deficits which were identified and documented.

The project developed, designed and produced six generic PSAs around GBV issues, which were subsequently adapted to align with local conditions in the affected territories. In addition to these planned PSAs, the project added four PSAs, which were developed and produced around MHPSS services. After reflection with partners and wider stakeholders, UN Women chose to develop the additional PSDS to meet the need of the affected host population. The PSAs provided guidance on how to address disaster related trauma and included coping strategies. To ensure greater levels of coordination, collaboration and accountability within the MHPSS sector, UN Women provided support to front line workers in the disaster machineries and the gender machineries in the affected countries.

The original project proposal envisaged the development and dissemination of critical lifesaving information around GBV for audio visual and print media. Overall the programme supported the printing and dissemination of approx. 100,000 brochures/leaflets with critical lifesaving GBV information and the production and airing of six PSAs for three months on various media outlets.

The mounting of a theatrical production in Antigua and Barbuda and the Turks and Caicos was a significant departure between planned and actual outputs. This shift was resulted from ongoing discussion with stakeholders and the desire to utilize the most practical modalities to disseminate the lifesaving information. Theatre was proposed as a format that was culturally relevant and appropriate as well as interaction. The production played to full houses in Antigua (350 persons) and Turks and Caicos (200 persons) in late May and early June prior to the cut-off date for the CERF.

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

The CERF Coordinator based in Antigua and Barbuda played a central role in ensuring consistent dialogue and interaction with stakeholders and beneficiaries. The coordinator was able to provide critical interventions when implementation challenges arose.

UNWomen was able to utilize its extensive pre-disaster partner network in order to support coordination and collaboration with stakeholders and beneficiaries in the post disaster setting. UN Women also ensured that community based participatory methodology was used in all outreach activities. This afforded the affected population an opportunity to shape the project during design and implementation, as seen by the shift to a theatrical production in Antigua and Barbuda and Turks and Caicos, as the modality for disseminating information.

Further, all consultants and project focal points prepared detailed work plans with clear objectives, timelines and indicators and these were closely monitored by the Multi-Country Office. The MCO actively engaged with national stakeholders to ensure (i) alignment and integration with national processes in the post disaster setting, (ii) open dialogue and exchange of ideas and (iii) ownership of local plans and processes by local personnel and agencies.

Additionally, as a precursor to the provision of services, there was needs assessments were conducted and the existed services mapped. Multi-faceted methodologies and modalities were utilized to ensure adequate coverage.

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

EVALUATION CARRIED OUT

The TOR for the evaluation is presently under development. It will soon be circulated to relevant stakeholders and beneficiaries for feedback. The Action Review has been conducted and all consultants have submitted reports, which have fed into the design of the evaluation.

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-RR-UDP-012	Early Recovery	UNDP	NNGO	\$61,581
17-RR-UDP-012	Early Recovery	UNDP	GOV	\$39,000
17-RR-UDP-012	Early Recovery	UNDP	RedC	\$55,207
17-RR-CEF-105	Education	UNICEF	GOV	\$58,966

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

British Virgin Islands	British Virgin Islands
CfW	Cash for Work
DC	District Commissioners
DDME	Department of Disaster Management and Emergency
DTM	Displacement Tracking Matrix
DWM	Department of Waste Management
EFS7	Emergency Support Function 7
IFRC	International Federation of the Red Cross
LTA	Long Term Agreement
MCO	Multi-Country Office
MEPA Trust	Marine Ecosystems Protected Area Trust
MHPSS	Mental Health and Psychological Support Services
NFI	Non-Food Items
NODS	National Office of Disaster Services
PPE	Personal Protective Equipment
PWD	Public Works Department
Turks and Caicos Islands	Turks and Caicos Islands
UNDG	United Nations Development Group
UNGASS	United Nations General Assembly Special Session on Drugs

ANNEX 3: SUPPORTING MATERIALS

Kindly see below some news articles and videos relating to the programme

<http://www.bvi.gov.vg/media-centre/bvi-s-cash-work-clean-success>

<https://www.youtube.com/watch?v=3E0LzTUR0x0>

<http://jamaica-gleaner.com/article/news/20180321/undp-cash-work-programme-helps-hurricane-hit-turks-and-caicos>

<http://tcweeklynews.com/belongers-benefit-from-cash-for-work-programme-p8568-127.htm>