

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DOMINICA
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, which 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 the Resident Coordinator and UN Sub regional 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: \$ 28 Million		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,011,838
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	N/A
	OTHER (bilateral/multilateral)	11,371,813
	TOTAL	14,383,651

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 05/10/2017			
Agency	Project code	Cluster/Sector	Amount
FAO	17-RR-FAO-029	Agriculture	299,249
IOM	17-RR-IOM-042	Shelter	355,615
UNDP	17-RR-UDP-013	Early Recovery	300,007
UNFPA	17-RR-FPA-052	Health (SRH)	100,003
UNFPA	17-RR-FPA-053	Sexual and/or Gender-Based Violence	100,000
UNICEF	17-RR-CEF-106	Education	205,615
UNICEF	17-RR-CEF-107	Water, Sanitation and Hygiene	201,215
WFP	17-RR-WFP-060	Food Aid	400,210
WFP	17-RR-WFP-061	Common Logistics	800,000
WHO	17-RR-WHO-039	Health	249,924
TOTAL			3,011,838

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,328,567
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	150,891

Funds forwarded to government partners	532,380
TOTAL	3,011,838

HUMANITARIAN NEEDS

On 18 September 2017, Hurricane Maria evolved from a category 1 storm to a category 5 storm in less than 18 hours, just before it slammed the Caribbean island of Dominica (Source: NASA). It thrashed the country with extreme winds and rain and destroyed all in its path. At the time of landfall, sustained winds, which were reported to be 260 km/h, affected the entire population. This is the fifth time on record that Dominica has taken a direct hit from a hurricane, but never has it faced a storm of such ferocity and strength. The hurricane brought life in Dominica to a standstill.

Prime Minister Skerrit shared the hurricane's devastating impact via Facebook on September 18th 2017. He followed with a media appeal for life-saving support on September 21st and call for world leaders to offer support during the 72nd Session of the General Assembly on September 23rd.

Hurricane Maria caused widespread damage and destruction in Dominica, one of the poorest countries in the Caribbean. The entire island of 71,293 people was affected, with 30 fatalities and up to 65,000 people suffering direct damage to housing and livelihoods. The Kalinagos (Dominica's indigenous population) represent approximately 3,300 persons or 5 percent of the country; its resident 15,000 children and 34,882 women and girls have unique vulnerabilities to natural hazards—they faced heightened risk in the aftermath of Hurricane Maria. Compromised access to shelter, telecommunications and basic services have increased their vulnerability to crime and violence, including sexual and gender-based violence. The lack of regular income due to loss of livelihoods and limited access to basic services lead families to adopt negative coping mechanisms such as sexual exploitation, child labor, and migration, which can also result in trafficking. Overcrowding, insufficient doors and partitions in sleeping areas, inadequate locks, and lack of privacy for dressing and bathing in these communal shelters also introduced the risk of sexual harassment, abuse or assault.

Data from PAHO revealed that Dominica's Princess Margaret Hospital, the country's main hospital in the capital Roseau and all health facilities across the island were greatly damaged, reducing the island's capacity to address the most urgent health-care needs. Prior to Hurricane Maria, Dominica had already one of the highest adolescent-birth rates among OECS (48/1000 women aged 14-19 years) and young persons are at high risk of HIV/AIDS. The rapid assessment of the health facilities indicated an urgent need for emergency reproductive and maternal health services to prevent neonatal and maternal morbidity and mortality, to manage obstetric emergency and other pregnancy complications, clinical management of rape, treatment of STIs for young people, women in reproductive age and sexually active men; and to prevent unplanned pregnancies. Further, with 20 primary schools, five secondary schools, 34 early childhood centers and six daycare centers destroyed or damaged, the education sector was badly hit. It was critical to provide educational and safe, recreational spaces to children.

Assessments conducted indicated that there was urgent need for food, water, non-food items and shelter items including corrugated galvanized iron (CGI) sheeting and tarpaulins. Of the 44 water systems, 43 were severely damaged and the main waste water treatment plant became non-functional due to flooding and landslides. As a result, more than 97% of the population didn't have access to piped water and depended on other sources for water access, including water trucking, natural springs, rainwater and bottle water. Regarding sanitation, waste water could not be treated in Roseau area and areas served by desludging trucks. According to FAO, based on Governmental findings, the annual and perennial crops on the island have been destroyed, threatening food security.

The hurricane also caused widespread damage to the power grid, leaving the entire country without electricity. The lack of electricity affected every aspect of life on the island, including emergency services and health care, including in hospitals and for those suffering from chronic conditions. Ten months later power is still being restored. Communication towers on hilltops were snapped in two, causing an island-wide communications blackout, rendering the cellular network unreliable throughout the country. The majority of the roads were blocked with debris and many of the bridges are damaged. This has affected the ability of the Government and aid workers to access remote areas, although road access is improving as the government works to clear the initial debris. Several communities in the western and southern parts of the country were cut off and in need of assistance. Restoration of power and communications was a particularly urgent priority in order to reach communities in the island's interior.

More than 98 per cent of roofs were damaged, leaving entire communities homeless. About 50 per cent of houses have sustained damage to their frames. Damage was sustained by 83 per cent of housing in Marigot (St. Andrew Parish), 55 per cent in Portsmouth (St. John Parish), 70 per cent in South Roseau (St. George Parish) and 70 per cent in Pointe Michel (St. Luke Parish). The level of destruction resulted in closures of supermarkets and shops. Institutional mechanism also suffered due to infrastructural damage and the trauma and loss suffered by government employees. Consequently, a significant portion of the population lacked food, water, shelter, basic services and security.

Dominica's poverty rate is estimated at 28.9 per cent (Caribank, 2009), amounting to approximately 21,000 people. Some of the hardest-hit parishes on the north-east coast are among the poorest communities. While the situation normalized in the main cities by November 2017, the limited food availability and logistical constraints put the most vulnerable at risk of food insecurity and adversely impacted the availability and cost of non-subsidized food commodities in local markets.

Dominica is still recovering from Erika, which left 30 people dead, 20 injured, more than 500 homeless and 60 per cent of roads inaccessible. Hurricane Maria resulted in total damages of US\$931 million and losses of US\$382 million for Dominica (or 226% of the country's 2016 gross domestic product).

II. FOCUS AREAS AND PRIORITIZATION

When UN agencies and international NGOs arrived in the immediate aftermath of Hurricane Maria, their immediate objectives were to provide life-saving assistance throughout the country 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 Flash Appeal for Dominica.

After Hurricane Maria, over 90 percent of roofs have either been damaged or destroyed (ACAPS Disaster Profile: Dominica, 2018). 57.3 percent of the households had lost their main source of income and 68 percent of household heads were unemployed (VNA implemented by WFP and partners and surveyed 17,200 households). Thus, access to food, building material, education and other essential needs were critical to those most affected by Hurricane Maria. Further, initial assessments indicated significant damage to the hospitals, health facilities, water treatment facilities, ports, roads, electricity infrastructure and vegetation. With the entire island affected and access to basic services disrupted (as indicated by the Prime Minister's updates during the hurricane and subsequent press conference), there was an increased risk to children, women and other vulnerable communities.

Through consultation within the UN Subregional Team, it was decided for focus on the following sectors: Agriculture, Common Logistics, Early Recovery, Education, Food Aid, Health, Sexual and/or Gender-Based Violence, Shelter and WASH (Water, Sanitation and Hygiene). Given the access constraints and connectivity issues, particular attention was given to jumpstarting the logistics and emergency telecommunications activities.

This initial assessment was affirmed by the Post Disaster Needs Assessment, which indicated that Hurricane Maria resulted in total damages of US\$931 million and losses of US\$382 million amounting to 226 percent of 2016 gross domestic product

(GDP). Thus, the poverty head count increased from 28.8 percent to 42.8 percent while the number of indigent individuals were expected to double from 2,253 to 4,731. The impact on the agriculture sector was around 16% of the overall damage and losses occurred in the country with damage and losses reported at US\$87 million and US\$ 125 million respectively.

III. CERF PROCESS

The CERF was able to contribute to the initial priorities of the Flash Appeal for Dominica.

Several discussions were held within the UNST in Barbados and with colleagues on the ground in Dominica to identify potential priority sectors and activities in the Flash Appeal for Dominica. Following inputs outlining critical sector needs, potential responses and estimated funding requirements, a full meeting of the UNST was held on September 29th 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 OECS, Stephen O'Malley. The Flash Appeal for Dominica was officially launched on 29 September 2017 and highlighted the urgent needs of the most vulnerable populations affected by the impact of Hurricane Maria in Dominica. It sought to meet the needs of the 65,000 people (essentially the entire population) 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 Humanitarian Flash Appeal 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 the 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 UNFPA, 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 was supported by three central factors:

- the agencies' joint disaster response in the Eastern Caribbean in December 2013, August 2015 and in the wake of Hurricane Irma (2017), which provided key practices for collaborative delivery
- 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 and
- a Crisis Management Unit (CMU) led by UNDP with the participation of OCHA, established in October 2017 at the request of the government, to ensure that there would be a rapid transition from emergency humanitarian assistance to restoring self-sufficiency and livelihoods.

The CMU promoted humanitarian and development linkages to ensure that emergency assistance was supportive of recovery, as a practical articulation of the 'New Way of Working' between humanitarian and development partners to reduce risk and vulnerability and contributed to establishing communication and cooperation between the government and international partners, complementing sector coordination mechanisms. Eleven government-led and UN co-led sector working groups were established in the aftermath of Hurricane Maria to coordinate the response: Camp Coordination and Camp Management (Min. of Social Services & IOM); Child Protection (Min. of Social Services & UNICEF); Early Recovery (Min. of Planning & UNDP); Education (Min. of Education & UNICEF); Emergency Telecommunications (WFP); Food Security and Livelihoods (Min. of Planning & WFP); Gender-based Violence (Min. of Social Services & UNFPA); Health (Min. of health & PAHO); Logistics (WFP); Shelter (IOM); and WASH (Min. of Health & UNICEF).

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 71,293									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	1 568	3 381	4 949	1 634	3 217	4 851	3 202	6 598	9 800
Common Logistics	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Early Recovery	0	2,403	2,403	0	3,321	3,321	0	5,724	5,724
Education	2,718	N/A	2,718	2,717	N/A	2,717	5,435	N/A	5,435
Food Aid	484	1,309	1,793	506	1,367	1,873	990	2,676	3,666
Health (SRH)	11,079	23,803	34,882	12,644	23,767	36,411	23,723	47,570	71,293
Sexual and/or Gender-Based Violence	183	856	1,039	24	159	183	207	1,015	1,222
Shelter	441	690	1,131	424	663	1,087	865	1,353	2,218
Water, Sanitation and Hygiene	2197	4837	7034	2278	5013	7291	4475	9850	14,325

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 entire population affected, a significant humanitarian response was required. During the humanitarian programme team meetings agencies shared their priority actions and proposed populations. Agencies varied responses were guided by their mandate.

For instance, 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 just utilizes one of the Humanitarian Action Plan indicators, so double counting is avoided.

IOM used its Displacement Tracking Matrix (DTM) methodology to identify the collective centers 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. Four DTM Assessments were rolled out in total through the life cycle of the project.

The Vulnerability and Needs Assessment (VNA) conducted by WFP and partners surveyed a total of 17,200 households. In addition to targeting the Emergency Cash Transfers, this was a key tool for other agencies, including UNDP, in determining the most vulnerable households.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	11,079	23,803	34,882
Male	12,644	23,767	36,411
Total individuals	23,723	47,570	71,293

CERF RESULTS

In the wake of Hurricane Maria, individuals in Dominica suffered from compromised access to shelter, telecommunications and basic services, which increased vulnerability to crime and violence, including sexual and gender-based violence. With all 71,293 people affected (2011 Census results) and entire communities lacking shelter, the UNST partnered with the Government of Dominica and CDEMA to provide emergency support (with the response to Hurricane Maria serving as the model to areas of joined-up work).

UNICEF, UNFPA and IOM worked to protect the most vulnerable segments of the population. PAHO/WHO and UNFPA addressed critical health care needs including comprehensive survivor-centered care for gender-based violence survivors. UNDP and UN Women partnered to restore livelihoods through debris and waste management projects and related programmes. OCHA, WFP and UNDP 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 OCHA and WFP.

The UN worked to ensure that the population has access to basic sustenance and essential services in key sectors (Food Security, Health, WASH, Collective Centres) throughout the country.

A total of 12850 people gained access to water thanks to water trucking services during the reported period. At school and collective centres, 8092 children gained access to water and sanitation facilities and benefited from hygiene promotion activities. In addition, 14325 people living in shelters were provided with sanitation, hygiene kits or cleaning kits.

PAHO/WHO restored access to safe water to 96% of affected health facilities (surpassing the 50%), ensuring that the entire population could benefit from access to working health care. At the completion of this project, 100% of the open health facilities had access to safe water (2 out of 49 clinics remain inoperable). PAHO/WHO delivered water tanks with 600-gallon and 800-gallon capacity as well as water purification tablets and chlorine/pH analyser kits to health facilities. Generators were provided to DOWASCO (Dominica Water Company) to pump water at the main water treatment facility.

With PAHO/WHO's support 96% of affected health facilities (47 out of 49) had restored capacity to deliver essential health services. PAHO/WHO procured generators to provide temporary power to clinics affected by the storm, procured medical supplies and Point of Care Chemistry Analyser and metabolic and lipid panels for patient testing to improve the management of chronic diseases, and improved the management of the supply chain for the storage and distribution of medical and health supplies.

CERF funding supported the deployment of members of the Rapid Response Team to Dominica to provide technical assistance for the strengthening of the surveillance system to ensure rapid detection of disease outbreaks in the aftermath of the hurricane and implement appropriate response; and to support the rehabilitation of health facilities using the SMART hospital standard for climate change resilience.

WFP launched an Emergency Operation to provide support, based on the results of the Post Disaster Needs Assessment (PDNA). WFP and UNICEF supported the Government of Dominica to design and implement an Emergency Cash Transfer (ECT) programme aimed at meeting the essential needs of the most vulnerable households over three months. A rapid market assessment conducted in mid-October showed that markets were gradually reactivating and would resume their full delivery capacity sooner than expected. The ECT programme has reached a total of 24,310 beneficiaries. The Vulnerability and Needs Assessment (VNA) conducted by WFP and partners from November 2017 to January 2018 surveying a total of 17,200 households concluded that the average household size is 3.3 with an average of 0.89 children per household (27 percent). With CERF funding allocated towards the CBT, CERF reached 1,111 households/3,666 beneficiaries with US\$ 90 per household to provide for their essential needs, compared to 10,000 initially targeted. This underachievement is due to changes in the programme design as well as in the method of estimation. Since CBTs were given to households as opposed to individual beneficiaries and household data is difficult to obtain, estimations and pro-rating have been applied to provide numbers on beneficiaries disaggregated by gender and age for the proposal and report. In the proposal, the household was estimated at 5 members per household. This, paired with the plan to provide a single transfer of US\$ 150 per household, led to strong discrepancies between planned and actual figures of beneficiaries reached. In addition to providing immediate emergency cash transfer for children, the Vulnerability Needs Assessment provided critical data for the wider humanitarian effort. The government and multiple humanitarian partners used it to target the most vulnerable populations; it was critical to strengthening the social protection system in Dominica.

The most vulnerable were protected and their vulnerabilities reduced through the provision of assistance and social safety nets.

A strong emphasis was placed at an early stage on the protection of the most vulnerable and establishing clear vulnerability-based beneficiary selection criteria and complaints/feedback mechanisms.

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 2,040 students; school-in-a-box reaching 7,040 students; recreational kits reaching 4,410 students; and ECD kits benefiting 1,435 children under 5 years old. UNICEF also worked with national authorities and partners to offered Psychosocial Support to 10,871 children and adolescents, through Child Friendly Spaces and education services. The services provided support children and families, as well as teachers and caregivers, to deal with the trauma generated through the storm impact in the country.

UNFPA / Gender-based Violence (GBV) developed a referral pathway and standing operating procedures for the management of cases of gender-based violence. International Medical Corps (IMC) led the establishment of a Mental Health and Psycho-Social Support / GBV Working Group. The SRH and GBV projects implemented by UNFPA achieved the following results: 16 clinical delivery assistance kits and 3 STI kits with essential drugs, supplies and equipment for provision of priority reproductive health services were distributed to all seven health districts around the country for normal and complicated deliveries. This significantly enhanced the capacity of health facilities to prevent neonatal and maternal morbidity and mortality, manage obstetric emergency and other pregnancy complications, rape and treatment of sexually transmitted infections. UNFPA partnered with the primary health providers to ensure that women of reproductive age had access to critical sexual and reproductive health services. These providers included the Ministry of Health, Dominica Planned Parenthood and other key partners whom women and girls of reproductive age typically use to access the SRH services. Although partners have not undertaken an evaluation to measure the uptake, they confirmed that women and girls of reproductive age accessed the services. Skills and competencies of 92 health care professionals were strengthened through dedicated training sessions as well as through on-the-job training and mentoring on the MISPP, 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. 10 communities in the Kalinago Territory, Portsmouth, Marigot, Grand Bay and St Joseph were sensitized on existing SRH health services and information which triggered greater demand, access and utilization of services. Flyers and brochures on SRH including STDs and family planning were developed, printed and widely disseminated to affected communities and SRH service providers as part of public awareness and sensitization outreach activities.

UNFPA, in partnership with the Bureau of Gender Affairs, Lifeline Ministries and other national partners, developed the GBV referral pathway and accompanying standard operating procedures (SOP) for Dominica, which provide comprehensive information to victims of sexual and/gender-based violence on how and where to access multi-sectoral, survivor-centered services.

100 percent of the target population was reached with 1,169 dignity kits containing hygiene supplies such as toothbrushes, toothpaste, shampoo, soap, sanitary pads and underclothes - among other items, that were procured and distributed in shelters to women of reproductive age. Two hundred and fifty kits were procured and distributed in partnership with Un Women.

The skills and competencies of 153 frontline workers from protection, health, shelter management, community-based organizations and UN were strengthened on IASC guidelines on GBV mitigation, prevention and mainstreaming in shelters and camp settings, reporting, referrals, psychosocial support and survivor-centred approaches. The required tools and corresponding equipment was distributed among the trained frontline workers as well. Sixteen communities in Roseau, St Joseph, Portsmouth, St. Martin and Wood Ford Hill were sensitized on GBV prevention and mitigation. 1,222 IEC materials and promotional products - GBViE Manuals, Banners, Brochures, Bumper Stickers, GBV Referral Posters, Street Signs and

T-Shirts - on GBV prevention and mitigation were widely disseminated to affected communities and GBV service providers as part of public awareness and sensitization outreach activities. UNFPA collaborated with the Bureau of Gender Affairs and the Dominica Broadcasting Service (DBS) to reach the population with information on GBV, male engagement for prevention and response as well as the interlinkages between sexual and reproductive health. The Caribbean Centre for Development Administration determined that DBS had island-wide coverage, reaching 71,293, prior to the hurricane (2010). By late October, DBS was one of five radio stations back on air and radio coverage to the capital Roseau and Marigot, Eggleston and Portsmouth was restored, allowing the station to reach a substantial segment of the population.¹ With access to internet and mobile networks severely constrained, radio provided a key portal to information.²

To enable a rapid shift from the provision of blanket assistance to the protection of food security and livelihoods of the most vulnerable population affected by the hurricane, WFP launched a countrywide multi-sector Vulnerability Needs Assessment (VNA). While the objective of the VNA was primarily to prepare for a Joint Emergency Cash Transfer programme (JECT), implemented by the Ministry of Social Services, Family and Gender Affairs with support from WFP and UNICEF, the opportunity was seized to develop a single countrywide multi-sector targeting tool that would be useful to all sectors and avoid multiple assessments with the risk of inconsistencies, gaps and overlaps. A targeting strategy for emergency assistance prepared as a basis for the VNA includes common agreed-upon vulnerability criteria and a description of key information required by concerned sectors. The household survey form used for the VNA was designed to capture this essential information. The exercise took place between early November 2017 and mid-January 2018 (longer than foreseen). In the initial phase, several agencies supported WFP for the training of trainers and the digitalisation of data (IOM, UNICEF and OCHA).

The intervention increased the most vulnerable populations' opportunities for livelihoods recovery.

The implementation of the Emergency Employment Programme in Dominica was instrumental in the provision of temporary employment opportunity for clearing and sorting debris as well as reduction of the health risk associated with the debris formed as a direct result from the Hurricane. Through the income received households have been able to buy food for their families and begin to repair homes. UNDP identified the National Employment Programme of the Ministry of Trade, Energy and Employment as the most appropriate mechanism given that it had a management structure in place. Pilot activities were launched on 15 November 2017, in the southern village of Pointe Michel, one of the hardest hit communities and the area that reported the most deaths.

While UNDP initially intended to reach 4,560 individuals, it benefitted 5,724 persons. The programme employed 405 persons in 18 communities, with 150 households benefiting from the income support and USD 223,000 transferred to beneficiaries. UNDP strongly advocated and emphasized the importance for achieving gender parity in selecting beneficiaries and as a result over 40% of beneficiaries was woman (42%). Those employed have been involved in community-based debris clearing activities around health facilities, key access roads, tourism sites, agricultural feeder roads and schools. Thirty (30) NEP supervisors and targeted village council members have received training in community clean-up work plan development. UNDP has also distributed wheelbarrows, shovels, rakes and cutlasses as well as personal protective equipment including gloves, helmets, boots and safety vests to the NEP to facilitate clean-up activities.

¹ CDAC Network, 'Local Media Dominica Overview,' October 2017, accessible at <http://www.cdacnetwork.org/contentAsset/raw-data/eed18dc8-7cac-4056-8647-8eba4f394ed7/attachedFile>.

² GSMA, 'The 2017 Atlantic Hurricane Season: Mobile Industry Impact and Response in the Caribbean,' accessible at <https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2018/04/Mobile-Industry-Impact-and-Response-in-the-Caribbean.pdf>; see also Columbia Journal Review, 'After Hurricane Maria, AM Radio Makes a Comeback in Puerto Rico,' accessible at https://www.cjr.org/united_states_project/hurricane-maria-puerto-rico-radio.php.

FAO targeted the most vulnerable farmers for blanket in-kind distribution of seeds, agricultural tools, water tanks, animal feed and construction material. Through this programme, FAO met its target of 2,400 vulnerable small holder farmers, though only approximately 9,800 individuals (as opposed to 14,000) in were reached. While the original calculation estimated an average of 5 persons in each household, discussion with the Ministry of Agriculture and other stakeholders revealed that the estimated household included 3.5 persons. As result, the new calculation made using this revised average amount of people per households slightly decreased the total number of targeted/assisted beneficiaries, although the number of households remained the same.

In October 2017, the World Food Program conducted a national food security analysis, which results showed that approximately 24,000 people became food insecure or vulnerable to food insecurity after Hurricane Maria. However, thanks to FAO's CERF project and other interventions in the agriculture sector, the damages and losses registered on agriculture reduced or even stopped thanks to the restoration of vegetable and livestock production. This situation not only increased the national food security, but also increased the income of the population assisted and those indirectly benefiting from the project, reducing their vulnerability and enhancing their purchasing power. As of May 2018, the markets in the country are flourishing with vegetables and other food commodities produced thanks to the inputs received from the CERF project and other forms of assistance to the agriculture sector.

From the beginning of the emergency, the CCCM cluster focused its efforts on getting accurate information from the collective centers, identifying the displacement sites and advocating to improve living conditions within the collective centers. To do so, the Displacement Tracking Matrix (DTM) was set up with the intention of identifying locations, population numbers, conditions and priority needs as well as the possibility for return for the internally displaced persons. IOM, in partnership with PAHO/WHO, carried out three rounds of the Displacement Tracking Matrix surveys by boat and road between October and the end of December 2017 to capture essential data on the number of collective centres in use, the number of displaced persons, their socio-economic profile and their needs. From the profile of 63 sites, 361 households and 1,862 internally displaced persons, four reports on locations, conditions and needs were produced. There were 570 of the most vulnerable households that received essential emergency shelter and NFI kits, with 2218 persons reached through CERF resources. However, upgraded collective centres hosted about 166 individuals instead of the anticipated 500 because many of them returned home. From the first round of DTM to the present there has been a noticeable decline in population in the collective centres. Approximately 40 percent of the collective centres were closed during the last three months.

The most vulnerable were provided with safe housing, including basic services

While the emergency response in the Shelter sector was underway, several initiatives were taken to help the country plan and organise the resilient repair and reconstruction of damaged buildings. To understand the scope and level of damage to buildings, UNDP carried out a countrywide Building Damage Assessment (BDA) between November 2017 and the end of January 2018, in collaboration with the Ministry of Housing, which assessed close to 30,000 buildings. UNDP and Engineers without Borders supported the Ministry of Planning and UNDP in the revision of building guidelines in support of the national building code to enhance earthquake/hurricane resistance. Around 350 local contractors were subsequently trained on the new guidelines and building standards and certified in climate resilient building practices.

The UN provided critical connectivity and logistical support

WFP provided essential logistics and telecommunications services. Due to the nature of the Special Operation response (supply chain and emergency telecommunications augmentation and coordination), WFP reached beneficiaries as international organizations, NGOs, UN agencies, donors and the private sector managing the relief items information of 40 organizations, and their cargo movement to the affected countries in the Caribbean region. A total of 836 passengers, and

10096 kg of cargo were transported to 17 destinations throughout the Caribbean region, serving 31 humanitarian entities. Through the various satellite and fibre connectivity solutions, the ETC was able to serve over 2900 users from over 50 agencies as well as communities in the hardest-hit areas in Dominica. Government entities, humanitarian agencies as well as entities such as fire brigades, airports, seaports, hospitals, health centres, among others, received essential connectivity services that were lacking as the telecommunication structure across Dominica had been severely impacted.

Connectivity services were made available to the affected population in Dominica in the areas of Marigot, St. Sauveur, Delice and Le Plaine, providing a voice and means for the community when there was no other means to do so. This provided the community with crucial information from the area as well as to them, empowering them to make informed decisions about the next steps on rebuilding their lives. In the north of Dominica, the Douglas-Charles airport services were re-established to receive large aircrafts carrying relief goods and services. Data connectivity services was found to be the crucial service requirements and therefore was the service that was prioritized and implemented across the affected areas. Overall, connectivity was provisioned directly from the ETC services to 2900 users, and over 50 various agencies.

Essential training was provided during the emergency response to enhance speed and effectiveness. Training is still being provided or envisaged to strengthen protocols, methodologies, information management systems and the capacity to deliver in several sectors such as logistics, health, child protection, emergency shelter/housing, collective centre/ emergency shelter management, gender-based violence, and essential datasets such as settlements, schools, health centres were updated.

CERF's ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

The CERF funds empowered UN agencies to quickly provide relief to Dominica. It accelerated the implementation of the Flash Appeal in Dominica and enabled the agencies to more quickly meet the needs of the most vulnerable communities. Given the extent of the destruction and the critical need for potable water and food, the population was highly dependent on quick assistance to meet their essential needs. The CERF funds have provided WFP with the resources required to implement the ECT programme only two months after the hurricane, at a critical time when markets were picking up and able to support immediate needs. CERF's funds have reached 3,666 beneficiaries over the course of three months when cash was much needed. CERF funding also enabled IOM to provide effective, timely assistance to the IDPs living in Collective Centers.

It facilitated the quick response by the WASH and Protection sector, enabling the distribution of much needed water and hygiene kits to the devastated population.

Further, in logistics, it allowed WFP to rapidly augment its supply chain and emergency telecommunications capacities in the Caribbean region to support the humanitarian community and government's response in Dominica.

b) Did CERF funds help respond to time critical needs³?

YES ☒ PARTIALLY ☐ NO ☐

³ 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.).

Yes, the speed at which the funds arrived allowed the agencies to quickly respond to Dominica's urgent needs. Hurricane Maria forced the population to be abandoned their home and seek shelter at schools, improvised locations, with relatives etc. IOM noted that CERF was the most quickly relayed funding, which allowed them to undertake assessment through the Displacement Tracking Matrix (DTM) tool, to identify needs, vulnerabilities and gaps and monitor the IDPs conditions and begin distributing goods to meet the needs of the most vulnerable people. As the Non-Food Items (NFIs) were distributed to the most vulnerable people, who were in the collective centers, IOM was able to improve the condition of some collective centers so that the displaced could live in a dignified manner.

Other agencies echoed this, noting that while CERF was only a component of their funding, its quick delivery was a huge help in enabling the agencies to begin the relief efforts. CERF funds enabled UNICEF to quickly provide WASH support and WFP to deploy within a short period. The CERF funds for Food Aid allowed the Government of Dominica to implement the ECT Programme with support from WFP and UNICEF and thus, assist those most in need after Hurricane Maria. The cash transfers were implemented and delivered through existing structures of the national Public Assistance Programme (PAP) and managed by the local government through Village Councils. The Village Councils played a crucial part in the planning and implementation of the programme. They were trained to conduct the VNA through established beneficiary selection committees (BSC) and in the distribution of the cash transfers. This allowed WFP to strengthen government capacities on local as well as national level. Since WFP was fully funded, no other form of resource mobilisation was necessary.

WFP's logistical and telecommunications support greatly enhanced the coordination of the relief effort and distribution of critical supplies. Two days after Hurricane Maria made landfall in the island, a Rapid Logistics Assessment was carried out to estimate the damages of the main infrastructure (roads, ports, airports, etc.) which facilitated the deployment of WFP staff (Logistics Cluster, Logistics Response Team, ETC), and also the provision of relief items from UNHRD (MSUs, Office Accommodation Units, Boats, generators). All WFP staff arrived in Dominica, via the WFP-managed UNHAS facilities in order to rapidly restore connectivity in the Emergency Operations Center (EOC) in Roseau, who coordinated the overall relief and response efforts from the government and humanitarian community.

Finally, the debris resulting from the hurricane created an immediate health risk, with stagnation of water, decaying animals, large volumes of dust and potential leakage of chemicals leading to growing populations of mosquitoes, rodents and other vectors. With CERF funds UNDP was able to work through the National Employment Programme to clean up the debris, bricks, cement, rubble and vegetation from the destroyed communities, market places, homes and streets to pave the way to rebuilding these areas and more importantly to allow for isolated communities to be reached. The wages received enabled those most at risk to access critical goods and services while they await reconstruction of their homes and reestablishment of substantive economic activity.

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

YES ☒ PARTIALLY ☐ NO ☐

The CERF funds allowed the UN agencies to introduce new modalities and demonstrate their efficacy (such as the Cash Distribution Programme) as well as demonstrate value of critical relief efforts.

IOM's quick, effective leadership in Shelter (enabled by the initial CERF grant) positioned them to mobilize other resources (including NFIs) to assist the Internally Displaced Persons (IDPs). IOM also received funds from Department for International Development (DIFD), European Civil Protection and Humanitarian AID Operations – ECHO and Australian Aid to return IDPs through shelter recovery projects. From the initial CERF funding, UNFPA was able to mobilize additional resources from Australian Aid for the GBV project in Dominica and also technical assistance from DFID/CANADEM and the UNV organization for the overall emergency response in the Caribbean.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

The project implementation was closely coordinated with the humanitarian stakeholders such as UNICEF, Ministry of Social Services for all matters related to the DTM roll outs and to determining priorities and areas of action. With the Ministry of Education in regard of the strategy to accelerate the schools reopening and relocation of IDPs still living in those schools. As per NFIs transportation and distribution, IOM was accountable for coordinating the overall process with the Ministry of Social Services and IsraAID. The stakeholders recognized the importance of maintaining a clear flow of information, joint resources for a better response and finally acknowledge the need of establishing a disaster response route for forthcoming events.

Yes. CERF 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. Further, UNDP's debris removal project funded through CERF, became instrumental for other Agencies and the wider humanitarian network for the implementation of their activities and programmes as debris removal represented one of the most urgent and pressing needs in the aftermath of the disaster. Prioritization of areas/communities to be cleared was discussed at numerous inter-Agency coordination meetings as well as at the Food Security and Livelihoods sectoral meeting. List of sites to be prioritized were facilitated to UNDP and the Government by other humanitarian stakeholders. CERF's funding of WFP's logistical and telecommunications support boosted the operational capacity of UN agencies, the government and other humanitarian actors. As part of the Hurricane Maria responses, a coordination cell was established in Barbados to facilitate the interaction between humanitarian and military actors supporting the Caribbean Disaster Management Emergency Agency-led response. This cell enhanced logistics supply chain coordination activities between UN Teams and humanitarian partners in Dominica in order to store and deliver building material from Roseau Port to the different partner's extended delivery points (EDP's).

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

CERF flexibility and requirements allow the agencies to act quickly, focusing on implementation of the humanitarian response plan, rather than fundraising.

UNDP's noted that by making resources immediately available, the CERF facilitated the critical resources for a debris clearance programme that (1) facilitated access to inaccessible areas and (2) provided unemployed, vulnerable and affected population with cash to provide for themselves and their families and in some cases to commence reconstruction of their homes. Further, the programme permitted affected people to contribute to the cleaning and restoration of their own communities, transforming them from affected persons to actors for change.

The timely allocation of CERF funds has supported WFP with the rapid emergency response assisting the most vulnerable and affected by Hurricane Maria. The hurricane affected 25.000 people in need of essentials such as food, water, building material as well as medical and educational requirements. WFP in collaboration with UNICEF and the Government of Dominica implemented an ECT programme to ensure that the most vulnerable could meet these needs in times of crisis. The provision of cash has allowed persons to meet their essential needs, reduce vulnerabilities, increase resilience and respond to the effects of the disaster. By supporting the Government of Dominica in expanding their social protection programme vertically as well as horizontally, capacities have been strengthened to make the PAP more shock responsive. This has been done in partnership with another UN agency which is unprecedented and has led to a regional collaboration agreement between WFP and UNICEF paving the way for continued joint efforts in the future.

Although WFP had no established presence in the region, with CERF funding it rapidly augmented supply chain and emergency telecommunications capacity within the region in the wake of Hurricane Irma and Maria. Following this experience and strengthened connections with existing preparedness and response mechanisms/actors, it decided to establish a new WFP office in Barbados to focus on preparedness and coordination with the UN, CDEMA and the humanitarian community.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible
Funds flexibility	The CERF is intended to save life 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/ CERF
The assumption that the existing framework would be capable of supporting such works proved erroneous. In post-disaster situations, particularly given the high scale of impact, relief projects cannot assume that such capacities will be readily available to support execution. Additional project staff will have to be provided for, especially for supervision and monitoring	Relief projects need to make provisions for adequate administrative staff to ensure that systems are in place for effective execution and monitoring. In this case, at least 2 additional staff would be required to support the monitoring process.	OCHA and CERF Secretariat
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

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
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 stakeholders.	National authorities and stakeholders are the most suitable partners to identify the needs and gaps.	UNICEF
While necessary, short term employment is not sufficient and will likely impact sustainability if not accompanied by the opportunity to transfer knowledge and skills that can be used to enhance employment/income earning capacity in the medium to long-term. The hurricane revealed a gap with respect to the coordinated supply of skilled and unskilled labour in Dominica for relief and recovery efforts. NEP is well positioned to	Explore the expansion of a 'commercial' arm of the NEP to provide paid-for services to private sector and individuals willing to procure clean up and debris removal services, as managed by the NEP in post-disaster situations. This would enhance the capacity to meet the skills development of workers and provide a spawning ground for skills development and emergence of small businesses in these services. Build-into the EEP programmes a skills	UNDP in collaboration with GOCD

<p>strategically fill this gap, which could be further enhanced for provision of such services under 'normal' conditions. NEP should research the feasibility of offering its debris clearing services to the private sector for a fee. This could help create jobs on the island whilst generating income for the GoCD. Some stakeholders also expressed concern that without training in some skill does not lend to sustainability after the project ends.</p>	<p>development element to enable participants to learn/improve their skills for post-project employability, such as e.g. chainsaw operation (both men and women), managing a small service based business, etc.</p>	
<p>In post-disaster interventions, especially at the community level, there is a high degree of displacement, particularly in terms of economic activity, and consequently unemployment and joblessness. While the EEP programmes intervene as a temporary measure, there is always the danger that the provision of 'pay' for community-based work could discourage volunteerism.</p>	<p>Explore the possibility of building in 'community service time' within the emergency employment programmes where volunteerism is encouraged and enabled as a measure to ensure that it continues to be part of community development.</p> <p>- Calls for volunteers need to be a complementary part of the EEP programme. Note that two persons from the Food Security and Livelihoods sector meeting volunteered their assistance with project activities, a practice that needs to be fully recognised and enabled.</p>	<p>UNDP, NEP</p>
<p>Although the NEP is strategically positioned to play a key role in early recovery operations as seen in the EEP, it is extremely vulnerable to government administrative bureaucracy and political issues which have the potential to hinder both payment and programme activities.</p>	<p>Work with the GOCD to define NEP's role in emergency situations and reduce administrative blockages which hinder progress, especially in post-disaster situations</p>	<p>UNDP, GOCD</p>
<p>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</p>	<p>Identify sub-cluster/sector leads before an emergency and assist in clearly defining roles and responsibilities to avoid competition and potential conflicts</p>	<p>Humanitarian Country Team/Clusters/Implementing Agencies</p>
<p>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</p>	<p>-Establish a regional surge roster comprising Caribbean nationals and UNFPA staff and that could be deployed immediately after a disaster -Establish LTA with the Caribbean Disaster Emergency Management Agency (CDEMA)</p>	<p>Implementing Agency/ Humanitarian Country Team</p>

of the response.	for prepositioning, storage and transportation of emergency items (dignity kits) through its regional hubs and also partner with WFP on logistics	
Facilitating the presence of standby partner to focus on coordination of WASH sector was seen an added value on sector intervention, moreover in a country which for first time, faced significant international agencies presence.	Continue with this approach. Use similar intervention in other sectors to separate program from coordination and provide independent sector coordination.	UNICEF
Housing and/or shelter assessment from different agencies did not include evaluation of WASH component.	Consult other sectors prior define field-impact assessments.	UNDP, IOM, UNICEF

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNICEF		5. CERF grant period:	23/09/2017 - 22/03/2018			
2. CERF project code:	17-RR-CEF-106		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector :	Education						
4. Project title:	Creating Quality Learning, Healthy & Protective Spaces for Hurricane Maria-affected children						
7. Funding	a. Total funding requirements ⁴ :	US\$ 2,500,000	d. CERF funds forwarded to implementing partners: ■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 75,981 ■ <i>Government Partners:</i>				
	b. Total funding received ⁵ :	US\$ 2,000,000					
	c. Amount received from CERF:	US\$ 205,615					
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		1,877	1,878	3,755	2,718	2,717	5,435
Adults (≥ 18)							
Total		1,877	1,878	3,755	2,718	2,717	5,435
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							

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

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

Host population		
Other affected people	3,755	5,435
Total (same as in 8a)	3,755	5,435
<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>	Through strategic partnership more results were achieved, in part due the leadership and commitment of local authorities.	

CERF Result Framework			
9. Project objective	Ensure that 3,755 children and adolescents under 18 years in Dominica 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	Dominican Children affected by the Hurricane Maria are safe and protected and have access to quality education and WASH		
11. Outputs			
Output 1	3,755 children and adolescents have access to safe healthy learning spaces and quality teaching with access to proper water and sanitation in schools		
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	3,755	4,000
Indicator 1.2	# of emergency affected children (3-5 yrs. old) attending ECD (Child Friendly) Spaces in affected areas	3,755	1,435
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Structural assessment of schools and the status of education needs	UNICEF	UNICEF
Activity 1.2	Procurement of WASH supplies for schools	UNICEF	UNICEF
Activity 1.3	Procurement of ECD kits, school –in the box kits, recreation kits, tents and tarpaulins	UNICEF	UNICEF
Activity 1.4	Distribution of Education and WASH supplies to partners	UNICEF	UNICEF
Activity 1.5	Support Ministry of Education in development and implementation of return to classes plan	Ministries of Education	Ministries of Education
Output 2	3,755 children and adolescents provided with psychosocial support, and are in protective		

	environments		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of teachers/other personnel trained in psycho-social support	50	More than 50 teachers and facilitators trained in psychosocial support.
Indicator 2.2	# of learning spaces/schools incorporating psycho-social support	20	22 Child Friendly Spaces
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Assess status of child protection needs	UNICEF	UNICEF
Activity 2.2	Capacity development for professionals, children and their families in trauma and psychosocial response	Ministries responsible for Child Protection and Ministries of Education	Ministries responsible for Child Protection and Ministries of Education
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 population reached under 5 years old is lower than planned, due the difficult to support Day Care and ECD Centres in the Country. Most of these centres are private and national authorities prioritized the public centres, where UNICEF provided support and supplies.

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

The project was implemented in close cooperation with national partners. Implementation was also based on the rapid assessments conducted by UNICEF and partners. The population was consulted and informed about the project implementation. 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.

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							
CERF project information							
1. Agency:	UNICEF		5. CERF grant period:	23/09/2017 - 22/03/2018			
2. CERF project code:	17-RR-CEF-107		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector :	Water, Sanitation and Hygiene						
4. Project title:	Improving access to basic WASH services for children affected by Hurricane Maria						
7. Funding	a. Total funding requirements ⁶ :	US\$ 1,500 000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ⁷ :	US\$ 795,484	■ NGO partners and Red Cross/Crescent: US\$ 75,000				
	c. Amount received from CERF:	US\$ 201,215	■ Government Partners:				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		1,877	1,878	3,755	2,197	2,278	4,475
Adults (≥ 18)		1,874	1,871	3,745	4,837	5,013	9,850
Total		3,751	3,749	7,500	7,034	9,850	14,325
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population							

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

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

Other affected people	7,500	14,325
Total (same as in 8a)	7,500	14,325
<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>Number of beneficiaries of water trucking services were higher than planned. The needs were bigger than expected and the quick response of DOWASCO in the rehabilitation of water system facilitated the provision of water trucking services to new areas no targeted at first stages.</p> <p>Number of schools targeted was higher than expected due capacity of implementing partners.</p> <p>However, number of collective shelters reached by the intervention were smoothly lower than planned. The difficulty of getting official information regarding the priorities of the government and their strategy regarding collective shelters slowed down interventions. When information was provided, the number of active collective shelters was reduced while the number of partners willing to improve the condition of these shelters were higher than initially.</p>	

CERF Result Framework			
9. Project objective	Improving access to basic WASH services for Dominican children affected by Hurricane Maria		
10. Outcome statement	Dominican Children affected by the Hurricane Maria have access to basic WASH service		
11. Outputs			
Output 1	7,500 people with access to minimum WASH package		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of people with access to minimum WASH package in affected communities	7,500	12,580
Indicator 1.2	Number of schools and learning spaces receiving the minimum WASH package	20	27
Indicator 1.3	Number of shelters receiving the minimum WASH package	15	13
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of temporary solutions to access to safe drinking water	UNICEF and Environmental Health Department	UNICEF, DOWASCO, SAMARITAN PURSE
Activity 1.2	Support the reparation and reactivation of the water supply networks	UNICEF and DOWASCO	UNICEF and DOWASCO
Activity 1.3	Ensure minimum WASH package in schools	UNICEF and MoE	UNICEF, MoE,

	and temporary learning spaces (WASH in schools)		IsraAid, Samaritan Purse
Indicator 2.1	Ensure minimum WASH package in priority shelters	Environmental Health Department	UNICEF, DOWASCO, SAMARITAN PURSE
Indicator 2.2	Support the coordination, monitoring, capacity building and technical assistance and guidance	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:

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

The project implementation was implemented in close cooperation with national partners as well as based on the rapid assessments conducted by National authorities, UNICEF and partners. The population was informed about the project implementation. Considering that the project was oriented to provide direct and immediately relief to the most affected population, consultation process was limited, due the time constrains.

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							
CERF project information							
1. Agency:	FAO		5. CERF grant period:	16/10/2017 - 15/04/2018			
2. CERF project code:	17-RR-FAO-029		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector :	Agriculture						
4. Project title:	Emergency support for the immediate restoration of food production in Dominica after Hurricane Maria						
7. Funding	a. Total funding requirements ⁸ :	US\$ 2 Million	d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i>				
	b. Total funding received ⁹ :	US\$ 699,249					
	c. Amount received from CERF:	US\$ 299,249					
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		2,241	2,333	4,574	1 568	1 634	3 202
Adults (≥ 18)		4,832	4,594	9,426	3 381	3 217	6 598
Total		7,073	6,927	14,000	4 949	4 851	9, 800
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs							
Host population							

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

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

<i>Other affected people</i>	14,000	9,800
Total (same as in 8a)	14,000	9,800
<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>	As explained in the section “CERF results” of this report, the number of beneficiaries reached slightly differs from the initial number reported CERF proposal. This is because the original calculation was done based on the number of households (HHs) to be assisted (2 800 in total) and taking into consideration an average number of 5 persons in each HH. However, after discussion with the Ministry of Agriculture and other stakeholders, FAO found out that in Dominica a household is estimated to have 3.5 people. As result, the new calculation made using this revised average amount of people per HH slightly decreased the total number of targeted/assisted beneficiaries, although the number of HHs remained the same.	

CERF Result Framework			
9. Project objective	To rehabilitate crop production for ensuring food and nutrition security of the most vulnerable population through the restoration of the agricultural sector		
10. Outcome statement	The food security of Dominica was greatly improved, with the most vulnerable small holder farmers and their families receiving necessary tools and support to ensure their food and nutrition security.		
11. Outputs			
Output 1	2,400 vulnerable smallholder farmers and their depending families have access to short-cycle seeds varieties, fertilizers and hand tools		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of smallholder farmers that have been supported	2,400 households	2,400 households
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Tender and letter of agreements with specialized agencies with presence in the country	FAO-SLC	FAO-SLC None
Activity 1.2	Selection of the most affected and vulnerable households	Specialized implementing agencies, Ministry of Agriculture and Fisheries	Ministry of Agriculture and Fisheries with FAO support/supervision
Activity 1.3	Development of technical specifications, and procurement of seeds, fertilizers and hand tools	FAO-SLC	FAO-SLC
Activity 1.2	Distribution of seeds, fertilizers and hand tools to the beneficiaries and technical advice	WFP and/or specialized agency	Ministry of Agriculture and

	(technical production packages)		Fisheries
Activity 1.3	Provision of water storage containers	The technical specifications of water containers and the tender for the procurement will be prepared by FAO. Whilst distribution will be done using WFP and/or specialized agencies	Ministry of Agriculture and Fisheries
Output 2	400 livestock farmers and their depending families receive animal feed and restocking of vaccinated poultry		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of livestock farmers that have been supported (baseline:0)	400 households	400 households
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Tender and letter of agreements with specialized agencies with presence in the country	FAO-SLC	FAO-SLC None
Activity 2.2	Selection of the most affected and vulnerable households	IICA and/or CARDI, Ministry of Agriculture and Fisheries	Ministry of Agriculture and Fisheries
Activity 2.3	Procurement	FAO-SLC	FAO-SLC
Activity 2.4	Restocking of small livestock and establishment of veterinary support teams and provision of veterinary kits	IICA and/or CARDI	None. Animal feed and construction material to repair stables was provided instead
Activity 2.5	Provision of emergency fodder for livestock	IICA and/or CARDI	Done (for poultry sector)
Activity 2.6	Reparation of simple animal sheds and fencing	IICA and/or CARDI, Ministry of Agriculture and Fisheries	Ministry of Agriculture and Fisheries

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 minor discrepancies between what was initially planned and what was implemented were due to the guidance from the national partners. For example, restocking of animals (as originally intended) was disregarded by the

Ministry of Agriculture and Fisheries considering the likelihood of proliferation of animal disease in an already delicate emergency setting. As such, procurement and distribution of construction material to repair stables for the survived animals was implemented. In addition, some equipment (chainsaws, protective gears and chipper) were also purchased through the project to help with the clearance of roads and agro-forestry space in order to resume agricultural production.

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

As indicated in the “beneficiaries’ estimation” section of this report the targeting approach used, especially in the second phase of the identification of the affected individuals and community, consisted in several field missions and discussion with the affected population – conducted by FAO and the MoAF. This helped to confirm who was the real population in need, what were they main necessities of the targeted community/individuals, thus align the project activities accordingly. Group meetings with the beneficiaries and handover ceremonies were organized to increase the AAP and some key informant interviews were held to understand the impact of the project at the end of the implementation.

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

EVALUATION CARRIED OUT ☒

Considering no financial resources were allocated for a final evaluation report and that FAO does not have office/staff in Dominica a different approach was used to evaluate the results of the project.

EVALUATION PENDING ☐

The MoAF and FAO organized some field visits in the project area in order to meet with the beneficiaries and discuss the benefit of the activities implemented, while capturing some pictures and real stories. Key Informant Interviews (KIIs) were held in this regards. One example of the result of the KII and a story developed is shown in Annex 3 of this report.

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNFPA		5. CERF grant period:	03/10/2017 - 02/04/2018			
2. CERF project code:	17-RR-FPA-052		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector :	Health						
4. Project title:	Respond to the SRH needs of Hurricane Maria-affected women and girls in Dominica						
7. Funding	a. Total funding requirements ¹⁰ :	US\$ 400,000	d. CERF funds forwarded to implementing partners: ■ <i>NGO partners and Red Cross/Crescent:</i> ■ <i>Government Partners:</i> US\$ 0				
	b. Total funding received ¹¹ :	US\$ 100,000					
	c. Amount received from CERF:	US\$ 100,003					
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		3,715	2,986	6,701	3,715	2,986	6,701
Adults (≥ 18)		14,108	10,364	24,472	14,108	10,364	14,108
Total		17,823	13,350	31,173	17,823	13,350	31,173
8b. Beneficiary Profile							
Category		Number of people (Planned)		Number of people (Reached)			
Refugees							
IDPs							
Host population							

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.

Other affected people	31,173	31,173
Total (same as in 8a)	31,173	31,173
<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>		

CERF Result Framework			
9. Project objective	Respond to the life-saving Sexual and Reproductive Health (SRH) needs of women and girls among affected populations by implementing the Minimum Initial Service Package (MISP) and providing SRH supplies to health facilities, re-establishing SRH services, and providing access to essential SRH information.		
10. Outcome statement	Ensure access to essential sexual and reproductive health (SRH) services including Emergency Obstetric Care Services (EmOC).		
11. Outputs			
Output 1	Ensure access to essential sexual and reproductive health (SRH) services including Emergency Obstetric Care Services (EmOC).		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of women and girls with major obstetric complications who have access to Emergency Obstetric Care Services (EmOC).	100 women in need of caesarean section and other emergency care in three months	100% of target population reached
Indicator 1.2	# of targeted health facilities are supplied with clinical delivery assistance kits	2	7 health facilities were reached with 16 clinical delivery assistance kits
Indicator 1.3	# of visibly pregnant women who receive a clean delivery kit	200	200
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establish referral systems to hospitals/clinics providing basic and comprehensive EmOC	UNFPA, Ministry of Health	UNFPA, Ministry of Health
Activity 1.2	On-job and refresher training for health professionals on the use of Referral kits.	UNFPA, Ministry of Health	UNFPA, Ministry of Health
Activity 1.3	Provide every targeted health facility with	UNFPA, Ministry	UNFPA, Ministry

	Clinical Delivery Assistance Kits	of Health	of Health
Activity 1.4	Provide visibly pregnant woman with a Clean Delivery Kit.	UNFPA, Caribbean Family Planning Association, Ministry of Health	UNFPA, Ministry of Health
Output 2	Ensure access to sexual and reproductive health services including treatment of Sexually Transmitted Infections (STIs), Clinical Management of Rape (CMR), and family planning.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of health centres supported with Rape Management kits and STIs treatment kits.	1	7
Indicator 2.2	# of people, including survivors of GBV, who receive STI treatment in targeted health facilities.	750	750
Indicator 2.3	% of GBV survivors who receive CMR services in targeted health facilities.	100%	100%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	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 2.2	Provide STIs and CMR treatment services in targeted health facilities.	UNFPA, Caribbean Family Planning Association, Ministry of Health	UNFPA, Ministry of Health
Activity 2.3	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, Dominica Planned Parenthood Association

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:

No significant discrepancy was noted between planned results and activities due to the fact that UNFPA benefited from a no-cost extension of the project, which allowed for full implementation of the planned activities, reaching the target population and achieving the expected results.

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. An SRH action plan and project monitoring dashboard/matrix were developed and implementation 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 SRH support to Dominica 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:	UNFPA		5. CERF grant period:	26/09/2017 - 25/03/2018			
2. CERF project code:	17-RR-FPA-053		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector :	Sexual and/or Gender-Based Violence						
4. Project title:	Provide comprehensive survivor-centred and multi-sectoral care for Hurricane Maria-affected GBV survivors						
7. Funding	a. Total funding requirements ¹² :	US\$400,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ¹³ :	US\$ 100,000	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0				
	c. Amount received from CERF:	US\$ 100,000	■ <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).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
<i>Children (< 18)</i>		3,715	2,986	6,701	183	24	207
<i>Adults (≥ 18)</i>		14,108	10,364	24,472	856	159	1,015
Total		17,823	13,350	31,173	1,039	183	1,222
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>							
<i>IDPs</i>							
<i>Host population</i>							

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.

Other affected people	31,173	1,222
Total (same as in 8a)	31,173	1,222
<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>The target figures included those people planned to be reached by messages broadcast by the Dominica Broadcasting Services (DBS), with whom UNFPA partnered for this project. The DBS had indicated that its coverage reached the entire population of Dominica. Because of the uncertainty as to how many people were actually reached by the broadcast, the reached figures include only those individuals who directly received IEC material.</p> <p>Hence the reason for the discrepancy noted between the planned and reached beneficiaries.</p>	

CERF Result Framework			
9. Project objective	Respond to life-saving needs of women and adolescent girls affected by Hurricane Maria by preventing, mitigating and responding to Gender-Based Violence (GBV)		
10. Outcome statement	Affected women, adolescent girls and at-risk populations have 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.	1	1
Indicator 1.2	% Service providers trained in appropriate survivor care, including clinical management of rape.	80%	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establish referral pathway 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, Bureau of Gender Affairs.	UNFPA, Bureau 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, Bureau of Gender Affairs.	UNFPA, Bureau of Gender Affairs, Lifeline Ministries

Output 2	Life-saving information materials on available services for survivors of GBV and dignity kits delivered to 1,000 women and adolescent girls.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of women and adolescent girls provided with dignity kits	1,000	1,169
Indicator 2.2	# of IEC materials promoting GBV services produced and disseminated	1,000	1,222
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, Bureau of Gender Affairs, Caribbean Family Planning Affiliation	UNFPA, Bureau 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, Bureau of Gender Affairs, Caribbean Family Planning Affiliation	UNFPA, Bureau of Gender Affairs, Dominica Planned Parenthood Association

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:	
UNFPA benefited from a CERF no-cost extension, which allowed for implementing the majority of the activities as planned and achieving some key results in the areas targeted.	
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. A GBV action plan and project monitoring dashboard/matrix were developed and implemented in collaboration with partners.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
UNFPA has already conducted a rapid assessment of its GBV support to Dominica in partnership with the Regional Office in Panama and will use the findings to inform preparedness planning and response for future emergencies. UNFPA does not have a field presence in Dominica and preliminary findings suggest the need to strengthen its and partners' monitoring and evaluation capacity for better reporting on reach of target population and results as well as continue to roll-out humanitarian preparedness and resilience programmes.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	IOM		5. CERF grant period:	18/09/2017 - 17/03/2018			
2. CERF project code:	17-RR-IOM-042		6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Concluded			
3. Cluster/Sector :	Shelter						
4. Project title:	Shelter/displacement tracking assistance to hurricane-affected population in Dominica						
7. Funding	a. Total funding requirements ¹⁴ :	US\$ 600,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ¹⁵ :	US\$ 335,940	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0				
	c. Amount received from CERF:	US\$ 355,615	■ <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).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		525	525	1,050	441	424	865
Adults (≥ 18)		1,225	1,225	2,450	690	663	1,353
Total		1,750	1,750	3,500	1,131	1,087	2,218
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		3,500			2,218		
Host population							

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

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

<i>Other affected people</i>		
Total (same as in 8a)	3,500	2,218
<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>Seven collective centres were upgraded with capacity to shelter 70 individuals each. At the time of upgrading 166 individuals still were living there.</p> <p>In NFIs were planned 1000 individual beneficiaries, and were assisted 570 individuals or 190 households with CERF funds. Through the sector was received shelter items for 299 households and other NFIs to compose the family kits for 1600 households, where IOM was involved in the delivery of the kits and distribute to the NGOs.</p>	

CERF Result Framework			
9. Project objective	Contribute to alleviating the suffering of populations affected by Hurricane Maria in Dominica through shelter and data tracking assistance		
10. Outcome statement	Vulnerable households and displaced persons received access to safe, well-managed dignified shelter and timely, effective humanitarian response.		
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 most vulnerable households that receive essential emergency shelter and NFI kits	1,000	570
Indicator 1.2	# of displaced people living in upgraded collective centres	500	166
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of technical guidance to develop and implement emergency and transitional shelter solutions	IOM and shelter actors	IOM & local partners
Activity 1.2	Procurement, shipment and distribution of essential shelter materials	IOM and local partners	IOM & local partners
Activity 1.3	Orientation and concise practical training sessions on shelter management to shelter managers and relevant actors	IOM	IOM
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	4

Indicator 2.2	# of reports on locations, conditions and needs	3	4
Indicator 2.3	Site profiles of identified sites compiled and shared	Profiles to be generated for all significant sites identified	63
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (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:

Since the beginning of the emergency, the CCCM cluster focused its efforts on getting accurate information from the collective centres, identifying the displacement sites and advocating to improve living conditions within the collective centres. To do so, the Displacement Tracking Matrix (DTM) was set up with the intention of identifying locations, population numbers, conditions and priority needs as well as the possibility for return for the internally displaced persons.

The DTM produced data processing and reporting by using the rapid assessment tool for the base line. The rapid assessment questionnaire was enriched with the contributions of other UN agencies, permitting the inclusion of key questions these agencies were looking forward to collect in the ground.

IOM collected data directly through trained teams of enumerators, in coordination with the relevant authorities and humanitarian partners as UNICEF. Aftermath, the assessments were capable of identifying affected locations and individuals. The collective centers strategy was elaborated in coordination with the Ministry of Education, to prioritize the reopening of successful and classes have resumed in all the schools. At the same time the DTM was rolled out 4 times in affected areas, to rapidly track and monitor the numbers, locations and sectoral needs of the displaced populations. Data was regularly captured, processed and disseminated to all relevant humanitarian, civil society and government partners (at the CCCM level) to inform the planning and implementation of multi-sectoral life-saving response activities including targeting, provision of emergency relief and referrals.

The findings in the four rounds of DTM were as follows:

- The first assessment was carried out from 1 to 20 October 2017 and the main finding were: 63 collective centres identified, 361 households, 1,862 Internally Displaced Persons: 53 percent of the population is still residing in school; 603 IDP's were residing at the collective centres which represent 32 percent of the IDP's population residing in collective centres. The IDPs have reportedly their intention of continuing living in the collective centres, because the severe damage and destruction of their houses.

The main needs identified regarding to the non-food items (NFI) at the collective centres were the mosquito's nets 27 percent, blankets 19 percent and clothes and mattresses in a 19 percent; 21 collective

centres have a water storage tank available on side while 42 collective centres haven't water storage.

- The second assessment was carried out from 2 to 6 November 2017. The main findings were: 742 of IDP's were residing in 45 collective centres; 60 percent of the IDP population who were residing in the collective centres included: elderly persons, chronically and female single head of household, which represent 60 percent of the IDP's population residing at the collective centres; the most NFI demanded at the collective centres were: mosquito nets (36 percent), blankets (20 percent) and hygiene kits (20 percent); 24 collective centres out of 69 collective centres assessed were closed. Seven of these closed collective centres are schools. This represents a decrease of 29 percent of collective centres and 60 percent of the internal displaced population, compared to the first round of DTM; 60 percent of the IDPs residing in collective centres present a vulnerability.
- The third assessment was carried out on 1 December 2017 and the main findings were: 30 collective centres were active, 120 households (459 individuals).
- 44 percent of the internal displaced population was residing in schools, while 35 percent of active collective centres are schools; 61 percent of the IDPs, who were residing at the collective centres presented some vulnerability. At that time the relevant actors for referrals of vulnerable cases were still in discussion.
- The fourth assessment was carried out from 15 to 27 December 2017 and the main finding were: 25 collective centres were still open, 114 households (352 individuals).
56 percent of the IDP population present one or more vulnerabilities included: single female or male headed households, elderly persons, chronic diseases; the most NFI demanded at the collective centres were: mosquito nets (33 percent), hygiene kits (27 percent) and kitchen sets (25 percent); 96 percent of the IDP's population continuing residing in collective centres because their home was severely damaged or destroyed.
- From the first round of DTM to the present there has been a noticeable decline in population in the collective centres. 40 percent of the collective centres were closed during the last three months.

IOM in coordination with the Local Commissioner and the Ministry of Social Services, Family and Gender affairs prioritized seven collective centres and upgraded their living conditions with capacity to shelter 70 individuals each. In two collective centres: Long House NDC Roseau and Bath Estate Community Centre were upgraded WASH facilities and equipped with cooking stoves at that time 75 individuals were living there; while in five collective centres: Grandvilla Community Centre, Scott Head (Old Primary Schools), Marigot Community Centre, Grandbay church Gosphe mission and Canfield Urban Village Council, were installed solar panels, at that time of the 91 individuals were living there; so a total of 166 individuals were living in those upgraded collective centres.

IOM co-lead the Shelter/NFIs Cluster coordinated with other humanitarian stakeholders to deliver shelter and NFIs distribution.

IOM coordinated the assistance of the IDPs through provision of NFIs. In total received 13,530 items (including 190 funded by CERF) from the various donors such as: DFID, ECHO, OFDA/USAID, French Government, Electrician Without Border, Shelter Box and UNICEF. The kits were organized in shelter kits (tents and tarpaulins) and family kits included the combination of various items 1 piece of each item except blankets and solar light/lamp 2 pieces per kit. For delivery of the NFIs was coordinated with various NGOs such as: ISRAID, CRS, CARITAS and IOM directly.

Shelter items deliver: 127 tents were delivered one piece per household and 344 tarpaulins were delivered two pieces to 172 households, so in total 299 households (897 individuals) were assisted.

Family kits deliver: 13,059 items were composed in kits and assisted to 1,600 households (4,800 individuals).

NFIs, organized in shelter items and family kits were delivered in several points located in 10 parishes across the country. The breakdown of the NFI delivery you can see in the below tables: #1, #2, #3.

Table # 1		Table # 2		Table # 3	
Donor	Quantity of NFI	NFI description	Quantity	Parish	Quantity of NFI
CERF	190	Baby Dome	1	St. Andrew	1885
DFID	8144	Mattresses	189	St. George	1536
ECHO	1480	Blanket	3874	St. John	571
Electricians Without Border	27	Buckets	870	St. Joseph	180
French Gov.	1500	Hygiene kit	1144	St. Luke	929
Shelter Box	112	Jerry can	112	St. Mark	1981
UNICEF	292	Kitchen set	532	St. Patrick	2008
USAID OFDA	1785	Live sever	406	St. Paul	153
Total	13530	Mosquito net	187	St. Peter	907
		Pick Axes	520	St. David	3380
		Solar Lamp	974	Total	13530
		Solar light	3440		
		Water filter	810		
		Tarpaulin	344		
		Tent	127		
		Total	13530		
<p>A report on Household Intentions Survey was elaborated, identifying means to improving the living conditions of the populations remaining in collective centres and providing crucial information to the Government and stakeholders looking for sustainable solutions for the displaced population.</p>					
<p>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</p>					
<p>Through the DTM assessments IOM involved the beneficiaries with interviews and consultations about their needs and concerns. The result of the DTM assessment serve for the programing of the NFIs distribution to the IDPs in the collective centres and those who has intention to return home.</p>					

During the implementation of the project the local authorities and other affected community leaders' female and male were involved for the preparation and distribution of the NFIs.

After delivery of the NFIs were carried out a survey with small number of beneficiaries seeking their feedback on level of satisfaction, for example in seven beneficiaries were found: 1 beneficiary was very adequate; 1 person = adequate, 3 people =somewhat adequate, 1 person = somewhat inadequate and 1 person = inadequate.

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

EVALUATION CARRIED OUT
☐

IOM used its tools for monitoring the progress of the implementation of the activities such as: tracking of the beneficiaries, inventory and movement of the items, receiving item forms and survey at random to few beneficiaries.

It was not planned any evaluation exercise.

EVALUATION PENDING ☐

However, IOM in Dominica in coordination with regional office is preparing a lessons and learned workshop with IOM staff in August considering the potential impact of the hurricanes.

NO EVALUATION PLANNED
☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNDP		5. CERF grant period:	22/09/2017 - 21/03/2018			
2. CERF project code:	17-RR-UDP-013		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 Maria in Dominica						
7. Funding	a. Total funding requirements ¹⁶ :	US\$ 3,666,795	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ¹⁷ :	US\$ 1,026,755	■ NGO partners and Red Cross/Crescent: US\$ 0				
	c. Amount received from CERF:	US\$ 300,007	■ Government Partners: US\$ 232,380				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)							
Adults (≥ 18)		2,234	2,326	4,560	2,403	3,321	5,724
Total		2,234	2,326	4,560	2,403	3,321	5,724
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs							
Host population							

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

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

<i>Other affected people</i>	4,560	5,724
Total (same as in 8a)	4,560	5,724
<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	To facilitate the removal of debris and waste as well as restoration of livelihoods to revive economic activities within Dominica		
10. Outcome statement	Economic activity restored for most vulnerable persons displaced and directly impacted by Hurricane Maria		
11. Outputs			
Output 1	Facilitation of emergency livelihoods through debris and waste management in Dominica		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of debris collected which is recycled (e.g. for shelter, furniture, livelihoods production etc)	Percentage of debris collected which is recycled (e.g. for shelter, furniture, livelihoods production etc)	Sorting efforts focused on galvanise and white goods, which were stored at temporary sites identified by either the DSWMC or the community leaders. Capturing estimated quantities proved difficult due to the conditions in which sorting was realized at community level.
Indicator 1.2	Number and percentage of households with no income sources provided with income support (transfer or generation)	Number and percentage of households with no income sources provided with income support (transfer or generation)	150
Indicator 1.3	Percentage of economically active workforce that is employed on a short term/ temporary basis	Percentage of economically active workforce that is employed on a short term/ temporary basis	1.5%
Indicator 1.3	Total amount to be transferred to the beneficiaries (as cash for work)	Total amount to be transferred to the beneficiaries (as cash for work)	USD 223,000

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	<p>The implementation of the EEP took into consideration (i) Programme Planning & Coordination (with NEP & Other Authorities), and (2) Community Engagement and Mobilization.</p> <p>Programme Planning & Coordination was undertaken with NEP on a regular weekly basis through phone calls, one on one consultations and meetings. Coordination with other government Authorities and organisations primarily the Ministries of Agriculture and Fisheries and Tourism was facilitated through the weekly Food Security and Livelihoods sectoral meeting.</p> <p>In order to fast track community consultations and develop draft Community Clean-up Work Plans in other communities, a training workshop was held for NEP Supervisors and Village Councils. The workshop, facilitated by UNDP, was attended by over 30 persons representing at least 15 communities (NEP Supervisors and Village Council Representatives), the Dominica Solid Waste Management Corporation, the Ministry of Agriculture and Fisheries. Draft plans were developed and were implemented. The Community Clean-up Plans were monitored on a weekly basis, via phone calls to Supervisors and site visits.</p> <p>Monitoring was done on a weekly basis through phone calls to NEP Supervisors and site visits to various locations. Many of the site visits were conducted without notifying NEP supervisors beforehand.</p>
Activity 1.2	Gender responsive analysis of number and demographics of households in need of income support	UNDP	<p>The UNDP utilized the established mechanism of the NEP to develop as well as identify the target beneficiaries which would benefit under the emergency employment programme. UNDP strongly advocated and emphasized the importance for achieving gender parity in selecting beneficiaries and as a result over 40% of beneficiaries was woman (42%) .</p>
Activity 1.3	Procurement of tools, equipment and PPE	UNDP	<p>UNDP procured the necessary tools, equipment and PPE to facilitate the emergency employment programme. 582 equipment items were procured which included:</p> <ul style="list-style-type: none"> - Safety Helmets

			<ul style="list-style-type: none"> - Pick Axes - Boots - Rakes - Wheel barrows - Safety vests - Gloves - Shovels - Cutlasses - Socks - Bolt Cutter - Dust Masks
Activity 1.4	Debris clearance, sorting, reuse, separation for recycling and safe disposal through emergency employment	UNDP	Clearing of debris occurred in 16 communities throughout the island using the established NEP mechanism. Galvanise and white goods were sorted and temporarily stored at locations either in or near to the communities for disposal by the DSWMC.

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 exceeded initial targets relating to households with income support (150 households reached against original target of 40) and amount of resources transferred to beneficiaries (USD 223,000). Income support under the programme was provided to 405 persons with the communities in which debris removal occurred, also directly benefited from the programme. After discussions with the NEP and through initial implementation of the programme it was observed that initial targets set relating to % of the economically active workforce employed on a temporary basis was overly ambiguous and would have been difficult to realise.

For indicator 1.1 Information relating to debris collected and recycled continued to be ascertain from national authorities. Much organic debris such as logs were burned on site, piled up near the premises or disposed of in an area outside or near the community. Notably, the Solid Waste Management Corporation, already under-resourced before the hurricane, had severely limited capacities to remove the debris in a timely fashion, much less separate most recyclables. Galvanise and white goods were separated, collected and temporarily stored in sites in or near communities, and are awaiting collections/disposal by the DSWMC.

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

The UNDP has worked very closely with the government of the Commonwealth of Dominica (GOCD in every step of the Emergency Employment Programme i.e. planning, programming, implementation and monitoring with a view to ensuring that activities were government led with UNDP support, and that targeted communities received maximum benefit under the programme. In terms of planning and programming initial discussions were held with the government in September/October 2017 to agree upon criteria and selection of targeted communities and the mechanism by which the programme would be implemented. Based on the criteria, the government initially recommended 15 communities and possibly 19 based on resources, as well as the use of the NEP given its already established strategic network of community-based teams nationwide.

In terms of project design, implementation and monitoring at a broad national level, continued coordination with government Authorities and organisations took place at the highest level as well as through weekly Food Security and Livelihoods sectoral meetings which brought together representatives from various ministries and humanitarian partners. This proved to be a very good platform for information sharing, coordination and identification of government as well as humanitarian stakeholders priority sectoral needs. Some priority needs identified at these meetings by the Ministries of Tourism, Agriculture and Education were seamlessly incorporated into the activities under the Emergency Employment Programme.

In terms of project design, implementation and monitoring at a community level the UNDP adopted a participatory approach by providing support to the NEP to develop Community Clean Plans in collaboration with the Village Council representatives. All areas targeted for cleaning were identified by the NEP Supervisors/Village Council Representatives, taking into consideration priority communal areas identified by the various ministries including schools, tourism sites, playing fields and community centres to name a few. UNDP ensured technical presence of at least one dedicated staff to monitor the implementation of the EEP on site and interact directly with the beneficiaries, collecting their feedback on the programme and to ensure early action be taken by UNDP.

UNDP also maintained a direct line of contact with the NEP Manager as well as the Supervisors in targeted communities. Concerns or complaints by Supervisor/workers were captured during field visits, whatsapp messages or over the phone and dealt with using a collaborative approach with NEP where possible.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Evaluation is to be completed on project activities inclusive of CERF resources by the end of the year.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	WFP		5. CERF grant period:	17/09/2017 - 16/03/2018			
2. CERF project code:	17-RR-WFP-060		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input type="checkbox"/> Concluded			
3. Cluster/Sector :	Food Aid						
4. Project title:	Emergency Food Assistance to Hurricane Maria-Affected Communities in Dominica						
7. Funding	a. Total funding requirements ¹⁸ : US\$ 4 million		d. CERF funds forwarded to implementing partners:				
	b. Total funding received ¹⁹ : US\$ 4.114.384,79		■ <i>NGO partners and Red Cross/Crescent:</i>				
	c. Amount received from CERF: US\$ 400,210		■ <i>Government Partners:</i> US\$ 300,000				
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).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		2,000	2,000	4,000	484	506	990
Adults (≥ 18)		3,000	3,000	6,000	1,309	1,367	2,676
Total		5,000	5,000	10,000	1,793	1,873	3,666
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population		10,000			3,666		

¹⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁹ This should include both funding received from CERF and from other donors.

Other affected people		
Total (same as in 8a)	10,000	3,666
<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>The discrepancy between planned and reached households is due to changes in the programme design as well as in the method of estimation. In the proposal, WFP planned to provide a one-off cash transfer of US\$ 150 to the most vulnerable households which was then converted to a transfer of three tranches of US\$ 90 each. Furthermore, in the proposal the average household size was estimated at 5 members per household. However, the VNA measured an average household size of 3.3 with 0.89 children per household. Thus, the results indicate that 27 percent of the household is composed by children. The proposal, however, assumed that children composed 40 percent of the household. Hence, not only the total figures of reached beneficiaries deviate from the proposal, but also the number of children reached. It should be noted that there is only limited data available on demographical and household data which led to discrepancies between planned and actual beneficiaries reached.</p>	

CERF Result Framework			
9. Project objective	To support the Government of Dominica with their life-saving relief activities during the critical first months following the hurricanes.		
10. Outcome statement	Original expected outcomes as per CERF Result Framework of the approved CERF proposal.		
11. Outputs			
Output 1	Food Security Coordination		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Established mechanism for coordination of food security, including assessment of needs and ensuring food assistance coverage	1	1
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Deployment of food security and cash based transfer modality experts to support the government and the wider humanitarian community.	WFP	WFP
Output 2	Food assistance to 10,000 people		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	People in need of food assistance reached through a cash based transfer modality	10,000	3,666

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Food assistance through a cash based transfer mechanism	WFP and partners	WFP, UNICEF and Government of Dominica

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:

To enable a rapid shift from the provision of blanket assistance to the protection of food security and livelihoods of the most vulnerable population affected by the hurricane, WFP launched a countrywide multi-sector Vulnerability Needs Assessment (VNA). While the objective of the VNA was primarily for beneficiary selection purposes for the ECT, the opportunity was seized to develop a single countrywide multi-sector targeting tool that would be useful to all sectors and avoid multiple assessments with the risk of inconsistencies, gaps and overlaps. The VNA reached 17,200 households which amounts to 80 percent of the population and assisted with the beneficiary selection based on a set of vulnerability criteria. As the entire VNA process was delayed, there was increased pressure on local government institutions to complete the data collection in short time to allow for activities to start. Local government institutions achieved a less than expected coverage, prompting WFP and partners to mobilize additional capacity to complete the assessments.

Through CERF funding, the ECT programme reached 3,666 persons (1,111 households), as to 10,000 persons and 5,000 households planned. The discrepancy between planned and reached households can be explained by changes in the programme design as well as the method of estimation. In the proposal, WFP planned to provide a one-off cash transfer of US\$ 150 to the most vulnerable households which was then converted to a transfer of three tranches of US\$ 90 each. Furthermore, in the proposal the average household size was estimated at 5 members per household. However, the VNA measured an average household size of 3.3 with 0.89 children per household. Thus, the results indicate that 27 percent of the household is composed by children. The proposal, however, assumed that children composed 40 percent of the household. Hence, not only the total figures of reached beneficiaries deviate from the proposal, but also the number of children reached. It should be noted that there is only limited data available on demographical and household data which led to discrepancies between planned and actual beneficiaries reached.

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

WFP worked in coordination with the Government ensuring that cash-transfer distributions were fair and secure for the participants. The emergency cash transfer distribution was managed by the Village Councils, mirroring the process of distribution in the Public Assistance Programme. This ensured that participants were already familiar with the process and that distribution points were in close proximity to targeted households. This careful selection limited travel times and minimized transportation costs for beneficiaries collecting the cash-based assistance. It also reduced potential safety risks of travelling to and from cash collection points. As agreed in the Memorandum of Understanding (MoU) between the Government and WFP, the Ministry of Social Services, Gender and Family Affairs issued the payments to the beneficiaries through the delivery mechanism already in place for the Public Assistance Programme, at no cost to the affected families, without discrimination and in conditions of total impartiality, regardless of race, religion, nationality, political opinion or gender.

In partnership with the Village Councils, sensitization on the emergency relief assistance made all involved persons aware of the programme and the processes it entailed. In order to enhance community sensitization, posters were disseminated and attached in Village Councils and other key locations, a radio campaign was broadcasted and a

press briefing was issued by the Government with input from WFP and UNICEF. In order to enhance accountability at community level, the Beneficiary Selection Committee—integrated by the Village Council chairperson/clerk and community leaders—acted as the body responsible to receive and address any feedback and complaint related to the programme. In addition, two toll-free hotlines managed by the Government and one hotline managed by WFP were put in place. Moreover, WFP contracted an external call centre to call the beneficiaries and collect feedback on the emergency cash transfer distribution.

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

EVALUATION CARRIED OUT ☒

Data collected from the emergency food post distribution monitoring has served as baseline data for monitoring of the emergency cash transfer programme. Impact results for the emergency cash transfer programme have been measured through focus group discussions as well as monitoring surveys via key informant interviews from January to March 2018.

EVALUATION PENDING ☐

Process monitoring has been applied in order to determine whether communication to beneficiaries on process and purpose of cash grants was clear and well understood, how distributions were managed, what mechanisms were put in place to ensure speedy and safe distribution of cash to beneficiaries and to analyse timeliness of cash transfers and proper use of beneficiary lists. Moreover, WFP contracted an external call centre to call the beneficiaries and collect feedback on the emergency cash transfer distribution.

Monitoring results indicate that most beneficiaries spent their cash transfers on food (92.4 percent), followed by utilities/bills (18 percent), education-related items (17.6 percent), medical expenses (14.4 percent), household repair (14 percent), clothes (12.4 percent), water (11.2 percent), hygiene products (6 percent), savings (5.2 percent), rent (3.6 percent), transportation/vehicle maintenance (2 percent), debt repayment (0.8 percent), agricultural inputs (0.8 percent) and sharing/donating (0.4 percent). While food was the main item purchased with the cash transfers, food was also the highest expenditure for 73 percent of the respondents. This trend continues even when disaggregated by household demographics. Families with children spent their transfers on food followed by education-related items while families without children spent most of their transfers on food and utilities. Respondents indicated that food, building material and water (75.2, 44.4 and 25.6 percent respectively) remain the key needs.

NO EVALUATION PLANNED ☐

3 percent of non-PAP beneficiaries demonstrate acceptable food consumption scores (FCS) whereby 5.6 percent is poor and 11.2 percent is borderline. Compared to baseline data from Post Distribution Monitoring (PDM) of the emergency food distribution, the acceptable FCS has decreased by 14.6 percent. This may be explained by the fact that families have used up the emergency food distributions and are now dependent on purchasing food in addition to covering other essential needs. The acceptable FCS of PAP beneficiaries, however, is 90.5 percent which is better than for the non-PAP beneficiaries. PAP beneficiaries receive their PAP transfers in addition to the JECTs which may allow them to have comparatively more financial resources to cover their essential needs. Households consumed a variety of food groups including cereals, oil and fat, sugar, milk/dairy

products, meat/fish/eggs as well as vegetables, pulses and fruit. However, fruit, pulses and vegetables remain the least consumed food groups among the households.

21 percent of households turned to coping strategies in order to maintain adequate levels of food consumption. The majority of households spent their savings in order to obtain food (49 percent) followed by 34 percent who purchased food on credit or borrowed food. This is in stark contrast to baseline data which indicated that less than 1 percent of surveyed households borrowed food or relied on help from friends and relatives. Findings suggest that despite high FCS and diet diversity, Hurricane Maria has continued to have a manifest impact on surveyed households' dietary habits which has driven many of the surveyed households to implement coping strategies.

In terms of communication, more than half of the respondents were not aware of assessment and selection processes and only one out of three respondents was aware of the existence of the ECT programme. However, more than 70 percent of respondents agreed that the programme assisted those most in need.

Preliminary results from monitoring the beneficiary feedback hotline shows that the majority of the calls were made by women (64 percent) and with regards to registration (41 percent), the collection of the emergency cash transfers (30 percent), followed by other non-ECT related questions (17 percent). 5 percent of the calls referred to appeals against the beneficiary selection and 4 percent of the calls referred to logistical questions of the distribution and 2 percent of the calls were made to provide an update on the household composition. Most of the cases (92 percent) did not require follow-up action or referrals to other entities. Overall the beneficiaries were satisfied with the distribution mechanism (4; on a scale from 1-5) and over 80 percent found the persons issuing transfers at the distribution site were perceived as fair, open and transparent. Beneficiaries reported barely any safety issues at the distribution site (1 percent). No cases of protection issues and sexual abuse or harassment have been declared.

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-061		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input type="checkbox"/> Concluded		
3. Cluster/Sector :	Common Logistics					
4. Project title:	Supply Chain and Emergency Telecommunications Augmentation and Coordination in Dominica					
7. Funding	a. Total funding requirements ^[1] :	US\$9,904,618	d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i>			
	b. Total funding received ^[2] :	US\$3,899,819				
	c. Amount received from CERF:	US\$ 800,000				
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).						
Direct Beneficiaries		Planned			Reached	
		Female	Male	Total	Female	Male
Children (< 18)						
Adults (≥ 18)						
Total						
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						

^[1] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

^[2] This should include both funding received from CERF and from other donors.

<i>Other affected people</i>		
Total (same as in 8a)		
<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	To support the government of Dominica with their life-saving relief activities during the critical first months following the hurricanes.		
10. Outcome statement	Government of Dominica and humanitarian partners received critical ICT and logistical support to facilitate the effective delivery of life-saving relief.		
11. Outputs			
Output 1	Adequate logistics infrastructure, services and coordination is provided in support to the Dominican Government and stakeholders involved in the emergency response.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of passengers transported by air	200	836
Indicator 1.2	Percentage of service requests to handle, store and or transport cargo fulfilled	75	90
Indicator 1.3	Hubs operational	3	4
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of air service for passenger and light cargo transport across the islands.	WFP	WFP
Activity 1.2	Logistics sector coordination, CivMil Coordination and information management	WFP	WFP
Activity 1.3	Set up logistic hubs in country to operate the downstream supply chain and to support the distribution of non food and food items in Dominica. They will provide warehouse space and cargo consolidation/dispatch facilities including helipad for the airlift of the relief items. The locations are Roseau Port and Airport and Melville Airport.	WFP	WFP
Output 2	Fundamental information technology and telecommunication infrastructure is re-established in Dominica		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of common operational areas provided access to voice and data communications services	3	18
Indicator 2.2	Number of users registered using WFP emergency telecommunications services	1,000	2900
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	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

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:

Indicators were achieved with small adjustments during the course of the operation.

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

On 3 November 2017, in agreement with WFP Aviation HQ, a Customer Satisfaction Survey was launched. Out of 173 e-mail addresses provided, 83 participants responded. All respondents (100%) considered the overall UNHAS Service at adequate level (68.35% Excellent and 31.65% Good) and 93.98% did consider access by air essential to their program delivery in the Caribbean.

Due to the satisfaction of services provided by WFP to humanitarian actors such as UNICEF, UNDP, USAID, the Government of Dominica requested WFP to support staffing, restructuring and training of the Dominica Disaster Management Centre as well as the Ministry of Telecommunications in the areas of warehousing, inventory and transport in order build the technical capacities of the government staff.

The survey for the Emergency Telecommunications Cluster was launched in February of 2018. The survey contemplated the use of connectivity services not only for the government humanitarian entities, but also for various affected communities, providing connectivity services to the affected population. The services being provided, under the difficult circumstances (lack of electricity in the area during the majority of the period) placed additional complexity to the possibility to have the provision of these services available across the multiple locations.

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

EVALUATION CARRIED OUT
☐

Evaluation still pending.

EVALUATION PENDING ☒

NO EVALUATION PLANNED
☐

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	WHO		5. CERF grant period:	18/09/2017 - 17/03/2018			
2. CERF project code:	17-RR-WHO-039		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector :	Health						
4. Project title:	Response to essential public health needs caused by Hurricane Maria in Dominica						
7. Funding	a. Total funding requirements ²⁰ :	US\$ 3,500,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ²¹ :	US\$ 1,292,341	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0				
	c. Amount received from CERF:	US\$ 249,924	■ <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).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		11,079	12,644	23,723	11,079	12,644	23,723
Adults (≥ 18)		23,803	23,767	47,570	23,803	23,767	47,570
Total		34,882	36,411	71,293	34,882	36,411	71,293
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population							

²⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²¹ This should include both funding received from CERF and from other donors.

<i>Other affected people</i>	71,293	71.293
Total (same as in 8a)	71,293	71,293
<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	Respond to emergency health needs in the Caribbean countries and territories affected by Hurricanes Irma and Maria		
10. Outcome statement	50% of all affected health care institutions have restored proper operational capacity to provide life-saving care and implement effective interventions to prevent consequences in public health, in particular water and vector borne diseases in the next 6 months		
11. Outputs			
Output 1	Access to safe water, emergency sanitation measures and vector control ensured		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	50% of affected health facilities with restored access to safe water	50%	96%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide equipment and supplies for clean water in the affected communities, active shelters, and health centers, such as water tanks, chlorine tablets, water testing kits, etc.	PAHO	PAHO
Activity 1.2	Water quality monitoring within health facilities and shelters	PAHO	PAHO
Output 2	Essential healthcare delivery capacity of priority health facilities restored in the most affected areas		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of affected health facilities with restored capacity to deliver essential health services	50%	96%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procure, storage and distribute medical and health supplies for the treatment of chronic	PAHO	PAHO

	diseases in health facilities		
Activity 2.2	Procure, store and distribute medical and health supplies and equipment for the diagnosis and treatment of waterborne, foodborne, and vector-transmitted diseases to health centers.	PAHO	PAHO

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 health emergency response, supplemented by the contribution provided by CERF, aimed to ensure access to clean and safe water sources, reduce the risk of food-borne, water-borne, and vector-borne diseases, to strengthen epidemiological surveillance and vector control capacity, to ensure timely and adequate delivery of essential health care services, particularly emergency care, and recovery of normal operations at the damaged health infrastructures.

This Action provided an invaluable support to the health sector coordinated response in the following areas which contribute directly to the objectives of this project.

1. At the completion of this project, 100% of the open health facilities had access to safe water (2 out of 49 clinics remain inoperable)

CERF contribution supported the rehabilitation of environmental hygiene and sanitation conditions, which contributed to the prevention of food- and water-borne illnesses through the provision of clean water.

CERF funds helped guarantee the availability of safe drinking water in the health centers by ensuring the proper quality of drinking water and its collection in sufficient quantities to prevent waterborne diseases in health care facilities through the procurement of essential water and sanitation supplies, including:

- Water tanks with 600-gallon and 800-gallon capacity were delivered to the affected health centers to ensure proper availability of safe water storage for clean water.
- Water purification tablets and chlorine/pH analyser kits were delivered to support the assessment of the quality of water provided to communities and health facilities in the aftermath of the disruption caused to the water system by the hurricane.
- Generators were provided to DOWASCO (Dominica Water Company) to pump water at the main water treatment facility.
- Solar rainwater pumping systems for 3 of the affected health clinics to ensure the provision of safe water with or without a power source.

2. At the completion of this project, 96% of affected health facilities (47 out of 49) had restored capacity to deliver essential health services

CERF contributions allowed the provision of continuity of care for the management of chronic diseases.

Achievements include:

- PAHO/WHO improved access to health care through the procurement of generators to provide temporary power to the clinics affected by the storm to improve capacity to operate the facility.
- PAHO/WHO improved the management of chronic diseases through the procurement of medical supplies (WHO Non-Communicable Disease (NCD) Kit)
- PAHO/WHO improved the management of chronic diseases through the procurement of a Point of Care

Chemistry Analyser and metabolic and lipid panels for patient testing

- PAHO/WHO improved the management of the supply chain for the storage and distribution of medical and health supplies at the central level through the rehabilitation of a temporary structure and provision of shelving to store and support the distribution of medicines and medical supplies including those arriving as humanitarian donation specifically accepted by the country; as well as assisting in a complete inventory of available medical consumables.

PAHO did not procure the Interagency Emergency Health Kit as originally planned. This kit was provided to the Commonwealth of Dominica by the United Kingdom which obviated the need for an additional kit being procured.

CERF contribution allowed the protection of the people from disease outbreaks, water and vector borne diseases. Achievements include:

- PAHO/WHO improved prevention of vector-borne diseases through the procurement of supplies including impregnated mosquito nets.
- PAHO/WHO improved identification of vector-borne diseases and access to appropriate medical follow-up through the transport of specimens to reference laboratories and medical evacuation to an appropriate tertiary care facility when necessary.

In addition to the procurement of health supplies and medicines, CERF's support was pivotal for the surveillance of diseases in the post-disaster period. In this context, it is considered that the support to the Ministry of Health funded by CERF enabled the prevention of diseases in vulnerable populations of affected areas, especially the elderly.

CERF support was also instrumental in providing assistance for the management of patients medivac to the Dominican Republic in the immediate aftermath of the storm for critical health care not available in Dominica, including the provision of medical supplies.

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

Activities carried out using CERF funds benefitted 43 health facilities in 7 health districts of Dominica. CERF funding supported Deployment of members of the Rapid Response Team to Dominica to provide technical assistance for the strengthening of the surveillance system to ensure rapid detection of disease outbreaks in the aftermath of the hurricane and implement appropriate response; and to support the rehabilitation of health facilities using the SMART hospital standard for climate change resilience. 96% of health facilities now have the capacity to provide essential health services, either in their original location or in an alternative location while rehabilitation is made to the existing health facility structure.

Thanks to its permanent presence in the sub-region, PAHO/WHO was able to assist health authorities prior to and immediately after the passage of Hurricane Maria and provided pivotal coordination with the Ministry of Health in the initial phase until more partners arrived on the island.

Availability of safe water sources was severely impacted by the storm. The damage affected the water distribution network throughout the entire island, leaving the population without access to potable water for human consumption. With reduced access to the public water supply and limited availability of bottled water, combined with reduced sanitary conditions in affected areas and the high number of persons hosted in official and non-official shelters, risks of water contamination and outbreaks of water-borne and vector-borne diseases were high. Using CERF funds, PAHO/WHO supported the Government of Dominica and the Dominican Water and Sewerage Company (DOWASCO) through the rapid procurement of essential emergency supplies and equipment in order to re-establish the provision of safe water in all of the affected areas, including shelters and health facilities.

With the provision of CERF funding, PAHO was able to procure electrical generators to re-establish water pumping capacity; and water tanks, bladders and jerrycans; and trucks to transport safe water to communities prior to the

reconnection of the water piping system. CERF funds also supported the purchase of 3 solar rainwater pumping systems for health facilities to insure safe water at clinics which were affected by the storm. PAHO/WHO was instrumental in providing subsidies for community health educators responsible for health messaging regarding safe water and prevention of food-borne diseases.

Complementing CERF funding with additional international resources, PAHO/WHO procured vector control equipment and supplies, as well as insecticide-impregnated mosquito nets to prevent the transmission of vector-borne diseases. PAHO/WHO provided 10 backpack sprayers, 6 portable foggers and 2 truck-mounted ULV generators to assist the MOH with vector control activities, along with insecticides, larvicides and rodenticides.

PAHO/WHO was also able to replenish medical stores and assist with the logistics of processing a very large number of international donations, which unfortunately included in some cases expired drugs which took time to process and dispose of properly. This coordination, combined with the organization of a temporary medical stores location and the support of the rehabilitation of damaged medical stores structures guaranteed access to continuous health care commodities until the full recovery of the national supply system was accomplished. With CERF funding, PAHO/WHO procured a point of care chemistry analyser to assist the hospital with providing diagnostic tests, and also provided 20 lipid panels and 60 comprehensive metabolic panels along with supplies such as thermal results paper and pipette droppers and pipette tips for use with the new equipment.

PAHO/WHO served as the coordinating mechanism for international health teams which were instrumental in augmenting local resources. Through this mechanism, PAHO/WHO was able to collect and collate data on the status health care facilities in remote and difficult to reach locations and identify those areas that needed to be targeted for early rehabilitation efforts.

The rapid availability of CERF funds allowed for PAHO / WHO's swift response operations, which supported the continuity of health services, helped ensure the quality control of water distributed to the health institutions and communities, and prevented the spread of infectious diseases among the affected population, through the distribution and use of mosquito nets and other preventative measures.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>PAHO/WHO worked with the Ministry of Health in Dominica routinely through the scope of work defined by the country and the Country Program Specialist. The Ministry of Health defined those areas of vulnerability in the country and determined those areas where PAHO/WHO support was necessary. This process led to the selection of activities for support by the CERF contributions.</p> <p>The project design, implementation and monitoring was carried out with the assistance of the Ministry of Health, the National Epidemiologist and the Environmental Health Unit.</p> <p>PAHO/WHO regularly coordinated with its governmental counterparts, mainly the Ministry of Health and the Leadership at the Department of Public Health and the Princess Margaret Hospital to support the implementation of the national response to health emergencies caused by Hurricane Maria.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-RR-UDP-013	Early Recovery	UNDP	GOV	\$232,380
17-RR-CEF-106	Education	UNICEF	INGO	\$75,891
17-RR-CEF-107	Water, Sanitation and Hygiene	UNICEF	INGO	\$75,000
17-RR-WFP-060	Food Assistance	WFP	GOV	\$300,000

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

BDA	Building Damage Assessment
CBT	Cash Based Transfer
CDEMA	Caribbean Disaster Emergency Management Agency
CERF	Central Emergency Response Fund
DFID	Department for International Development
DFRC	Dominica Red Cross Society
DOWASCO	Dominica Water and Sewage Company Limited
ECHO	European Civil Protection and Humanitarian AID Operations
ECT	Emergency Cash Transfer
EEP	Emergency Employment Programme
ETC	Emergency Telecommunications
GBV	Gender-based Violence
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Persons
IFRC	International Red Cross Society
IMC	International Medical Corps
JECT	Joint Emergency Cash Transfer
MoAF	Ministry of Agriculture and Fisheries
MoE	Ministry of Education
NEP	National Employment Programme
NFI	Non Food Item
OECS	Organization of the Eastern Caribbean States
PDNA	Post Disaster Needs Assessment
SOP	Standard Operating Procedures
SRH	Sexual and Reproductive Health
UNST	United Nations Subregional Team for Barbados and the Eastern Caribbean
VNA	Vulnerability Needs Assessment

ANNEX 3: Results of Key Informant Interview with Mrs. Theresa Vidal – project and farmes beneficiary.

Theresa Vidal is a single mother of five, one of them mentally challenged. When she inherited from a relative a piece of land, she became a farmer to have economic independence. When hurricane Maria hit Dominica in September 2018, Theresa lost not only her entire production but also her seeds and tools. Theresa reported: "...everything was washed away, the river that is crossing my land overflowed and took everything I had. I tried to save some seeds, but I could not..." Furthermore, the storm destroyed the roof of her house causing damages and loss of all the household assets. After the hurricane, Theresa found herself and her children in a very difficult situation without any source of income and without the capacity to restart her production activity.

A month later, she received seeds and tools from FAO (under the CERF project) through the MoAF. "After Maria, there were no seeds in the market, but I got seeds and tools from the Ministry of Agriculture," Theresa added. Four months after receiving the seeds and tools, Theresa's garden is full of different herbs and vegetables that she personally sells at the Roseau market.

Theresa stated that her production is back at the pre-hurricane levels and it is still her main source of income. Like Theresa, many additional farmers received seeds and tools from FAO that allowed them to restore their production and livelihoods. Furthermore, all this production has dramatically changed the situation in the main markets across the country where now vegetables are fully available compared to only three months ago when it was impossible to find any agricultural product in the markets. Not only availability has increased, but also access to food as the prices have gone down due to the large quantities being produced.



ANNEX 4: Videos capturing progress under the UNDP Early Recovery Programme

- <https://www.facebook.com/UNDPDominica/videos/vb.291982894661702/324338754759449/?type=2&theater>
- <https://www.facebook.com/UNDPDominica/videos/vb.291982894661702/294915904368401/?type=2&theater>
- <https://1drv.ms/v/s!AiEVuRbwPL-VkDtybEoO7at1whZv>

ANNEX 5: Shelter/displacement tracking assistance to hurricane affected population in Dominica

- Link: [Dominica — Hurricane Maria Response Round 1 \(19 October 2017\).](#)
- Link: [Dominica — Hurricane Maria Response Round 2 \(6 November 2017\).](#)
- Link: [Dominica — Hurricane Maria Response Round 3 \(1 December 2017\).](#)
- Link: [Dominica — Hurricane Maria Response Round 4 \(February 2018\).](#)
- Link: [CCM training report Dominica](#)