

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
HAITI
RAPID RESPONSE
EARTHQUAKE
2018**

18-RR-HTI-33497

| | |
|------------------------------------------|-----------------------|
| RESIDENT/HUMANITARIAN COORDINATOR | MAMADOU DIALLO |
|------------------------------------------|-----------------------|

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After-Action Review (AAR) did not take place due to the social unrest context in the country with the Peyi lock movement in September 2019 which has since completely paralyzed the country. However, the lack of AAR has been supplied by the mid-term review through the mid-term report that was conducted in June 2019 and with the recipient agencies sending their mid-term reports directly to OCHA and contributing to the final report of the CERF.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☐ NO ☒

No, the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) final Report on the use of CERF funds was presented to the HC but was not discussed in the Humanitarian Country Team given the current social unrest context. However, previous HCT meetings were held with the follow-up on the CERF RR 2018 on the agenda to ensure a close monitoring by the HC and the HCT on the implementation of the CERF.

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

YES ☒ NO ☐

Yes, and the published version will be circulated as well.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

In end 2018, the CERF Rapid Response funding was key in enabling the humanitarian community in Haiti to address the sudden 5.9 magnitude earthquake that stroked the North-Western Departments, Artibonite and Northern part of Haiti on Saturday, October 6. The CERF RR helped us to provide critical life-saving assistance and protection to the most affected population by the earthquake and to resume key services such as schools, community health facilities and access to NFIs and clean water for the communities and the schools. The CERF response, which initially targeted 38,555 people, registered a significant success by reaching more than 57,707 people, as the final report has shown. The humanitarian needs were limited and with manageable levels of severity. The Humanitarian Country Team has therefore decided to prioritize the most affected departments of Nord-Ouest and Artibonite.

The fund enabled multi-sectoral emergency response restoring basic social services such as schools and community health centers as well as distributing highly needed NFIs and tents to affected population to rebuild their houses. Additionally, the CERF RR funds helped the Humanitarian Country Team to address protection needs following the earthquake particularly the management of the psychological trauma of students through training of teachers on how to deal with trauma and through maternal health program and GBV care to victims in the area.

The CERF RR 2018 allocation for Haiti was a very good example of what a quick humanitarian funding mechanism can do to help suddenly affected population to retrieve. We have witness how the quick reestablishment of those services around the schools and the community health centers has helped those communities in one of the most neglected region of Haiti, to come back to life and to have a sense back of a certain normality especially for the kids who could continue without much interruption with their education. I then address my sincere thanks and appreciation for this well implemented CERF Rapid Response allocation.

1. OVERVIEW

18-RR-HTI-33497 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

| | |
|----------------------------------------------------------------|-------------------|
| a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE | 21,616,787 |
| FUNDING RECEIVED BY SOURCE | |
| CERF | 3,157,660 |
| COUNTRY-BASED POOLED FUND (if applicable) | 0 |
| OTHER (bilateral/multilateral) | 480,000 |
| b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE | 3,637,660 |

18-RR-HTI-33497 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

| Allocation 1 – date of official submission: 10/12/2018 | | | |
|---------------------------------------------------------------|---------------------|--------------------------------------------|------------------|
| Agency | Project code | Cluster/Sector | Amount |
| IOM | 18-RR-IOM-039 | Emergency Shelter and NFI - Non-Food Items | 648,661 |
| UNFPA | 18-RR-FPA-049 | Health - Health | 389,420 |
| UNICEF | 18-RR-CEF-126 | Education - Education | 2,119,579 |
| TOTAL | | | 3,157,660 |

| 18-RR-HTI-33497 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|---------------------------------------------------------------------------------------------------|--------------------|
| Total funds implemented directly by UN agencies including procurement of relief goods | 1,372,981 |
| Funds transferred to Government partners* | \$217,046 |
| Funds transferred to International NGOs partners* | \$550,968 |
| Funds transferred to National NGOs partners* | \$734,467 |
| Funds transferred to Red Cross/Red Crescent partners* | \$281,612 |
| Total funds transferred to implementing partners (IP)* | \$1,784,093 |
| TOTAL | 3,157,660 |

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

A 5.9 magnitude earthquake struck the North-Western Departments, Artibonite and Northern Haiti on Saturday, October 6, causing significant loss of life and material damage. The government didn't request initially assistance from the humanitarian community to support the response. The national authorities mobilized State resources to assist the affected populations and endeavoured to address the emergency response, ensuring search and rescue, health care for the injured and their evacuation (with the assistance of health partners), assessment and clearing of damaged buildings, distribution of NFIs and food (taken from school canteen stocks). Sectoral request for support were done afterwards (weeks after) directly by line Ministers.

The official partial damage balance sheet of the authorities as at 10 October 2018 showed 18 deaths, 548 wounded and nearly 11,134 families affected. These figures were then increased considerably, by more than twice as much in terms of destruction and affected families, when the reports from the various municipalities reached the national level. Partners were then solicited and authorized to provide support.

The material damage, according to the latest consolidated figures from the COUD (departmental emergency operations centre) reports and the official final report (still a draft), indicates that a total of 31 500 families were affected, 2,668 houses were destroyed and 29,433 houses damaged in the 3 departments, 8 schools were totally destroyed and 171 severely damaged, posing a risk to the safety of children, 7 health centres and hospitals were destroyed or damaged, and public buildings (75) such as the prison in Port de Paix. According to initial reports and supplementary assessments, the sectors that have been most affected are health, education, shelter and access to water and sanitation.

The intervention with CERF Rapid Response funds targeted part of the 31,500 families affected (around 157,500 people) by the earthquake, the most vulnerable and in a situation of humanitarian risks that was still endangering their lives. The CERF Rapid Response funds targeted an estimated population of 38,555 people as follows: 2,350 displaced (Northwest only) and highly vulnerable people who have completely lost their homes and 36,205 affected and vulnerable people in communities. The priority municipalities are in the North-West: Port-de-Paix, Saint-Louis du Nord, Bassin Bleu, Jean Rabel; in Artibonite: Gros Morne, and in the North: Plaisance and Pilate.

The fund enabled the functional rehabilitation of WASH structures in schools that have become totally unusable or pose a serious danger to children (5,000 children are concerned, in Pilates, Plaisance, Bassin Bleu and St Louis du Nord).

Finally, the fund was used to provide NFIs kits to 2,300 families or 12,500 people while enabling the rapid restoration of basic social services such as access to water in schools, access to reproductive health, access to education and access to temporary shelters to enable rehabilitation of damaged houses.

3. PRIORITIZATION PROCESS

Following a field mission conducted in early November 2018 by the Humanitarian Coordinator accompanied by part of the country humanitarian team, lead and co-lead sectors including Health, Education and Wash, and jointly with Civil Protection officials including the Director, the findings were made that in the view of the extent of unmet needs, the urgent need for the humanitarian community was to be able to implement a rapid and adequate response to the emergency. The late request of a CERF support was then justified by the urgent needs on the ground and to address the delays observed in the beginning of the emergency given that the national authorities were unwilling to call for an international, clear and common request of support. The late CERF request was then a more sized appeal that could be launched and given the extremely fragile political context (the country has been paralysed by a major social movement for several months that has been growing since October 2018). The mission took care to discuss with local authorities and partners on the ground all the needs not covered in order to agree on a response strategy. Intervention criteria have been defined to address the most urgent needs to preserve life, while ensuring that the affected families are supported, as well as the entire community in order to promote a rapid return for all to the situation before the earthquake. Thus, the choice was made for the Health, Education, Water and Sanitation and Shelter/NFIs sectors. In the area of health, consideration was given to strengthening the emergency response capacities of local health structures, as well as to emergency reproductive health (childbirth, pregnancy and birth monitoring) and the management of sexual violence.

The severity and urgency of the needs guided the choice made by the sectors as well as the capacity to implement the response (limited to a maximum of 6 months). The other criterion considered was the response and funding already committed by the agencies and the need to support and complement what has been done so far. Finally, it was a question of increasing the chances of funding by other traditional donors who have not had the opportunity, in the absence of a coordinated traditional response, to mobilize on what they can finance.

4. CERF RESULTS

“CERF allocated \$3.1 million to Haiti from its Rapid Response window to respond to the emergency following the earthquake that struck the North part of the country on 6 October 2019 and to provide life-saving assistance to affected people in terms of health, Non-food items, water and education in emergencies. This funding enabled UN agencies and partners to provide the critical assistance.”

CERF's intervention targeted 57,707 people affected by the October 2018 earthquake. CERF's priority was on: the departments of the North-West were the most affected people by earthquake was and North and Artibonite departments also affected mainly on community infrastructures. The priority municipalities were in the North-West: Port-de-Paix, Saint-Louis du Nord, Bassin Bleu, Jean Rabel; in Artibonite: Gros Morne, and in the North: Plaisance and Pilate.

In terms of results per sector, the following achievements were highlighted:

Emergency shelters and NFI:

- 2,500 most vulnerable households in need of life saving assistance, have received plastic sheeting and Hygiene kits from OIM.
- 3,200 most vulnerable Households whose houses were destroyed or severely damaged following the earthquake were served with larger plastic sheeting including fixing kits and hygiene kits from OIM.

Health/maternity health/GBV:

- In the early stages after the earthquake, UNFPA agreed with the Ministry of Health to provide SRH (Sexual Reproductive Health) services including Clinical Management of Rape.
- The project assisted directly a total of more than 16,000 people from which 12,671 female persons and 3,387 males.
- Among the females, 10,783 (67%) are women and girls of childbearing age; and 12% are under 15 years old.

- Our partners realized 26 Mobile clinics in remote areas reaching 9,656 persons of which 6,361 females (66%).
- 199 youths attended community awareness sessions on various topics such as: hands washing technic, human/food hygiene, STDs, family planning, signs of pregnancy risks, causes and prevention of malaria/ cervical cancer.
- At the institution level, 4,437 first prenatal consultations have been performed to so many women and girls of childbearing age. Among these women and girls, 1,389 gave birth in health facilities.
- Moreover, with the support of the project, 1,292 women and girls adopted for the first time a modern method of family planning; the new users are distributed as follows: Pills: 251; Injectable: 948; Implants: 91; and IUD: 2.
- With the CERF, 83 cases of gender-based violence (mostly physical violence) were managed in the 6 health institutions while 186 women and 1 man were assisted at the safe spaces for GBV issues where 13 group therapy sessions were held at community level for them.
- 28 natural helpers were trained in psychological trauma management for screening and referral in the 2 Safe spaces at community level for the psychosocial and economic management of GBV survivors.
- Education and WASH:
- UNICEF and its partners ensured 6,084 students, teachers and inspectors (2,905 girls and women) could resume education in furnished temporary learning spaces, with safe WASH facilities.
- 4,970 children and teachers (2,601 girls and women) have now proper education material
- 6,904 children, teachers, inspectors (2,985 girls and women) and 140 staffs of the Directorates of Education are aware of life-saving skills and practices related to health, hygiene, psycho-social support and disaster risk reduction.
- The project also provided access to quality education and WASH services to 12,792 children 6 to 18 y. o. (6,548 girls and 6,244 boys) in 37 schools affected by the earthquake in Artibonite, North and North-West Departments of Haiti.

5. PEOPLE REACHED

CERF's intervention targeted 38,555 people affected by the October 2018 earthquake and was able to reach 57,707 people with a rough 19,152 more people assisted on the initial target. All the sectors education, health-GBV, WASH and shelters/NFI were able to assist more people than their initial target due to some large-scale activities that could benefit a large number of people. Schools kits distribution, psycho-social support, mobile clinics, wash rehabilitation of water facilities, plastic sitting distribution and NFI kits were those activities which have benefited a large number of people than initially planned. The estimation of figures was done by counting only the high figures in each sector to avoid counting the same people multiple times.

18-RR-HTI-33497 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

| Cluster/Sector | Female | | | Male | | | Total | | |
|----------------------------------------------------------|--------------|--------------|---------------|-------------|------------|---------------|-----------------|---------------|---------------|
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Education - Education | 2,943 | 53 | 2,995 | 2,806 | 107 | 2,914 | 5,749 | 160 | 5,909 |
| Emergency Shelter and NFI - Non-Food Items | 7,983 | 9,057 | 17,040 | 4,815 | 6,645 | 11,460 | 12,798 | 15,702 | 28,500 |
| Health - Health | 1,888 | 10,783 | 12,671 | 1,514 | 1,874 | 3,387 | 3,402 | 12,657 | 16,059 |
| Water Sanitation Hygiene - Water, Sanitation and Hygiene | 3,605 | 64 | 3,670 | 3,438 | 132 | 3,569 | 7,043 | 196 | 7,239 |

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

18-RR-HTI-33497 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

| | Female | | | Male | | | Total | | |
|----------------|-----------------|-----------------|---------------|----------------|---------------|---------------|--------------------|------------------|---------------|
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Planned | 9,255 | 18,642 | 27,897 | 6,651 | 4,007 | 10,658 | 15,906 | 22,649 | 38,555 |
| Reached | 16,419 | 19,957 | 36,376 | 12,573 | 8,758 | 21,330 | 28,992 | 28,715 | 57,707 |

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

18-RR-HTI-33497 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

| Category | Number of people (Planned) | Number of people (Reached) |
|-------------------------------------|----------------------------|----------------------------|
| Refugees | 0 | 0 |
| IDPs | 2,350 | 0 |
| Host population | 0 | 0 |
| Affected people (none of the above) | 36,205 | 57,707 |
| Total (same as in table 5) | 38,555 | 57,707 |

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☒

PARTIALLY ☐

NO ☐

Yes, the CERF funds have led to a fast delivery of assistance to people in need as it has quick start activities with much needed initial humanitarian assistance.

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

YES ☒

PARTIALLY ☐

NO ☐

Yes, the CERF funds did help respond to time-critical needs on health, shelters/NFIs, wash and education. The CERF funds were pivotal to respond to the emergency and to address quickly a shock which could have had more consequences if not addressed given the affected area, three of the poorest regions of Haiti and difficult to access.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒

PARTIALLY ☐

NO ☐

Yes, the CERF has improved coordination amongst the humanitarian community by encouraging the multi-sectoral approach within the sectors and by making working jointly UN agencies and other implementing partners on complementary projects on health, protection, education, Shelter/NFI and WASH.

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

YES ☐

PARTIALLY ☒

NO ☐

Given the difficult funding context which prevailed in 2018, the CERF funds helped partially to improve the resource mobilization around the small-scale humanitarian emergency response that the HCT could put in place. But the funding was key for life saving activities and for maintaining vital activities in health, WASH, Shelter/NFI, education and protection.

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

Overall, the CERF helped to address emergency response needs of people affected by October 2018 earthquake and re-establish essential services such as health, sexual reproductive health, education and protection. The CERF has notably helped to propose temporally learning mechanisms in case of crisis affecting schools. The Ministry of Education has appreciated the education project and has committed to duplicate the concept if needed in future emergency settings.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

| Lessons learned | Suggestion for follow-up/improvement |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Make sure the sustainability of emergency actions is clear | Actively involve the recipient UN agencies to work with the communities including voluntary committee leaders, community agents, officials and other local partners in designing the emergency actions. |
| Diversify partners to reach all the communities | To continue to encourage UN agencies to implement a certain percentage of CERF grants through national and local partners |

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| The Education project has worked towards establishing the nexus between emergency response and development activities, ensuring the temporary learning spaces could last long enough to allow national authorities to finalize the reconstruction of the affected school infrastructures. | Follow up with the Education sector/ intersector to have the temporarily learning mechanism adopted as best practice in case of emergency. | Recipient UN agencies, Government and implementing partners |
| Implement activities as quickly as possible. | Improve follow-up and monitoring of CERF implementation projects with regular monitoring visits | Recipient UN agencies and implementing partners |
| Constantly dialogue with OCHA, the HC office and the CERF secretariat to adjust projects if necessary. | Have regular meeting and dialogue framework (formalize the AARs) throughout the implementation of the CERF. This framework is to establish for the next CERF | Recipient UN agencies and implementing partners and OCHA CERF Focal Point |

PART II

8. Project Reports

8.1. Project Report 18-RR-IOM-039 - IOM

| 1. Project Information | | | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------|
| 1. Agency: | IOM | 2. Country: | Haiti |
| 3. Cluster/Sector: | Emergency Shelter and NFI - Non-Food Items | 4. Project Code (CERF): | 18-RR-IOM-039 |
| 5. Project Title: | Shelter and NFI Assistance for the most vulnerable earthquake-affected People in the departments of North-West, Artibonite and North, Haiti | | |
| 6.a Original Start Date: | 01/12/2018 | 6.b Original End Date: | 31/05/2019 |
| 6.c No-cost Extension: | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | if yes, specify revised end date: | N/A |
| 6.d Were all activities concluded by the end date? (including NCE date) | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3) | |
| 7. Funding | a. Total requirement for agency's sector response to current emergency: | | US\$ 2,096,787 |
| | b. Total funding received for agency's sector response to current emergency: | | US\$ 888,661 |
| | c. Amount received from CERF: | | US\$ 648,661 |
| | d. Total CERF funds forwarded to implementing partners of which to: | | US\$ 4,937 |
| | Government Partners | | US\$ 4,937 |
| | International NGOs | | US\$ 0 |
| | | National NGOs | US\$ 0 |
| | | Red Cross/Crescent | US\$ 0 |

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, IOM, during the entire project implementation period, provided the following support to the Government of Haiti (GoH):

- 10 multi-sectoral (DRR/Protection/NFI/Registration) IOM emergency staff + 2 staff from national DPC office + 60 DPC brigadiers have been deployed to support the distribution of emergency non-foods items (NFI) to the most vulnerable Earthquake affected families in the municipalities of Pilate and Plaisance, in North Department; Gros-Morne and Terre Neuve, in Artibonite and Bassin-Bleu, in the North-West Department.
- 2,500 most vulnerable households in need of life saving assistance, have received plastic sheeting and Hygiene kits.
- 3,200 most vulnerable Households whose houses were destroyed or severely damaged following the earthquake were served with larger plastic sheeting including fixing kits and hygiene kits.

3. Changes and Amendments

As the Government of Haiti wasn't fully supported for the use of tents in the affected communities by earthquake and prior consultation with the donor, IOM along with the Head of DPC procured 3200 larger plastic sheeting (instead of tents), plus 3,200 hygiene kits and 3,200 fixing kits. These unforeseen items were delivered to the most vulnerable households whose houses were destroyed or severely damaged in the aftermath of the Earthquake.

The distribution was made following the same criteria that would have been applied for planned number of families with tents. The 3,200 most vulnerable households whose houses had been destroyed received larger plastic sheeting, fixing kits and hygiene kits. The first vulnerable group prioritized included: households which are headed by a single woman, number of children, presence of elderly and/or persons with disabilities or affected by HIV/SIDA. A second vulnerable group prioritized was of 2,500 households whose houses had been severely damaged and received plastic sheeting and hygiene kits.

These unforeseen changes have had an impact on the number of beneficiaries that were achieved 28,500 individuals, or 5,700 households, which incremented the number of beneficiaries in 12,500 individuals more.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

| | Female | | | Male | | | Total | | |
|----------------|-----------------|-----------------|---------------|----------------|---------------|---------------|--------------------|------------------|---------------|
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Planned | 3,360 | 4,640 | 8,000 | 3,360 | 4,640 | 8,000 | 6,720 | 9,280 | 16,000 |
| Reached | 7,983 | 9,057 | 17,040 | 4,815 | 6,645 | 11,460 | 12,798 | 15,702 | 28,500 |

4.b Number of people directly assisted with CERF funding by category

| Category | Number of people (Planned) | Number of people (Reached) |
|-------------------------------------|----------------------------|----------------------------|
| Refugees | 0 | 0 |
| IDPs | 0 | 0 |
| Host population | 0 | 0 |
| Affected people (none of the above) | 16,000 | 28,500 |
| Total (same as in 4a) | 16,000 | 28,500 |

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

The planned number of beneficiaries exceed largely with 12,500 people additionally, due to the change of one item: tent by the plastic sheeting but added fixing kits and hygiene kits. The changed was made as per Government request and with the approval of OCHA locally as no extra cost was involved.

5. CERF Result Framework

| | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Project Objective | Provide Shelter and NFI Assistance to the Most Vulnerable People Affected by the October 2018 Earthquake in the departments of North-West, Artibonite and North. |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Output 1 | Emergency NFIs are procured and distributed | | | |
|-----------------|-----------------------------------------------------------------------------------------|--------|----------|----------------------------|
| Indicators | Description | Target | Achieved | Source of Verification |
| Indicator 1.1 | # of NFI procured nationally (hygiene kits) | 2,500 | 5700 | IOM Procurement documents |
| Indicator 1.2 | # of NFIs procured internationally (plastic sheeting) | 2,500 | 5700 | IOM Procurement documents |
| Indicator 1.3 | # of larger plastic sheeting including fixing kits and hygiene kits procured nationally | 3,200 | 3200 | IOM Procurements documents |

| | | | | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------|
| Indicator 1.4 | # of households provided with a NFI Kit (hygiene kits and plastic sheeting) | 2,500 households corresponding to approximately 12,500 individuals. (6,250 women and 6,250 men; 5,2 | 2500 | DPC & IOM Distribution report |
| Indicator 1.5 | # of households provided with larger plastic sheetings including fixing kits and Hygiene kits. | 3,200 households, corresponding to approximately 16,000 individuals. | 3200 | DPC & IOM Distribution report |
| Explanation of output and indicators variance: | | As explained in the section 11, based on DPC recommendations and under OCHA country office approval, IOM instead of family tents, has procured 3200 larger plastic sheetings plus 3200 fixing kits and 3200 hygiene kits and distributed them to the most vulnerable earthquake affected population. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | National procurement of hygiene kits: 2,500 units | IOM | | |
| Activity 1.2 | International procurement of Plastics sheeting, 4mX6m: 2,500 units | IOM | | |
| Activity 1.3 | National procurement of larger plastic sheetings including fixing kits and Hygiene kits: 3,200 units | IOM | | |
| Activity 1.4 | Distribution of NFI Kits (Plastics sheeting, 4mX6m: 2500 units, Hygiene Kits: 2500 units | DPC & IOM | | |
| Activity 1.5 | Distribution of larger plastic sheetings including fixing kits and Hygiene kits: 3,200 units | DPC & IOM | | |

| | | | | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|
| Output 2 | Post-distribution monitoring (PDM) conducted | | | |
| Indicators | Description | Target | Achieved | Source of Verification |
| Indicator 2.1 | # of communities targeted in the PDM | 4 | 5 | PDM report |
| Indicator 2.2 | % of households reporting being satisfied with the assistance received | 50% or 6,250 individuals | 65% or 18,525 | PDM report |
| Explanation of output and indicators variance: | | As per DPC recommendations, the PDM was conducted in the five (5) communities targeted for the distribution operations., the PDM report revealed that 65% (18,525 of the targeted population were satisfied with the assistance received. | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Post-Distribution Monitoring including satisfactory survey in the targeted disaster affected areas | DPC and IOM | | |

6. Accountability to Affected People

A) Project design and planning phase:

The targeted communities' representatives along with DPC authorities at national and local levels were fully involved in the composition of the tailored emergency NFIs to be distributed to the most vulnerable earthquake affected population, prioritizing the security of beneficiaries. Accordingly, all assistance was provided on a voluntary basis. IOM was bound by the victim confidentiality protocol to ensure the victims' personal security is given the highest priority. Furthermore, IOM planned that the beneficiaries of the emergency NFIs kits were selected using vulnerability criteria and prioritizing single women head of households. Also, IOM has incorporated lessons learned from previous projects into this Action.

B) Project implementation phase:

IOM project operational team, with the support of DPC representatives at the targeted departments as well as the mayors of the targeted municipalities, was able to select the most vulnerable households to provide life-saving assistance including plastic sheeting, fixing kits and Hygiene kits. Moreover, lists of beneficiaries were discussed with local authorities including CASECs, ASECs and communities, associations groups in order to ensure that the most vulnerable earthquake affected people were assisted.

C) Project monitoring and evaluation:

Monitoring and evaluation field visits were conducted during implementation period. Several distribution reports were provided by the project operational team. Moreover, IOM's data and Tracking monitoring unit played a crucial role in the monitoring mechanism especially by providing mapping, data assessment and data collection from the targeted earthquake affected communities. In addition, a Post distribution Monitoring, including a satisfactory survey was conducted in collaboration of DPC authorities at National and departmental levels.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI) ?

| Planned | Actual |
|---------|--------|
| No | No |

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

| | |
|-----|-----------------------------------------------------------|
| N/A | EVALUATION CARRIED OUT <input type="checkbox"/> |
| | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

8.2. Project Report 18-RR-FPA-049 - UNFPA

| 1. Project Information | | | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------|
| 1. Agency: | UNFPA | 2. Country: | Haiti |
| 3. Cluster/Sector: | Health - Health | 4. Project Code (CERF): | 18-RR-FPA-049 |
| 5. Project Title: | Response to increased sexual and reproductive health needs for women and girls including GBV survivors in the North West department in the aftermath of the earthquake | | |
| 6.a Original Start Date: | 27/12/2018 | 6.b Original End Date: | 26/06/2019 |
| 6.c No-cost Extension: | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | if yes, specify revised end date: | N/A |
| 6.d Were all activities concluded by the end date? (including NCE date) | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3) | |
| 7. Funding | a. Total requirement for agency's sector response to current emergency: | | US\$ 6,050,000 |
| | b. Total funding received for agency's sector response to current emergency: | | US\$ 419,420 |
| | c. Amount received from CERF: | | US\$ 389,420 |
| | d. Total CERF funds forwarded to implementing partners of which to: | | US\$ 165,799 |
| | Government Partners | | US\$ 56,474 |
| | International NGOs | | US\$ 0 |
| | National NGOs | | US\$ 109,325 |
| | Red Cross/Crescent | | US\$ 0 |

| 2. Project Results Summary/Overall Performance |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>UNFPA has taken a challenging role as the organisation responsible for serving Sexual and Reproductive Health services in the North-West population and beyond, after the aftermath of the earthquake in October 2018. The organization managed the appeal for funding of his key partners to meet the needs despite many challenges. In the early stages after the earthquake, UNFPA agreed with the Ministry of Health to provide SRH services including Clinical Management of Rape. The project assisted directly a total of more than 16,000 people from which 12,671 female persons and 3,387 males. Among the females, 10,783 (67%) are women and girls of childbearing age; and 12% are under 15 years old. Our partners realized 26 Mobile clinics in remote areas reaching 9,656 persons of which 6,361 females (66%). 199 youths attended community awareness sessions on various topics such as: hands washing technic, human/food hygiene, STDs, family planning, signs of pregnancy risks, causes and prevention of malaria/ cervical cancer. At the institution level, 4,437 first prenatal consultations have been performed to so many women and girls of childbearing age. Among these women and girls, 1,389 gave birth in health facilities. Moreover, with the support of the project, 1,292 women and girls adopted for the first time a modern method of family planning; the new users are distributed as follows: Pills: 251; Injectable: 948; Implants: 91; and IUD: 2. With the CERF, 83 cases of gender based violence (mostly physical violence) were managed in the 6 health institutions while 186 women and 1 man were assisted at the safe spaces for GBV issues where 13 group therapy sessions were held at community level for them. 28 natural helpers were trained in psychological trauma management for screening and referral in the 2 Safe spaces at community level for the psychosocial and economic management of GBV survivors. However, young people's awareness on sexual health was launched a bit late; as well as home visits in postpartum. Although late, 249 young people were sensitized with the support of the project; also, 155 lactating women were visited at home. In short, the sustainability of the CERF project is ensured with the midwife project that took over. It is the opportunity to take advantage of the lessons learned in order to improve the implementation of the new project for the benefit of the people of the North-West department, particularly women and girls of childbearing age. UNFPA has performed well and promoted a large cooperation among United Nations Agency, Governmental entities and civil society. UNFPA provides an array of relief measures from reinforcement of health facilities, mobile clinics to essential non-material items such as hygiene kits to beneficiaries.</p> |

3. Changes and Amendments

Effective coordination has been facilitated by UNFPA's leadership and key personnel to support knowledge-sharing and decision-making. Due to challenges related to socio-political context (especially riots leading to roadblocks), the belated agreement between UNFPA and DSNO nevertheless create delays in the implementation of activities and sap limited time in ways that could have a lasting impact. Therefore, activities effectively started at the beginning of March when the situation were more calm while remaining volatile. Due to higher need, 26 mobile clinics were made instead of the 15 initially planned to benefit 9,656 people. The challenges for coordinating the response were made more complex by the political environment and the consequent economic deterioration which worsen the situation and needs requiring an increase in the dignity kits, kitchen kits and solar lamps purchased. Notwithstanding these constraints, UNFPA delivered strongly on its mandate and have overseen an effective assistance programme.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

| | Female | | | Male | | | Total | | |
|----------------|--------------|--------------|---------------|-------------|------------|--------------|-----------------|---------------|---------------|
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Planned | 2,200 | 9,900 | 12,100 | 200 | 700 | 900 | 2,400 | 10,600 | 13,000 |
| Reached | 1,888 | 10,783 | 12,671 | 1,514 | 1,874 | 3,387 | 3,402 | 12,657 | 16,059 |

4.b Number of people directly assisted with CERF funding by category

| Category | Number of people (Planned) | Number of people (Reached) |
|-------------------------------------|----------------------------|----------------------------|
| Refugees | 0 | 0 |
| IDPs | 2,350 | 0 |
| Host population | 0 | 0 |
| Affected people (none of the above) | 10,650 | 16,059 |
| Total (same as in 4a) | 13,000 | 16,059 |

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

During the project implementation, there were no camps at the affected regions therefore 16,059 people affected were reached with no IDPs. The data gathering indicators didn't take into consideration IDPs information.

5. CERF Result Framework

| | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Project Objective | Ensure rapid access to sexual and reproductive services including psychosocial support and GBV care to 18,000 women/girls and 1300 men/boys affected by the earthquake in the North-West department. |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Output 1 | Scale-up emergency response in 6 health institutions providing EmOnC for the rapid care of pregnant women/girls and GBV/rape survivors: | | | |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|-------------------------------------------|
| Indicators | Description | Target | Achieved | Source of Verification |
| Indicator 1.1 | Number of health institutions properly equipped and supplied to provide quality SRH care through SRH kits (including midwifery kits, rape kits and other medical supplies) | 6 | 6 | Progress report, receipt form of material |

| | | | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Indicator 1.2 | Number of women and girls that could benefit from the 10 rape kits deployed in health institutions | 300 adults et 80 children (under 15 years) | 12 kits (720 adults and 120 children) | Purchase order, receipt form of material |
| Indicator 1.3 | Number of women/girls and newborns that benefited from SRMNH care provided by midwives and health providers in the 6 supported Emoncs | 2,700 from which 700 births deliveries | 5,729 from which 1,389 birth deliveries | Health facilities monthly and three-monthly reports. Collection of data in the archives of the 6 health institutions involved in the project |
| Explanation of output and indicators variance: | | For the indicator 1.2, the project exceeds the target due to continued support to the health institutions. Then, the dynamism created by the transition Humanitarian (CERF) to development project with the launch of the midwifery project is to be noted. The 6 institutions provided first prenatal consultations to 4,437 women and girls, performed 1,389 deliveries at institutional level added to 155 breastfeeding women visited in their communities and 1,292 new users of family planning. Instead of 10 rape kits, 12 were purchased to meet the current needs. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Supply 06 EmOnc with dignity kits, commodities and medical equipment to provide services to more than 13,000 women of childbearing age | UNFPA/MSPP-DSNO | | |
| Activity 1.2 | Deploy 3A kits (rape kits) in referral hospitals for the clinical management of women victims of sexual violence and set up GBV units (training, equipment, space planning) in this hospital | DSNO | | |
| Activity 1.3 | Deploy 12 qualified midwives to strengthen the capacity of health institutions/maternity to deliver emergency maternal, norm and reproductive health services to 2700 pregnant women/girls and newborns | UNFPA/MSPP-DSNO | | |
| Activity 1.4 | Distribution of 3A kits (rape kits) in referral hospitals for the clinical management of women victims of sexual violence and set up GBV units (training, equipment, space planning) in this hospital | UNFPA/MSPP-DSNO | | |
| Activity 1.5 | Deploy 12 qualified midwives to strengthen the capacity of health institutions/maternity to deliver emergency maternal, newborn and reproductive health services to 2,700 pregnant women/girls and newborns | UNFPA/MSPP-DSNO | | |

| | | | | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------------------------------------------------------------------------------------------------------------|
| Output 2 | Women and girls of childbearing age benefit from outreach sexual and reproductive health services in 09 earthquake-affected communities | | | |
| Indicators | Description | Target | Achieved | Source of Verification |
| Indicator 2.1 | Number of women in childbearing age (15-49) that benefited from SRH care through mobile clinics in remote areas of project implementation | 6.300 | 4,573 | Count of beneficiaries by age and sex during the implementation of mobile clinics and Final report submitted by CDS |
| Indicator 2.2 | Number of women/girls in postpartum period and sexual violence survivors that were home visited during the project implementation | 700 | 155 | Collection of data in the archives of the 6 health institutions involved in the project |

| | | | | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Indicator 2.3 | Number of people sensitized, informed and educated on SRH/GBV issues in the remote communities | 700 | 249 | Collection of data in the archives of the 6 health institutions involved in the project |
| Indicator 2.4 | Number of young girls and boys that benefited from GBV/SRH education and counselling including psychosocial support in the earthquake affected areas | 2200(200 boys and 2000 girls) | 3,250 (1,788 girls and 1,462 boys) | Group of youth benefitting SRH/GBV sensitization activities during mobile clinics |
| Indicator 2.5 | Number of women assisted in the safe safe spaces | 400 women (50 per month per space) | 186 | Activity report available |
| Indicator 2.6 | Number of dignity kits, kitchen kits and solar lamps distributed | 883 (480 dignity kits; 200 kitchen kits and 203 solar lamps | 1,110 dignity kits, 203 kitchen kits, 212 solar lamps | Purchase order and receipt form |
| Explanation of output and indicators variance: | | <p>Regarding to indicator 2.1, a total of 9,656 people benefited of the 26 mobile clinics realized in the project area, from which 4,573 women 15-49 years old; 1,788 female children and adolescent girls under 15; 1,462 male children and boys under 15; and 1,833 males (Young and adults).</p> <p>Regarding to indicator 2.2. only 155 home visits in postpartum have been performed. This low performance is linked to the difficulty of hiring midwives in the institutions despite the project's efforts. The existing staff provided postnatal services at the institutional level. A total of 617 postpartum consultations have been performed at the institutional level.</p> | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Organize 16 mobile clinics in the most affected communities for at least 6,300 people (one a weekly basis) | CDS | | |
| Activity 2.2 | Conduct home visits for vulnerable women, especially pregnant women, in the post-partum period and young mothers, and follow-up of GBV survivors (approximately 700 people targeted) | MSPP-DSNO | | |
| Activity 2.3 | Organize preventive community gatherings on SRH/VBG issues in the Emonc catchment areas | MSPP-DSNO/MCFDF | | |
| Activity 2.4 | Set up temporary spaces reserved to the most vulnerable girls aged 10 to 19 years for SRH/GBV awareness-raising, psychological support especially in shelters of the most affected areas | HAGN | | |
| Activity 2.5 | Set up 2 safe spaces for women and girls, victim of rape/ GBV or psychological trauma to provide psychosocial support, counselling on SRH care and referral for clinical care | SOFA | | |
| Activity 2.6 | Acquisition and distribution of dignity kits, solar lamps and kitchen kits (480 dignity kits, 200 solar lamps and 203 kitchen kits) | UNFPA/MSPP-DSNO/MCFDF | | |

| | | | | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|-------------------------------------|
| Output 3 | Strengthened monitoring and technical capacity of national actors on emergency preparedness and response aspects of SRH/GBS: | | | |
| Indicators | Description | Target | Achieved | Source of Verification |
| Indicator 3.1 | Number of health providers and government and local coordinators trained on MISP in the North West department | 40 | 32 | Attendance list and training report |

| Indicator 3.2 | Number of joint supervision missions conducted by DSNO, MCFDF and COUD (2 per month) | 12 | 14 | Mission reports are available |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------|
| Indicator 3.3 | Review workshop on project implementation and post disaster interventions in the department realized by DSNO, COUD, MCFDF, UNFPA, HAGN, CDS, SOFA and other actors in the department | YES | No | Mission report available |
| Explanation of output and indicators variance: | | Regarding Indicator 3.2, 14 supervision missions were realized unfortunately they were not made jointly with other institutions but mainly realized by DSNO. The Indicator 3.3 related to the workshop review has been cancel instead a joint mission to collect feedback and lessons learnt has been made. | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Rapid emergency training of 40 health providers and key stakeholders on the Minimum Initial Service Package (MISP) for SRH and clinical management of rape and set up a coordination at departmental level for monitoring of interventions | CDS/DSNO/UNFPA | | |
| Activity 3.2 | Strengthen joint departmental supervision by connecting the three levels of response in SRH/GBV (namely the COUD Departmental emergency operations center, Departmental health Directorate and Departmental Women's Affair directorate) | DSNO/UNFPA | | |
| Activity 3.3 | Organize the review and document the actions implemented within the project | UNFPA/DSNO | | |

6. Accountability to Affected People

A) Project design and planning phase:

This project has a people-centred and rights-based approach as it took into consideration data from initial assessment of national counterparts after the earthquake. It is based on acute needs at community and institutional levels then decision-making take place directly with national counterparts. A workshop has been held at the beginning of implementation phase to clarify the division of work among organizations and better defining their roles and responsibilities in this response.

B) Project implementation phase:

Beneficiaries particularly women and girls while receiving humanitarian assistance were able to provide feedback to implementing partners especially during community meetings and mobile clinics. Communication efforts from UNFPA have thus far been directed more towards partners, then, effective two-way communication has been in place by these implementing partners to ensure transparency and accountability. Pregnant women visiting the health facilities were heard by the highly qualified midwives that this project provided in the affected areas either at institutional or at community level.

C) Project monitoring and evaluation:

During our field visits, beneficiaries and health facilities staff were directly contact to provide feedback about the project. An orientation session has been held with the project key stakeholders to discuss roles and responsibilities in order to define implementation strategies on the field. In order to evaluate the implementation of our interventions, a mission has been made by UNFPA staff, the departmental directorate of Ministry of health (MSPP), the Centres pour le Developpement et la Sante (CDS) and other key partners.

| 7. Cash-Based Interventions | |
|-----------------------------------------------------------------------|--------|
| Did the project include one or more Cash Based Intervention(s) (CBI)? | |
| Planned | Actual |
| No | No |

| 8. Evaluation: Has this project been evaluated or is an evaluation pending? | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| No. It is a project implemented for only four months. Haiti Country Office believes that the report format already takes into account all project performance indicators. Secondly, the lessons learned are already noted and used to improve the ongoing midwife project. | EVALUATION CARRIED OUT <input type="checkbox"/> |
| | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

8.3. Project Report 18-RR-CEF-126 – UNICEF

| 1. Project Information | | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|
| 1. Agency: | UNICEF | 2. Country: | Haiti |
| 3. Cluster/Sector: | Education - Education | 4. Project Code (CERF): | 18-RR-CEF-126 |
| 5. Project Title: | Rapid response for restoration of safe education and WASH services for 5,000 Haitian students affected by the earthquake of October 6th, 2018 | | |
| 6.a Original Start date: | 26/12/2018 | 6.b Original End Date: | 25/06/2019 |
| 6.c No-cost Extension: | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | if yes, specify revised end date: | N/A |
| 6.d Were all activities concluded by the end date? (including NCE date) | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3) | |
| 7. Funding | a. Total requirement for agency's sector response to current emergency: | | US\$ 13,800,000 |
| | b. Total funding received for agency's sector response to current emergency: | | US\$ 2,119,579 |
| | c. Amount received from CERF: | | US\$ 2,119,579 |
| | d. Total CERF funds forwarded to implementing partners | | US\$ 1,628,761 |
| | of which to: | | |
| | Government Partners | | US\$ 156,222 |
| International NGOs | | US\$ 550,98 | |
| National NGOs | | US\$ 639,959 | |
| Red Cross/Crescent | | US\$ 281,612 | |

| 2. Project Results Summary/Overall Performance |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Through this CERF RR grant, UNICEF and its partners ensured 6,084 students, teachers and inspectors (2,905 girls and women) could resume education in furnished temporary learning spaces, with safe WASH facilities. Moreover, 4,970 children and teachers (2,601 girls and women) have now proper education material, while 6,904 children, teachers, inspectors (2,985 girls and women) and 140 staffs of the Directorates of Education are aware of life-saving skills and practices related to health, hygiene, psycho-social support and disaster risk reduction.</p> <p>The project also provided access to quality education and WASH services to 10,678 children 6 to 18 y. o. (5294 girls and 4869 boys) in 32 schools affected by the earthquake in Artibonite, North and North-West Departments of Haiti.</p> <p>This project has worked towards establishing the nexus between emergency response and development activities, ensuring the temporary learning spaces could last long enough to allow national authorities to finalize the reconstruction of the affected school infrastructures. Moreover, to incorporate some requests from the education communities in the temporary learning spaces' features and design, UNICEF supplemented CERF funding with its own resources (around 65,000 USD).</p> |

| 3. Changes and Amendments |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No changes nor amendments requiring approval from CERF secretariat were made on the original project proposal. Due to the political turmoil and civil unrest that have been affecting the country since February 2019, some delays in the implementation were registered. UNICEF implementing partners have adjusted the implementation of the planned activities within the agreed timeframe. Globally, the implementation of the project was carried out as planned for the satisfaction of the beneficiaries as reported in the beneficiary satisfaction survey conducted in a sample of 18 targeted schools. All the funds provided by CERF have been utilized.</p> |

| 4. People Reached | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|----------------------------|------------------------|----------------------|--------|
| 4.a Number of people directly assisted with CERF funding by age group and sex | | | | | | | | | |
| | Female | | | Male | | | Total | | |
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Planned | 2,450 | 68 | 2,518 | 2,550 | 72 | 2,622 | 5,000 | 140 | 5,140 |
| Reached | 6,548 | 117 | 6,665 | 6,244 | 239 | 6,483 | 12,792 | 356 | 13,148 |
| 4.b Number of people directly assisted with CERF funding by category | | | | | | | | | |
| Category | Number of people (Planned) | | | | | Number of people (Reached) | | | |
| Refugees | 0 | | | | | 0 | | | |
| IDPs | 0 | | | | | 0 | | | |
| Host population | 0 | | | | | 0 | | | |
| Affected people (none of the above) | 5,140 | | | | | 13,148 | | | |
| Total (same as in 4a) | 5,140 | | | | | 13,158 | | | |
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | | | In total 37 schools were targeted, 16 schools benefited from both interventions, 5 schools from Education interventions only, and 16 schools benefited from WASH interventions only, where sanitary blocs and water points had been damaged by the earthquake whereas classrooms remained in good shape. The extra WASH activities where no education activities took place contributed to increase the number of beneficiaries reached vs. planned. | | | | | | |

| 5. CERF Result Framework | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Project Objective | Provide access to quality education and WASH services to 5,000 children (5 to 18 y.o.) in 20 schools affected by the earthquake in Artibonite, the North-west and the North Departments of Haiti. |

| | | | | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------|
| Output 1 | Students resume education and teachers and inspectors resume their post in safe temporary learning and teaching spaces with safe WASH facilities in North, North West and Artibonite. | | | |
| Indicators | Description | Target | Achieved | Source of Verification |
| Indicator 1.1 | # of children resuming education in safe and equipped temporary learning spaces | 5,000 | 5,909 | Project reports by NGO, monitoring missions, satisfactory survey |
| Indicator 1.2 | # of children resuming education with access to safe water and sanitation infrastructures | 5,000 | 7,239 | Project reports by NGO, monitoring missions, satisfactory survey |
| Indicator 1.3 | # of school teachers, directors and school inspectors resuming their post in safe Learning and teaching spaces | 140 | 175 | Project reports by NGO, monitoring missions, satisfactory survey |
| Explanation of output and indicators variance: | | The number of children who benefited from save water and sanitation infrastructure is higher than the target. This is because WASH interventions took place in some additional schools beside those where the temporary learning spaces were built. In fact, to partially support community requests, the WASH interventions also took place in 16 extra schools were water and | | |

| | | sanitation facilities have been severely damaged but weren't initially targeted by the project. Hence, the total number of beneficiaries for this activity has increased. |
|--------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities | Description | Implemented by |
| Activity 1.1 | Establishment of 20 Safe Temporary Learning Spaces | NGOs with technical support and supervision by UNICEF and government partners |
| Activity 1.2 | Repairing and fixing of WASH facilities in 20 targeted schools | NGOs with technical support and supervision by UNICEF and government partners |
| Activity 1.3 | Procurement of essential school items destroyed by the earthquake | UNICEF |
| Activity 1.4 | Distribution of essential school items destroyed by the earthquake | UNICEF |
| Activity 1.5 | Monitoring activities | Government partners and UNICEF |

| Output 2 | Students benefit from school kits to resume education | | | |
|-------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------|
| Indicators | Description | Target | Achieved | Source of Verification |
| Indicator 2.1 | # of children benefiting from school kit distributions | 5,000 | 4,784 | Project reports by NGO, monitoring missions, satisfactory survey |
| Indicator 2.2 | # teachers and school directors benefiting from school kits distributions | 140 | 175 | Project reports by NGO, monitoring missions, satisfactory survey |
| Explanation of output and indicators variance: | | The school kits distributed by UNICEF are suitable for children aged 6 to 12 y.o. Some of the schools had also preschool and lower-secondary classes. Regarding primary school-age children, a slight difference in the number of children (-4%) has been registered, due to some discrepancies in the number of students reported by schools. The number of students planned were based on the official lists as reported by Ministry of education, whereas the reality check has showed a slight inferior number of children enrolled. On the contrary, the number of teachers was above the planned one. | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Procurement | UNICEF | | |
| Activity 2.2 | Distribution of school kits | UNICEF and NGO | | |
| Activity 2.3 | Monitoring activities | Government partners and UNICEF | | |

| Output 3 | Students, school teachers, directors and school inspectors benefit from sensitization on life-saving skills and practices. | | | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------|
| Indicators | Description | Target | Achieved | Source of Verification |
| Indicator 3.1 | # of school teachers, directors and inspectors trained and sensitized on psycho-social support | 140 | 148 | Project reports by NGO, monitoring missions, satisfactory survey |
| Indicator 3.2 | # of students attending hygiene promotion sessions | 5,000 | 6123 | Project reports by NGO, monitoring missions |
| Explanation of output and indicators variance: | | The number of hygiene promotion beneficiaries is slightly above target as WASH targeted more schools than planned. | | |
| Activities | Description | Implemented by | | |

| | | |
|--------------|-------------------------------------------|--------------------------------|
| Activity 3.1 | Training sessions on psychosocial support | Government partners and UNICEF |
| Activity 3.2 | Hygiene promotion sessions | NGOs |
| Activity 3.3 | Monitoring activities | Government partners and UNICEF |

6. Accountability to Affected People

During the hurricane Matthew response, the education sector developed an accountability framework to be used and implemented during response activities. All UNICEF partners are aware of and have based AAP on the framework.

A) Project design and planning phase:

Before submitting the project, UNICEF carried out joint missions with government official in the affected areas. Beside collecting data on the damages, the main purpose of those missions was to discuss with the education community in the affected areas about their needs, expectations, response capacities, etc. During those missions the school selection criteria and design of the temporary learning spaces were discussed with the local education authorities and modified according to their inputs. Moreover, the project proposal included activities that were requested by the community such as the training/ sensitization on psycho-social to support children's and teachers' healing process. In parallel, UNICEF and DINEPA WASH partners conducted WASH assessment in affected schools and prioritized schools where water and sanitation access had been disrupted by the earthquake.

B) Project implementation phase:

At the beginning of the implementation UNICEF partners have organized an information session with authorities and targeted schools' communities to discuss project content and expected results. School communities' representatives and authorities have received the contact details of the implementing partner coordinator to be able to provide regular feedback, share comments and report on any issues they may observe during implementation. Implementing partners have held regular meetings with the school communities, collected and analysed feedbacks. When changes in the implementation plan were to be proposed, those changes were discussed with UNICEF. Several feedbacks from the education community have been incorporated and have led to project adjustments. UNICEF had to revise the project documents and the agreement with the implementing partners to include temporary learning spaces features that weren't planned at the beginning but subsequently requested by the community (e.g.: wall painting of the temporary learning spaces, installation of gutters on the roof, etc.). UNICEF has funded part of this additional requests with its own resources, complementing CERF funding.

Local authorities have been involved throughout the implementation. Beside Ministry of education and DINEPA officials, also CBOs, CASECs and ASECs have been kept informed about the progress.

C) Project monitoring and evaluation:

Project activities have been monitored by UNICEF and government partners, notably Ministry of education school engineers, DINEPA Communal Technicians and DINEPA Departmental Emergency focal points. During monitoring visits, meetings with the education communities have been held to collect feedbacks. UNICEF has carried out a beneficiaries' satisfaction survey in a sample of 18 targeted schools. A large majority of people interviewed were satisfied with the interventions even if some of them made recommendations for improvement. A little number of the suggestions couldn't be considered as they were out of the project's scope. At the end of the project, the Directorate of education at local level has signed a "receipt act" for the temporary learning spaces.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

| Planned | Actual |
|---------|--------|
| No | No |

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

The project proposal did not include plans for an evaluation. However, a beneficiary satisfaction survey has been conducted in a sample of 18 schools. This survey permitted to gauge the implementation of the different activities, although it did not follow the evaluation criteria as per OECD/DAC requirements. Moreover, a lessons-learned workshop will be conducted before the end of 2019.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US\$ |
|-------------------|-------------------------------|--------|--------------|----------------------------------------------|
| 18-RR-IOM-039 | Shelter & NFI | IOM | GOV | \$587 |
| 18-RR-IOM-039 | Shelter & NFI | IOM | GOV | \$293 |
| 18-RR-IOM-039 | Shelter & NFI | IOM | GOV | \$332 |
| 18-RR-IOM-039 | Shelter & NFI | IOM | GOV | \$672 |
| 18-RR-IOM-039 | Shelter & NFI | IOM | GOV | \$807 |
| 18-RR-IOM-039 | Shelter & NFI | IOM | GOV | \$117 |
| 18-RR-IOM-039 | Shelter & NFI | IOM | GOV | \$584 |
| 18-RR-IOM-039 | Shelter & NFI | IOM | GOV | \$959 |
| 18-RR-FPA-049 | Health | UNFPA | GOV | \$56,474 |
| 18-RR-FPA-049 | Health | UNFPA | NNGO | \$69,125 |
| 18-RR-FPA-049 | Health | UNFPA | NNGO | \$40,200 |
| 18-RR-CEF-126 | Education | UNICEF | INGO | \$238,396 |
| 18-RR-CEF-126 | Education | UNICEF | NNGO | \$221,029 |
| 18-RR-CEF-126 | Education | UNICEF | NNGO | \$404,112 |
| 18-RR-CEF-126 | Education | UNICEF | GOV | \$83,925 |
| 18-RR-CEF-126 | Water, Sanitation and Hygiene | UNICEF | INGO | \$312,572 |
| 18-RR-CEF-127 | Water, Sanitation and Hygiene | UNICEF | RedC | \$281,612 |
| 18-RR-CEF-128 | Water, Sanitation and Hygiene | UNICEF | GOV | \$72,296 |

ANNEX 2: Success Stories

UNFPA (18-RR-FPA-049):

Response to increased sexual and reproductive health needs for women and girls including GBV survivors in the North West

UNFPA has devoted resources and energies to meet the immediate needs of over 16,000 affected population in the North-West Department. The rapid deployment of health professionals particularly midwives to the affected region coupled with provision of equipment and supplies to the health facilities, hygiene, kitchen kits and solar lamps for affected population with capacity building sessions for national stakeholders to grow their capacity to respond quickly to this emergency or any other crisis that may arise were the foundation of this project.

The project has been implemented in 6 communes: Port-de-Paix, Chansolme, Bassin Bleu, Jn Rabel, Bombardopolis and Mole St Nicolas in the North-West Department.

“With UNFPA's support under this CERF project, the Centres pour le Developpement et la Sante were able to set up 26 mobile clinics for 9,656 people, including 5,365 women. At one of these mobile clinics in an area called La Visite, a 19-year-old mother and her 3-month-old child came while the baby had a maternal-fetal infection. The baby had been prescribed a Cotrin since birth, which the mother could not obtain to treat her child. During the mobile clinic she was able to receive an antibiotic, a vitamin C and a paracetamol which she considered to be a godsend from heaven.

Thanks to the Ministry of Social Affairs and DSNO, the communities were able to be mobilized for mobile clinics and community awareness sessions on different topics. The mobile clinics planned were very successful with high numbers of participants, which shows the enormous SRH needs of the Northwest population. We are very grateful for the contribution of this funding, which allows us to reach out to the population and meet their needs.” Nelicia Eugene, Project coordinator at CDS



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UNICEF (18-RR-CEF-126) :

Retour à l'école après le séisme du 6 Octobre 2018 - Activités en image dans le Nord-Ouest

1) Construction d'espaces temporaires d'apprentissage



Ecole nationale Dos d'âne



Ecole nationale de Brunel



Ecole nationale de Côte-de-Fer



Ecole nationale de Laménais



Ecole nationale Webert Sicot



Ecole nationale de Guinaudée



Ecole Nationale de Guinaudée



Ecole Nationale Webert Sicot



Ecole Nationale Jean Marie de Laménais



Ecole Nationale de Brunel



Ecole Nationale des Cotes de Fer



Ecole Nationale de Dos d'Ane



Ecole Nationale Saint Jean Baptiste de Tamarin

2) Distribution de kits scolaires



Ecole Nationale des Cotes de Fer



Ecole Nationale de Fond du Riz (Reliquat)



Ecole Nationale de Guinaudée

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|-------------|-------------------------------------------|
| CDS | Centre pour le Developpement et la Sante |
| CMR | Clinical Management of Rape |
| DSNO | Direction Sanitaire du Nord-Ouest |
| GBV | Gender based Violence |
| MSPP | Ministere de la Sante et de la Population |
| SRH | Sexual Reproductive Health |