

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS**

**19-RR-BHS-38922  
BAHAMAS  
RAPID RESPONSE  
HURRICANE DORIAN  
2019**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>VINCENT SWEENEY</b>
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REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	25/06/2020
The AAR was held with high level representation from the following agencies: UNFPA, IOM, WFP & RCO.	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
This report was shared with the UNCT for their feedback, either virtually or during the July 9 <sup>th</sup> 2020 UNCT meeting where RCO solicited feedback from UNCT members	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
The final report was shared with key stakeholders identified by the recipient agencies for their review and virtual feedback	

## PART I

### **Strategic Statement by the Resident Coordinator**

The CERF allocation to the Bahamas was instrumental in addressing strategic gaps in the humanitarian response. Through the provision of critical logistical support, the UN facilitated the delivery of 1,107 MT of cargo on behalf of 35 humanitarian actors, including UN procurement of supplies such as storage containers, tarpaulins, hygiene kits, dignity kits. Improvements to 2 Informal Emergency Shelters, 5 rounds of DTM (Displacement Tracking Matrix) needs and intention assessments and provided Camp Coordination and Camp Management training for government and NGOs.

Given the government's de-prioritization of protection in its emergency response, some of the planned activities were stalled, though the strong advocacy on behalf of the UN was effective in bringing this issue in focus. Despite these difficulties CERF funds were instrumental in the provision of vital capacity building of service providers and stakeholders on GBV prevention, risk mitigation, response and PSEA. CERF resources also supported the establishment of key networks and structures such as the GBV Working Group and PSEA Network including UN, NGOs and Government departments; updating of the GBV service mapping; development of 2 referral pathways for GBV survivors to access medical, legal, police, and psychosocial support services; established a free 24/7 Hotline Number for sexual exploitation and abuse related cases and complaints.

## **1. OVERVIEW**

**TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>21,123,196</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	1,002,151
Country-Based Pooled Fund (if applicable)	N/A
Other (bilateral/multilateral)	N/A
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>6,490,412</b>

**TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

<b>Agency</b>	<b>Project code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
IOM	19-RR-IOM-033	Emergency Shelter and NFI - Shelter and Non-Food Items	204,001
IOM	19-RR-IOM-033	Camp Coordination / Management - Camp Coordination and Camp Management	196,000
UNFPA	19-RR-FPA-046	Protection - Sexual and/or Gender-Based Violence	202,150
WFP	19-RR-WFP-063	Logistics - Common Logistics	400,000
<b>TOTAL</b>			<b>1,002,151</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>US \$947,371</b>
Funds transferred to Government partners*	US \$20,400
Funds transferred to International NGOs partners*	US \$34,385
Funds transferred to National NGOs partners*	0
Funds transferred to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>US \$54,785</b>
<b>TOTAL</b>	<b>US \$1,002,151</b>

\* These figures should match with totals in Annex 1.

## 2. HUMANITARIAN CONTEXT AND NEEDS

Category 5 Hurricane Dorian made landfall in The Bahamas from 1-3 September 2019. It was the strongest hurricane to ever hit the country and the worst disaster in its history. As estimated 76,268 individuals had been impacted by the hurricane. Grand Bahama and Abaco Islands were the most severely affected and most of the inhabitants had relocated to Nassau searching for shelter, food, protection, health and psychological assistance.

Initial assessments for Abaco found widespread destruction, with thousands of houses levelled, telecommunications towers down, and water wells and roads damaged. There was very limited or no water, electricity and sanitation. Satellite data suggested that in Central Abaco, destroyed buildings were concentrated in the area surrounding Marsh Harbour, the most ravaged, particularly The Pea and The Mudd - both mostly inhabited by vulnerable migrant populations; and Scotland Cay. Access and availability of essential needs were a challenge for the most vulnerable and affected across Abaco. The complete decimation of transport infrastructure (trucks, cars, fuel) was the primary obstacle for delivery of and access to relief and recovery.

In Grand Bahama, the central and eastern parts were the most impacted, with several homes damaged between Freetown and Deep Water Cay. Satellite data suggested that 76-100 per cent of buildings analyzed near High Rock (central Grand Bahama) and McLeans Town and Deep Water Cay (eastern Grand Bahama) were destroyed. Oil tanks were also compromised.

According to official data provided by the Government of the Bahamas 74 persons have died as a result of Hurricane Dorian, with the majority of deaths reported from Abaco. Over 200 persons remain missing. The National Emergency Management Agency (NEMA) had registered approximately 4,800 evacuees in New Providence (Nassau). Approximately 1985 persons were initially reported to be across 10 shelters. In Nassau, around 600 were women 18-64 years old and 330 were girls under 18. The shelters were reported to be at full capacity and some evacuees had sought shelter in hotels, private homes, with family and friends on the other Bahamian family islands, as well as in the United States and Canada. The vast majority of the population which remained in shelters were migrants, many undocumented, who are in a situation of vulnerability and require most assistance. Access to affected people remained challenging, either due to lack of registration, protection of privacy and information on affected people seeking shelter in host communities, or due to damaged roads and infrastructure.

In the aftermath of Hurricane Dorian, hundreds of women and girls were displaced to shelters in Nassau, New Providence. The risk of violence, exploitation and abuse was heightened, particularly for women and girls, and it is known that in emergency situations, gender-based violence often exacerbates due to the breakdown of community and family structures, the disruption of the local community and the collapse of institutional protection systems, including referral system, case management and health and social assistance to GBV survivors. Similarly, lack of regular income due to loss of livelihoods and limited access to basic services lead families to adopt negative coping mechanisms such as transactional sex, sexual exploitation, child labour, and migration, which can also result in trafficking. Overcrowded accommodations, lack of privacy and partitions in sleeping

areas, inadequate locks, and lack of privacy for dressing and bathing in these communal shelters increases risk of GBV, sexual harassment, abuse or assault.

Tensions were noted between some host communities and evacuees from Abaco and Grand Bahama and reports of feelings of fear, uncertainty, grief and discrimination pointing to the need for psychological first aid and psychosocial support. There was therefore a need to rapidly design and establish psychosocial community and facility-based programmes in relocation sites (including shelters, communities) and communities of origin. In the shelters, lack of privacy to ensure patient confidentiality is of concern and may represent a potential barrier for patients' access to sexual and reproductive health information and services. In none of the shelter's condoms were available.

There was also an increased need for Gender-based violence (GBV) prevention and risk mitigation strategies, including referral pathway, standard operating procedures (SOPs), awareness-raising and Information, Education and Communication (IEC) activities and dissemination for the affected population, particularly women and girls and other at-risk groups.

There were critical, life-threatening protection concerns that need to be addressed immediately in the aftermath of Hurricane Dorian. Partners on the ground raised concerns about the situation of evacuees distressed by the widespread devastation and sudden loss of relatives, homes, and livelihoods, as well as the situation of (irregular) migrants and their access to humanitarian aid. People living in collective centres, (locally referred to as emergency shelters), with family members and friends, or improvised and damaged structures in affected areas needed potable water, food, sanitation, medical and psychosocial support among others. There was a noted hesitation from irregular migrants to approach designated collective centres, distribution centres and health clinics to access services and support. In the monitoring of official and unofficial collective centres in Nassau, Abaco and Grand Bahama, it was noted that there were many Haitian migrants, including those who were undocumented.

The unprecedented outpouring of relief in the early days of the crisis provided a critical lifeline to populations – ensuring day-to-day the food, water, shelter, and transportation needs of the most affected. However, more than two weeks after the initial Hurricane landfall, the continued unannounced arrival of significant amounts of unsolicited relief items began to present an obstacle, as unsolicited goods – not necessarily aligned to needs – left gaps and created duplication. The need to manage large quantities of unsolicited goods was drawing on the government's already overstretched infrastructure needed to deliver the broader response.

Early on, NEMA's stretched logistical capacities to deliver the level of response required, were supplemented by foreign military and national defence force assets ensuring the movement of assets and responders. As of mid-September, these assets were being rapidly scaled down. Existing capacity to handle, manage, and transport current and anticipated levels of relief and recovery supplies were insufficient to cover the gap. However, WFP began providing logistics services including arranging for shipping services between Nassau, Abaco and Freeport the day after the government provided the all clear. Given the level of air assets provided by foreign military, this assistance continued to focus on providing shipping services for the humanitarian response, and this was complemented by support with warehousing, handling and last mile delivery services.

### **3. CONSIDERATION OF FOUR PRIORITY AREAS<sup>1</sup>**

This CERF request focused on where the Government of Bahamas had the most significant gaps and where the UN could leverage its added value in the response. The RC a.i. and the UN Agencies, based on funding needs, agreed to focus the proposals on logistics and protection.

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<sup>1</sup> In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here [https://cerf.un.org/sites/default/files/resources/Priority\\_Areas\\_Q\\_A.pdf](https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf)

The CERF proposals which were focused on protection, particularly sought to address issues related to women and girls, including gender-based violence, reproductive health and empowerment; programmes targeting persons with disabilities; as well as other aspects of protection. While the CERF allocation represented only a fraction of the funds required to deliver these lifesaving interventions, this allocation helped to enhance the focus on the priority areas and helped to ensure that the priority areas were adequately considered in the wider humanitarian response. For instance, the government Emergency Support Functions (ESFs) model did not recognize Protection as a priority area – and the CERF allocation helped to direct humanitarian assistance to this important area. As a result of the CERF funding, UNFPA established the GBV Working Group to coordinate the implementation of a multi-sectoral response.

The CERF allocation also led to improved advocacy as IOM, in collaboration with the Protection Working Group, advocated extensively to the directors of the Departments of the Ministry of Social Services, NEMA, Ministry of Health, National Insurance Board, the office of the attorney General and the department of IT, to implement the IOM Digital registration systems SIRA for the needed registration of displaced people, including irregular migrants in and outside the shelters. Despite the government shifting its priority and not providing the green light to implement this activity, it brought much needed attention to the matter.

By addressing GBV through this project, UNFPA, in close coordination with the Department of Gender and Family Affairs in the Ministry of Social Services, contributed to the protection sector objectives ensuring GBV was mainstreamed within all sectors and integrated into key action plans and policies as a priority for intervention, ensuring an effective protection of the rights to life, physical integrity, dignity, best interests of child and a life free from violence, abuse and exploitation.

Some of the main challenges and lessons learned with regards to addressing the priority areas included:

1. The government noted that CERF timeline for implementation of some activities was not feasible.
2. The Government was not prepared to prioritize mobilizing capacity to participate in the development of a registration system despite extensive senior level human resource support from both UNHCR and IOM.
3. Lack of access to the government emergency shelters by the Department of Social Services to conduct necessary assessment.

The CERF allocation towards logistics, helped to ensure a robust set of services designed to support the government and humanitarian actors to receive, store, transport, handle and ensure last-mile delivery of relief items to the affected population. It also ensured that unsolicited relief items were effectively managed by sorting out what could and could not be used and incorporating appropriate items into the government-led response. It was clear, particularly in Abaco where the main port facilities were significantly damaged and governance structures were also interrupted, that there was a major gap in terms of logistics capacities which the CERF helped to address, ensuring a broad range of lifesaving assistance was able to reach its intended beneficiaries.

#### **a. Women and girls, including gender-based violence, reproductive health and empowerment**

MHPSS Program at Kendal Isaacs Gymnasium Shelter- The UNFPA grant and technical assistance allowed Americares to implement much-needed MHPSS programming for the shelter residents shelter in the Kendal Isaacs Gymnasium in Nassau. Almost every resident benefited in some way (500 persons reached), as the programme was comprised of a broad spectrum of activities including: group and individual therapy, art activities, SRH information sessions, distribution of hygiene and Dignity Kits, and job skills sessions. Wherever possible, Bahamian people were resourced to implement MHPSS activities. This grant unequivocally increased the quality of life for people of all ages, including women and girls, living at the shelter.

#### **b. Programmes targeting persons with disabilities**

The planned IOM intervention estimated an average of 10 per cent of the Bahamian persons having a disability. This assumption was based the Department of Statistics enumerated 2010 census which recorded 10,138 persons (2.88 per cent) with disabilities. Based on the World Health Organization's estimation that 15 per cent of the persons in a given population live with a disability, IOM went for a planning assumption of 10 per cent in the Bahamas.

In the CERF funded DTM (Displacement Tracking Matrix) assessments in The Bahamas IOM registered the following numbers of persons with disabilities: Round 3: 28 out of 5704 = 0.5 per cent Round 4: 5 out 182 = 2.7 per cent Round 5: 79 out of 7,818 persons = 1 per cent. IOM reported assisting 66 persons (1 per cent) with disabilities based on the percentage of persons with disabilities recorded in the largest DTM round 5 assessment.

#### **c. Education in protracted crises**

N/A

#### **d. Other aspects of protection**

With the high number of international and national development partners providing humanitarian assistance, which includes military staff from a multitude of countries, dedicated attention was needed for PSEA, including establishment of complaints and feedback mechanism. The CERF allocation helped with the coordination of the PSEA Network prevention and response: including the establishment of a Complaints and Feedback mechanism; mainstreaming of the PSEA Code of conduct within the humanitarian actors; disseminating key messages and awareness raising sessions on protection against sexual exploitation and abuse (PSEA) to humanitarian actors and communities.

### **4. PRIORITIZATION PROCESS**

Following the announcement of a 1-million-dollar allocation to the Hurricane Dorian response, the most senior representative of each UN Agencies responding to the disaster in The Bahamas was invited to a meeting co-chaired by the RC a.i. and the Regional Director for OCHA ROLAC. Following lengthy discussions and the review of agency suggestions it was agreed that based on assessments conducted in the field, gaps identified in the government's response and funding needs that CERF allocation would go towards supporting logistics and protection arrangements.

**UNFPA:** With the CERF funding, UNFPA coordinated the GBV Working Group, under the umbrella of the Protection Sector, to address GBV interventions, including functional referral pathways, access to basic sanitary supplies and commodities (i.e. condoms), training health and social care providers, as well as shelter managers to provide quality and timely care to GBV survivors, safe spaces, case management and psychosocial support as well as to lead PSEA efforts among UN agencies and their implementing partners. With its expertise across these areas, UNFPA worked closely with Government, UN partners and NGOs to ensure that the most urgent needs are met to protect women and girls and prevent GBV. The project aimed at ensuring safe access to multi-sectoral and survivor-centered services and referrals for GBV survivors and vulnerable groups, including ensuring women are aware of these services. The immediate lifesaving needs included the imperative to ensure the safety of women and girls, particularly those separated from their families and otherwise in danger of violence, trafficking, exploitation or early marriage. There was an urgent need to provide GBV survivors assistance, adequate referral, and services for women who may be at risk of – or who are already experiencing – sexual and gender-based violence. The project aimed to address protection and gender-based violence in accommodation centers so that girls and women are free from GBV and mitigation measures are incorporated across the entire humanitarian response. Although the project targeted girls and women, it also involved men for discussions on social norms related to GBV.

The project identified the needs of women and girls who are acutely disadvantaged, discriminated against or lack power and voice to make the most of their lives. Targeted actions aimed to reduce the barriers, so all women and girls exercise and access their rights, responsibilities and opportunities.

UNFPA's implementing partners included the Department of Gender and Family Affairs of the Ministry of Social Services and the INGO Americares. As part of the interventions, UNFPA would establish a grant agreement with the Ministry of Social Services to ensure implementation of activities of coordination and programmatic activities, namely, distribution of dignity kits,

establishment of referral mechanisms and capacity building of frontline responders to address GBV in emergencies. UNFPA would also sign an IP agreement with Americares to provide psychological first aid, psychosocial support and case management.

The UNFPA's projects would ensure that cross-cutting issues concerning both GBV and SRH are integrated and mainstreamed throughout the CERF supported humanitarian response. UNFPA proposed activities will complement with other protection sector like shelter coordination and implementation by IOM. UNFPA would also seek collaborate with PAHO and other humanitarian actors to have a synergy effect through program implementation, especially in what regards to the provision of sexual and reproductive health and psychosocial services for GBV survivors.

**IOM** would collaborate with other sectors, local government and host communities to contribute to provision of guidance regarding protection in shelter in addition to ensuring that site managers integrate GBV response in their day to day management. To contribute to an integrated, evidence based CCCM and shelter response IOM would seek to implement the following, in coordination with the Government's Emergency Support Function 6 (Mass Care and Shelter Services), UNFPA, the Protection Working Group and other key actors:

- Registration of evacuees to 1) facilitate the management of multiple official and unofficial emergency shelters (collective centres, camps, etc.), 2) plan for the provision of humanitarian services, and 3) identify protection concerns. Registration is a priority in order to ensure that evacuees, including vulnerable children, women and families have access to essential assistance and services. Profiling, registration and documentation of affected populations is included in CERF's lifesaving protection criteria. In the Bahamas context, registration was deemed critical considering the number of missing persons and the diverse shelter landscape including government collective centres, private sector-hotels and forthcoming temporary sites.
- Collection of information on needs and vulnerabilities, identifying protection concerns including GBV and human trafficking risks, and monitor movement of evacuees to understand how many are returning to their place of origin or moving elsewhere. The Displacement Tracking Matrix (DTM) would be used for data collection, over several rounds, allowing information to reflect changes over time – including return intentions, movement trends, and dynamic conditions and needs. DTM findings meet CERF lifesaving criteria as data collected will provide initial profiling of the evacuees. To contribute to mitigating the psychological harm related to the experience of Hurricane Dorian, IOM also planned to train DTM enumerators on psychological first aid (PFA). With this training, DTM enumerators who have direct contact with evacuees would be prepared to provide PFA in a manner that respects safety, dignity (according to their cultural and social norms), and rights.
- Contribute to living conditions at collective centres that promote safety, dignity, and privacy. Specific equipment needs would be informed by the findings, however illustrative activities may include installing equipment such as generators, fire extinguishers, illumination, hygiene equipment and privacy divisions. IOM, in coordination with UNFPA and other protection actors, would focus on addressing the special needs of women and girls in shelters, including their specific needs for privacy and dignity. A lack of illumination can be a risk factor for insecurity, including GBV in camp settings. To contribute to mitigating GBV risk factors and a safe environment, IOM planned to distribute solar lanterns and chargers for evacuees at temporary camps.

In addition, IOM would provide emergency shelter management (CCCM (Camp Coordination and Camp Management) training to site managers, ensuring protection is mainstreamed. This training would be coordinated with UNFPA, to provide Protection from Sexual Exploitation and Abuse (PSEA) and GBV module in the same training. UNFPA has not separately reported the participants as beneficiaries.

To further ensure sites were aligned with international standards, the project would develop and disseminate inclusive communications/awareness raising materials for vulnerable populations. To develop these materials, IOM would seek to engage with shelter managers and evacuees, including men, women and children to identify protection issues and communication

solutions that are culturally appropriate and empowering. These communication materials were further enhanced by culturally appropriate, community-based interventions to disseminate critical information to evacuees.

Through the provision and sharing of accurate and timely, evidence-based information on vulnerable populations, and the improvement of basic living conditions of emergency shelters, this project contributes to saving lives and mitigating the suffering of affected people, particularly among the most vulnerable groups.

No Implementing Partners were foreseen under this project. This project would seek to complement UNFPA activities funded by CERF focused on GBV prevention and response and other protection issues. CCCM training would include GBV prevention sessions coordinated with UNFPA. IOM registration to identify individuals at shelters, as well as DTM data collection, would profile individuals for GBV risk factors. UNFPA-IOM coordination would be key to providing integrated, evidence-driven protection responses.

**WFP:** The CERF funds were aimed at focusing on WFP's logistics coordination and services. WFP's engagement sought to emphasize strengthening the capacity of NEMA to lead and guide the overall response, while also ensuring relevant common services were available for UN and NGO partners working to support NEMA's priorities. Assets and equipment were required both for transport to and between the affected islands, as well as across the affected islands.

WFP's operation included logistics augmentation and logistics services focused on air and seaport, including shipping and trucking capacity, storage capacity and handling/warehouse capacity at various critical points in the supply chain of relief items, including the provision of support for the last mile delivery and distribution to affected populations.

The augmentation of logistical assets, coordination, information management, and expertise in support of the Government led response - including the tracking, processing, and streamlining of life-saving relief supplies and unsolicited donations – would ensure an uninterrupted supply chain and the timely, effective, and cost-efficient storage, transport, and delivery of life-saving items to the population impacted by the hurricane.

In support of the government through NEMA and CDEMA, WFP would establish, coordinate, and manage transport, warehouse/storage, and handling in support of common humanitarian operations (air, personnel, movements, evacuations, NFIs). WFP would also support logistics activities devised to overcome logistics bottlenecks affecting the supply chain development in the affected islands and Nassau, as needed.

For the scope of this proposal, WFP was the implementing partner. WFP would work in support of the Government of the Bahamas, NEMA, CDEMA, and other supportive partners to the government. The logistics coordination and services of WFP would allow other partners and agencies to access beneficiaries and implement their projects.

## **5. CERF RESULTS**

CERF allocated \$1 million to the Bahamas from its window for underfunded emergencies to sustain the provision of life-saving assistance following the passage of Hurricane Dorian in September 2019. This funding enabled UN agencies and partners to provide logistics and protection support benefiting 9,939 people; this included training of 482 service providers, front line workers, shelter managers and volunteers; provision of core relief items to 1,500 IDPs, 2750 host community members, 6591 internally displaced persons (IDPs) and 598 other- affected individuals (migrants). The UN agencies made improvements to shelter, lights and toilets of two Informal Emergency Shelters in Abaco supporting 61 IDPs; sensitization of 2,743 people on sexual and gender-based violence prevention and response; provision of 1,493 women and adolescent girls with dignity kits; and critical logistical support to 35 humanitarian and governmental organizations.

UNFPA established the GBV Working Group to coordinate the implementation of the multi-sectoral response, which included the updating of the GBV service mapping and the development of 2 referral pathways for GBV survivors to access medical, legal, police, psychological first Aid and psychosocial support services; trained 336 service providers, front line workers, shelter

managers and Focal Points on GBV prevention, risk mitigation, response and PSEA; established a PSEA Network comprising of UN agencies, (I) NGOs and government departments; established a free 24/7 Hotline Number for sexual exploitation and abuse related cases and complaints; provided a total of 1,493 dignity kits containing hygiene supplies to vulnerable women and girls of reproductive age; strengthened the capacity of 93 health care providers and non-medical responders on syndromic management of STIs and clinical management of rape for first-level diagnosis, treatment and referral of GBV sexual violence survivors; and 5 community health volunteers to improve access to health care services by the affected Haitian migrant communities. The project assisted a total of 2,743 affected persons, 109 per cent of the planned reach, and allowed for addressing and mitigating gender-based violence in New Providence, Grand Bahama and Abaco Islands.

IOM implemented several activities in the affected islands of Abaco and New Providence from September 2019 to February 2020. This included the distributions of 1,000 tarpaulins, 1,000 hygiene kits and 40 storage containers benefitting 1,500 IDPs, 1,500 host community members, and 271 other- affected individuals (migrants). IOM also completed five full rounds of the DTM (Displacement Tracking Matrix) assessments in Abaco and New Providence identifying 2,438 IDPs. In DTM round 5, IOM surveyed 182 Migrants (Other affected persons) in New Providence; 1 per cent were persons with disabilities. Two Camp Coordination and Camp Management (CCCM) training were conducted for 33 government staff and 15 volunteers from NGOs in Abaco. Improvements were made to the shelter, lights and toilets of two Informal Emergency Shelters in Abaco supporting 61 IDPs.

WFP supported NEMA to facilitate and track movement of vital humanitarian assets and relief items between the islands of Nassau, Abaco and Grand Bahama between September – December 2020. The tracking of humanitarian cargo between the islands was made possible through a tailored version of the regional supply chain management tracking system that WFP was in the initial stages of developing with CDEMA. In this regard, WFP supported 12 sea voyages transporting 1,107 MT of cargo on behalf of 35 humanitarian and governmental organizations.

## **6. PEOPLE REACHED**

In some cases, the planned number of people as laid out in the CERF application were met or exceeded and in other case the numbers were not achieved. For instance, over 200 per cent of targeted first line responders were trained on GBV mitigation and response, resulting in a significant increase in national capacity to respond to GBV in emergency settings. While only two (2) GBV referral pathways were established instead of the 13 planned in New Providence and Abaco Island. It was initially projected that by 13 September, at least 10 shelters would be opened serving more than 2,000 evacuees. However, the situation changed over time as Bahamians settled among the community with the support of the social services and Haitians started to return to the islands, deported or settled in homes with relatives and friends. This drastically reduced the number of GBV referral pathways needed.

In the actual implementation of the project, internally displaced persons and host communities were found to be the most affected and therefore were reached with support through the various activities. The targets for women and girls reached were well exceeded based on the needs. However, as most of the project activities took place during the days, men and boys were significantly less engaged because of their limited availability and engagement in livelihood and rebuilding activities in their communities. Also, the actual number of persons with disabilities was less than initially projected as per the data available at that time. As a result, the planned targets for men, boys and persons with disabilities were not reached.

Unfortunately, double counting cannot be accounted for at this time. An approach to avoid the “double counting” of shared participants across different agency activities was not outlined. This potentially could have included a comparison of participants lists between agencies however these have not been shared and cross-checked to examine for overlap. Better coordination between training planning and follow- up would be needed in the future.

**TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY<sup>1</sup>**

Category	Number of people (Planned)	Number of people (Reached)
Host communities	1,000	2,750
Refugees	0	0
Returnees	0	0
Internally displaced persons	5,925	6,591
Other affected persons	1,555	598
<b>Total</b>	<b>8,480</b>	<b>9,939</b>

<sup>1</sup> Best estimates of the number of people directly supported through CERF funding by category.

**TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE<sup>2</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b>	3,020	2,770	1,444	1,246	<b>8,480</b>
<b>Reached</b>	3,109	3,499	1,262	2,069	<b>9,939</b>

<sup>2</sup> Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

**TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)<sup>3</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b> (Out of the total targeted)	375	333	212	192	<b>1,122</b>
<b>Reached</b> (Out of the total reached)	25	101	11	11	<b>148</b>

<sup>3</sup> Best estimates of the number of people with disabilities directly supported through CERF funding.

**TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)<sup>4</sup>**

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Camp Coordination / Management - Camp Coordination and Camp Management	920	840	399	311	<b>2,470</b>
Emergency Shelter and NFI - Shelter and Non-Food Items	1,170	1,090	649	591	<b>3,500</b>
Logistics - Common Logistics	0	0	0	0	<b>0</b>
Protection - Sexual and/or Gender-Based Violence	930	840	396	344	<b>2,510</b>

**TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)<sup>4</sup>**

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Camp Coordination / Management - Camp Coordination and Camp Management	897	899	421	403	2,620
Emergency Shelter and NFI - Shelter and Non-Food Items	1,602	1,602	687	687	4,578
Logistics - Common Logistics	0	0	0	0	0
Protection - Sexual and/or Gender-Based Violence	610	998	155	980	2,743

<sup>4</sup> Best estimates of the number of people directly supported through CERF funding by sector.

## 7. CERF'S ADDED VALUE

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

YES ☒

PARTIALLY ☐

NO ☐

The CERF grant led to a fast delivery of assistance for thousands of displaced persons and allowed for crucial logistics support.

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

YES ☒

PARTIALLY ☐

NO ☐

CERF funds helped to respond to time-critical needs in particular to ensure the well needed logistical support was provided to government and wider humanitarian community. Also, vulnerable persons and first line responders were provided with much needed assistance, including supplies and training.

### c) Did CERF improve coordination amongst the humanitarian community?

YES ☐

PARTIALLY ☒

NO ☐

While the CERF proposals were being developed there were meetings held to improve coordination with the humanitarian community to determine the priorities however because of the specific context of this situation, including a lack of local presence of UN entities, coordination was not always as effective.

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

YES ☐

PARTIALLY ☒

NO ☐

CERF funds helped to activate internal resources and some external funding however not all agencies were able to use CERF funds to leverage additional resources.

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

The Government established Emergency Support Functions (ESFs) did not recognize Protection as a priority area – CERF filled this important gap.

The 5 rounds of Displacement Tracking Matrix (DTM) conducted by IOM provided appreciated data on the number of displaced and returned persons and their needs. The government and many organizations used the information for prioritization of their support.

## 8. LESSONS LEARNED

**TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
CERF has become a lot more bureaucratic and cumbersome. CERF (budgeting structure) is not in keeping with the notion of mutual recognition and forces agencies to utilize the CERF procedures in addition to their existing (budget and operational) mechanisms – the CERF process is less flexible and calls for greater administrative action (a lot of manual work).	Consideration should be given to agencies internal mechanisms and the achievement of the overall objectives as often times the CERF funding is used in conjunction with other donor funds and other interventions.
A greater understanding of CERF guidelines/procedures would be appreciated. For instance, in the multi-country office context clarity is needed whether CERF response would be per country or per disaster in the event of a Hurricane which affects multiple countries	CERF information sharing session to held with UN agencies
Reporting procedures and timelines were viewed as reasonable by the agencies	
The Government established Emergency Support Functions (ESFs) did not recognize Protection as a priority area – CERF filled this important gap.	

**TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
UN system was not fully prepared- no contingency plan tailored for The Bahamas	Develop Contingency Plan for The Bahamas to improve preparedness, coordination and information management amongst UN agencies; Establish a UNETT to support the RCO and UNCT to operationalize, coordinate and strengthen the UN's response within the framework and in support of CDEMA's Regional Response Mechanism and other regional, sub-regional and national instruments/mechanisms activated during an emergency.	RCO/OCHA/UNCT
We underestimated the influx of organizations that would come in country to provide humanitarian assistance and this required significant coordination.	Would be helpful to have some kind of mechanism to track/account for the various organizations providing humanitarian assistance, particularly UN agencies, to better coordinate efforts	UNCT/RCO
National coordination mechanism took some time to sort through. It must be recognized that OCHA did a very good job supporting the government with this finalizing its mechanism.	Continue to provide this support to RCO/UNCTs in emergencies	CERF
Reporting lines for UN agencies were not always centralized. Agencies which intervened from HQ level had different reporting lines which were not	Emphasis of accountability to RC/OCHA for agencies under CERF grant, both at country, regional and HQ level.	CERF Secretariat/RCO/UNHoAs

necessarily to the leadership provided by the RC and/ OCHA.		
There were some language issues noted		
Visas issues had to be addressed for some UN staff	Establish relationships with Ministerial counterparts, possibly to establish emergency protocol for expedited approval of visas for humanitarian aid workers in an emergency. Establish internal UN protocol for expedited deployment of UN staff in event of emergency	RCO/UNCT
There were many unsolicited relief items - some of which were inappropriate/ expired. Logistic arrangements were necessary to aid the government in managing this process and be able to best utilize the items.	Set up internal UN guidance on how to support government with unsolicited donation of relief items, including how to effectively receive and distribute.	RCO/Government/UNCT
Collectively the UN facilitated the Government's lead role in this response. UN successfully embedded its capacity within the national and regional structures	Continue to ensure a coordinated and efficient UN response in line with existing/ agreed mechanisms	RCO/UNCT
It is being recommended that CERF and the UN system in general take PSEA more seriously and ensure that the necessary funding mechanism to set it up to support PSEA beyond the UN.	Emphasis of PSEA in CERF and UN system with focus on agency specific action plan	RCO/UNCT/CERF
Common registration system for beneficiaries was not feasible in this context. The UN system, with the exception of PAHO/WHO, hardly had established relationships in the Bahamas and as such the set up of a common registration system proved unrealistic in a short time frame.	Establish relationships for future emergencies; Communicate mandates and activities of UN agencies to governments to ensure understanding of UN's role and in-country capacities.	CERF/RCO
UNRCO Jamaica and CDEMA relations to be strengthened. This included lack of clarity on the point at which the response leadership had shifted from RCO Barbados to RCO Jamaica and which reporting tools and templates were to be utilised to report on UN activities for internal and CDEMA's bulletins.	Increasing engagement/understanding for RCOs across the region on the workings of CDEMA/ ECDPG-DM group (pre-disaster) including discussions on how the hand-off from one RC to the next works; Greater coordination and linkages need to be established with other RCOs in the region to improve emergency preparedness and response functions of the UN system in support of government-led responses.	RCO
UN agencies were able share information on agencies' stocks and surge capacities with CDEMA and other actors in a timely manner through the "Partners Support and Resource Matrix"	Continue to utilize these kind of tools and support in information sharing	CERF
There was a disconnect in the understanding of US relations with the Bahamian Government versus the Government's engagement with CDEMA. This then impacted the UN's ability to	Conduct an evaluation with all three parties to identify the lessons learned from this experience	CERF

engage effectively given our unfamiliarity with the US (military) response mechanisms in the region.		
Some agencies did not have SBAs with the Government of The Bahamas and The Bahamas is currently not a part of the UN MSDF. This led to some uncertainty, at least initially, regarding the rights, immunities and privileges for UN staff coming in country.	It is being proposed that a general (written) agreement be reached with the Government prior to the onset of a disaster'; worthwhile investment in the MCO context.	RCO

## PART II

### 9.1. Project Report 19-RR-IOM-033 - IOM

1. Project Information			
<b>1. Agency:</b>	IOM	<b>2. Country:</b>	Bahamas
<b>3. Cluster/Sector:</b>	Emergency Shelter and NFI - Shelter and Non-Food Items  Camp Coordination / Management - Camp Coordination and Camp Management	<b>4. Project Code (CERF):</b>	19-RR-IOM-033
<b>5. Project Title:</b>	Lifesaving Assistance to Persons Affected by Hurricane Dorian in the Bahamas		
<b>6.a Original Start Date:</b>	01/09/2019	<b>6.b Original End Date:</b>	31/12/2019
<b>6.c No-cost Extension:</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	29/02/2020
<b>6.d Were all activities concluded by the end date?</b> (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 15,000,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 2,325,262
	<b>c. Amount received from CERF:</b>		US\$ 400,001
	<b>d. Total CERF funds forwarded to implementing partners</b>		<b>US\$ 0</b>
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through this CERF/RR grant, IOM implemented the following activities in the affected islands of Abaco and New Providence from September 2019 to February 2020: Distribution of 1,000 tarpaulins, 1,000 hygiene kits and 40 storage containers benefitting 1,500 IDPs, 1,500 host community members, and 271 migrants. IOM completed five rounds of DTM assessments and identified 2,438 IDPs; 602 additional IDPs were identified in Eleuthera by a local NGO and 400 IDPs were identified in Florida by the Bahamas Consulate General. In DTM round 5, IOM surveyed 182 migrants in New Providence; 1 per cent were PWDs. Two Camp Coordination and Camp Management trainings were conducted for 33 government staff and 15 NGO volunteers in Abaco. Improvements were made to the shelter, lights and toilets of two Informal Emergency Shelters in Abaco supporting 61 IDPs. Despite IOM's consistent advocacy together with the Protection Working Group, no collaboration was given by the government to the implementation of the SIRA software for verification and registration of beneficiaries. In a meeting with UN representatives, the Permanent Secretary of Social Services mentioned that the CERF timeline for implementation for such system was not feasible. Due to insufficient installation time, IOM will return funds to CERF for the community information hubs.

### 3. Changes and Amendments

On 13 December 2019, IOM submitted a request for a No Cost Extension until 29 February 2020, which was granted.

IOM simultaneously submitted a reprogramming request. Due to factors outside its influence, IOM has not been able to implement Output 1 (SIRA Registration system) and Output 3 (Improve sites - emergency shelters, collective centres and camps).

Concerning Output 1, the Government was not prepared to prioritize mobilizing capacity to participate in the development of the registration system despite extensive senior level human resource support from both UNHCR and IOM. For Output 3, IOM and other humanitarian actors were not given access to the government emergency shelters by the Department of Social Services. Therefore, no assessment could be conducted to determine the required improvements.

The Secretariat approval for the extension / reprogramming was received by IOM on 21 January 2020. The remaining time has been too short to implement the three Community Information Hubs, as proposed in the reprogramming request.

IOM has an underspent balance of \$45,411.41 which it will return to the donor.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Camp Coordination / Management - Camp Coordination and Camp Management				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	670	600	385	330	1,985
Other affected persons	250	240	14	11	515
<b>Total</b>	<b>920</b>	<b>840</b>	<b>399</b>	<b>341</b>	<b>2,500</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	100	90	58	50	298

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Camp Coordination / Management - Camp Coordination and Camp Management				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	852	852	367	367	2,438
Other affected persons	45	47	54	36	182 <sup>2</sup>
<b>Total</b>	<b>897</b>	<b>899</b>	<b>421</b>	<b>403</b>	<b>2,620</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

<sup>2</sup> IOM considers "other affected persons" the migrants it identified in DTM round 4

Persons with Disabilities (Out of the total number of "people reached")	9	9	4	4	26
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#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	250	250	250	250	1,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	670	600	385	330	1,985
Other affected persons	250	240	14	11	515
<b>Total</b>	<b>1,170</b>	<b>1,090</b>	<b>649</b>	<b>591</b>	<b>3,500</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	135	117	95	90	437

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	735	735	315	315	2100
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	721	721	309	309	2,061
Other affected persons	146	146	62	62	416
<b>Total</b>	<b>1602</b>	<b>1602</b>	<b>687</b>	<b>687</b>	<b>4,577</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	16	16	7	7	46

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

In addition to 1,000 Tarpaulins that IOM distributed in Abaco, 1,000 Hygiene Kits were distributed in New Providence and 100 non-food kits in Abaco.

IOM considers Haitian Migrants as other affected persons t. Based on the Bahamas UNDESA estimation, Haitian migrants represent 10 per cent of the total population. Other affected people are therefore calculated here as 10 per cent of the sum of host communities and IDP's.

The Number of persons with disabilities was estimated 12 per cent of the total. In the DTM round 5 assessment, IOM recorded 1.01 per cent of registered people to have mental or physical disabilities. Persons with chronic diseases or other vulnerabilities are excluded from this percentage.

#### 4.c Persons Indirectly Targeted by the Project

N/A

#### 5. CERF Result Framework

<b>Project Objective</b>	To contribute to an integrated, evidence based CCCM and shelter response for evacuees affected by Hurricane Dorian in accordance with IASC GBV and SPHERE guidelines.
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<b>Output 1</b>	A Registration system (SIRA) is implemented to support integrated shelter management for sites (shelters, collective centres, and camps) operated by the Ministry of Social Services and Urban Development.			
<b>Sector</b>	Camp Coordination / Management - Camp Coordination and Camp Management			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	% of SIRA registration system completed (1 integrated system)	100% (1 system)	0%	N/A
Indicator 1.2	# of collective centres with IT equipment to run the system	4	0	N/A
Indicator 1.3	# of evacuees registered	At least 1,500	0	N/A
<b>Explanation of output and indicators variance:</b>		<p>1.1 - 1.3</p> <p>IOM in collaboration with the Protection Working Group advocated extensively to the directors of the Departments of the Ministry of Social Services, NEMA, Ministry of Health, National Insurance Board, the office of the attorney General and DIT (department of IT), to implement the IOM Digital registration systems SIRA for the much needed registration of displaced people, including irregular migrants in the shelters. The government changed its priority and did not provide green light to implement this activity.</p> <p>IOM has provided data protection services (storage &amp; cleaning) of 3,558 beneficiaries for a Cash Based Intervention consortium of Red Cross, Salvation Army, WFP and Samaritan's Purse in January 2020.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Develop SIRA Software	Not implemented		
Activity 1.2	Procure and install IT equipment to run the SIRA system	Not implemented		
Activity 1.3	Train site/shelter management personnel on SIRA system	Not implemented		

<b>Output 2</b>	The Government of Bahamas (GoB), UN agencies, and other relevant actors have timely, accurate information on evacuees at collective centres and sites, including conditions and needs.			
<b>Sector</b>	Camp Coordination / Management - Camp Coordination and Camp Management			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of sites (collective centres and communities) covered by displacement tracking matrix (DTM)	10	61	DTM reports
Indicator 2.2	# of DTM reports	12	19	DTM reports
Indicator 2.3	# of DTM enumerators trained in PFA	25	36	DTM training and participation record

<b>Explanation of output and indicators variance:</b>		<p>2.1 Hurricane Dorian caused very wide displacement, most people moved to host families and host communities on other islands. IOM assessed 61 sites in Abaco and New Providence, although the government limited access to the official Government Shelters. Special attention was given to displaced youth (Round 2) and affected Haitian migrants residing in New Providence (Round 4).</p> <p>2.2 IOM produced 19 reports, including 5 DTM reports (of which 1 dashboard online) and 14 daily displacement updates, which exceeds the planned number of reports by seven</p> <p>2.3 IOM trained 36 enumerators, 11 more than planned because it conducted DTM assessment both in New Providence and Abaco. PFA is part of the standard package for DTM enumerators.</p>
Activities	Description	Implemented by
Activity 2.1	Conduct baseline data collection	IOM
Activity 2.2	Conduct multi-sectoral location assessments and surveys of evacuees' priority needs and future intentions	IOM and Rights Bahamas (daily labour)
Activity 2.3	Develop and disseminate DTM thematic reports	IOM
Activity 2.4	Train DTM enumerators on psychological first aid (PFA)	IOM

<b>Output 3</b>	Improve sites (emergency shelters, collective centres and camps) for evacuees in line with Sphere Standards, IASC GBV guidelines, and findings of DTM reports to ensure living conditions promote safety, dignity, and privacy.			
<b>Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of people receiving tarpaulins in Abaco	1,000	1,000	Distribution records / pictures
Indicator 3.2	# of people trained in CCCM	100	38	Training records
Indicator 3.3	# of sites equipped	4	6	Pictures
Indicator 3.4	# of communication/awareness raising products (disaggregated by type and language)	5	3	Pictures
Indicator 3.5	# of community-based interventions to disseminate critical information	4	4	Pictures, soundclips
<b>Explanation of output and indicators variance:</b>		<p>3.1 - 1,000 tarpaulins were distributed in Abaco in the first months of the response. In addition, 1,000 hygiene kits were distributed in New Providence in collaboration with partners and 100 non-food kits were distributed in Abaco.</p> <p>3.2 Only 38 Persons have been trained, predominantly government employees and NGOs volunteers. The Ministry of Social Service who is responsible for Emergency Shelter Management delayed the identification of participants for a training planned for February 2020. In April 2020 the government requested IOM training for 80 staff, but this will fall outside the scope of this project.</p> <p>3.3 Out of 4 planned emergency shelters, 3 shelters received upgrades of their sanitation facilities. 3 additional sites were supported with an expansion of their storage facilities (container units). IOM also erected 9 temporary "Better shelters" in one site.</p> <p>3.4 IOM translated 3 essential news stories about relocations of shelters and planned deportations in Haitian Creole and disseminated those via social media channels to the Haitian community. Additional documents were disseminated by the Protection Working Group led by UNHCR.</p>		

		3.5 Four community information sessions were organized such as: One fire prevention / waste management meeting with residents of The Farm (Abaco), two movie events with migrant communities and one GBV event with migrants co-led with UNFPA and the Ministry of Social Services. IOM also held a protection workshop with representatives from The Haitian League of Pastors, local NGO's and international NGO's.
Activities	Description	Implemented by
Activity 3.1	Procure, ship and deliver of tarpaulins from Panama to Abaco	IOM in collaboration with UNHRD
Activity 3.2	Conduct rapid, 4 x 3-day training on shelter management	IOM
Activity 3.3	Equip sites as needed (fire extinguishers, generators, illumination (including solar lanterns), hygiene equipment, privacy divisions, etc.)	IOM and local partners
Activity 3.4	Disseminate inclusive communication/awareness raising materials (safe shelter and protection) to vulnerable evacuees in English and creole	IOM
Activity 3.5	Implement community-based interventions at collective centres	IOM and local partners

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

**How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

IOM hired members of the crisis affected communities as enumerators in the DTM assessments.  
IOM recruited a Protection assistant from Haitian Descent who is bi-lingual and is very well connected in The Bahamas. IOM also employs two project assistants from the affected area.  
IOM collaborated in 2 DTM assessments with a local organization called 'Rights Bahamas'

**Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

IOM coordinates its repair activities with the Newly established DRA (Disaster Reconstruction Authority)  
IOM engages with the Haitian League of Pastors and Christian League of Pastors for community mobilization and advocacy.  
IOM collaborated with the Rotary club for the clearance and distribution of 40 donated Shipping containers.  
IOM co-led the ESF-6 (CCCM) coordination meetings till December 2019 in New Providence and Abaco; and since January 2020 initiated and co-leads a protection working group in Abaco in collaboration with IsraAid.

### 6.b IASC AAP Commitment 3 – Information, Feedback and Action

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

All staff have followed the IOM Ethics and Conduct training and wear recognizable IOM gear. Staff consistently explains that IOM as UN agency works solely according to the Humanitarian Principles. IOM translates key messages in Haitian Creole and disseminated to the Haitian migrants.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.**

Yes ☒ No ☐

During the project, IOM opened an [IOMBahamas@iom.int](mailto:IOMBahamas@iom.int) email address. Because Bahamas is a small country where everyone knows each other, much of the communication goes via informal Whatsapp channels. IOM established "Emergency shelter" Whatsapp groups with more than 200 members, which were widely used by local organizations and community group representatives.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes ☒ No ☐

IOM has its SEA complaint mechanism at its global website. All staff are trained and partners aware on the prevention of SEA

**Any other comments (optional):**

N/A

## 7. Cash and Voucher Assistance (CVA)

**Did the project include Cash and Voucher Assistance (CVA)?**

Planned	Achieved
No	No

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

Each activity had its own monitoring and evaluation conducted throughout the duration of the project. No final evaluation was planned due to the short duration of the project.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

## 9.2. Project Report 19-RR-FPA-046 - UNFPA

9. Project Information			
1. Agency:	UNFPA	2. Country:	Bahamas
3. Cluster/Sector:	Protection – Sexual and/or Gender-Based Violence	4. Project Code (CERF):	19-RR-FPA-046
5. Project Title:	Respond to life saving needs of Hurricane Dorian-affected women and adolescent girls by preventing, mitigating and responding to GBV		
6.a Original Start Date:	27/09/2019	6.b Original End Date:	26/03/2020
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\$ 700,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 365,150
	c. Amount received from CERF:		US\$ 202,150
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 54,785</b>
	of which to:		
	Government Partners		US\$ 20,400
	International NGOs		US\$ 34,385
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

## 2. Project Results Summary/Overall Performance

Through this CERF/RR grant, UNFPA established the GBV Working Group to coordinate the implementation of the multi-sectoral response, which included the updating of the GBV service mapping and the development of two referral pathways for GBV survivors to access medical, legal, police, psychological first aid and psychosocial support services; trained 336 service providers, front line workers, shelter managers and Focal Points on GBV prevention, risk mitigation, response and Prevention of Sexual Exploitation and Abuse (PSEA); established a PSEA Network comprising of UN agencies, (I) NGOs and government departments; established a free 24/7 Hotline Number for sexual exploitation and abuse related cases and complaints; provided a total of 1,493 dignity kits containing hygiene supplies to vulnerable women and girls of reproductive age; strengthened the capacity of 93 health care providers and non-medical responders on syndromic management of STIs and clinical management of rape for first-level diagnosis, treatment and referral of GBV sexual violence survivors; and 5 community health volunteers to improve access to health care services by the affected Haitian migrant communities.

The project assisted a total of 2,743 affected persons, 109 per cent of the planned reach and allowed for addressing and mitigating gender-based violence in New Providence, Grand Bahama and Abaco Islands.

## 3. Changes and Amendments

Over 200 per cent of targeted first line responders were trained on GBV mitigation and response, resulting in a significant increase in national capacity to respond to GBV in emergency settings.

Two GBV referral pathways were established instead of the 13 that were planned in New Providence and Abaco Island. It was initially projected that by 13 September, at least 10 shelters would be opened and serving more than 2,000 evacuees. However, the situation changed over time as Bahamians settled among the community, with the support of the social services and Haitians started to return to

the islands, were deported, or settled in homes with relatives and friends. This drastically reduced the number of GBV referral pathways needed.

#### 4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Protection – Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	670	600	385	330	1,985
Other affected persons	260	240	11	14	525
<b>Total</b>	<b>930</b>	<b>840</b>	<b>396</b>	<b>344</b>	<b>2,510</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	140	126	59	52	377

#### 4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Protection – Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	400	100	55	95	650
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	210	898	100	885	2,093
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>610</b>	<b>998</b>	<b>155</b>	<b>980</b>	<b>2,743</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	76	0	0	76

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

In the actual implementation of the project, internally displaced persons and host communities were found to be the most affected. They therefore represented the majority of project beneficiaries. The targets for women and girls reached were well exceeded based on the needs. However, as most of the project activities took place during the days, men and boys were significantly less engaged because of their limited availability and engagement in livelihood and rebuilding activities in their communities. Also, the actual number of persons with disabilities was less than initially projected as per the data available at that time. As a result, the planned targets for men, boys and persons with disabilities were not reached.

#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

A total of 406 first line responders, health care professionals, GBV and PSEA focal points had capacities strengthened to respond to GBV, address sexual exploitation and abuse in humanitarian contexts and provide integrated sexual and reproductive health services to the affected populations. This figure represents a reach of almost 254 per cent of the planned target of 160 individuals. Approximately 900 IEC materials on the GBV referral pathways and PSEA were distributed to host communities, which were also engaged via social media through SMS text messages (1,507 sent), group and one-to-one sessions on GBV prevention and sexual and reproductive health. GBV information was also shared with affected persons and host communities via radio. The national broadcasting corporation (ZNS) covers every island and cay, reaching all 400,000 plus of the population, however there is presently no scientific mechanism for audience rating. One of the private media houses that streamed UNFPA messages indicated that they have an online rating of 30,000, which means that the radio and television audiences would be more; actual reach could not be verified.

#### 5. CERF Result Framework

<b>Project Objective</b>	Respond to lifesaving needs of women and adolescent girls affected by Hurricane Dorian by preventing, mitigating and responding to Gender-Based Violence (GBV)			
<b>Output 1</b>	Improved quality of, availability and access to survivor-centred, multi-sectoral services and referral systems to respond in a timely manner to GBV incidents Protection - Sexual and/or Gender-Based Violence			
<b>Sector</b>	Protection - Sexual and/or Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of targeted shelters with a functional GBV referral pathway that includes multi-sectoral services for GBV survivors.	13	2	Department of Family and Gender Affairs Records
Indicator 1.2	# of service providers, front line workers, shelter managers whose capacity is enhanced on gender prevention, risk mitigation and response and PSEA	130	257	Participants' Attendance Register
Indicator 1.3	# women and girls, men and boys targeted with awareness raising sessions in the shelters, dissemination of information and key messages on GBV prevention and response and PSEA	2,510	2,743	Activity Reports
<b>Explanation of output and indicators variance:</b>		Less shelters were opened than initially planned as many of the affected persons settled in with family, friends and host communities in the aftermath of the hurricane. This eliminated the need for the number of GBV referral pathways initially projected.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Coordination and Programming of Gender-Based Violence Emergency Response: to strengthen the implementation of GBV coordination and programming response, prevention of HIV and STIs and address health consequences of GBV, including integration of SRH and technical assistance of the UNFPA Haiti Country Office to address the specific needs of the Haitian migrant population	UNFPA, Department of Family and Gender Affairs/Ministry of Social Services, Americares		
Activity 1.2	Establishment of GBV referral pathways: Strengthening/establishing a GBV referral pathway and Standard Operating Procedures (SOPs) to improve access of	UNFPA, Department of Family and Gender Affairs/Ministry of Social Services, Americares and other partners of the GBV Coordination Working Group		

	GBV survivors to secure and appropriate multi-sectoral services and protection and mental health providers	
Activity 1.3	Improve service provision through: information sessions for service providers, front line workers, shelter managers, health and psychosocial support personnel and community members on GBV safe identification and referral, SOPs, GBV case management, and other relevant topics to GBV and SRH in emergencies	UNFPA, Department of Family and Gender Affairs/Ministry of Social Services
Activity 1.4	Psychosocial support and Case Management targeting GBV survivors: to increase access to accessible confidential and survivor-centered psychosocial support and psychological first aid to all survivors	Americares

<b>Output 2</b>	Community-based protection mechanisms are in place in the shelters and communities			
<b>Sector</b>	Protection - Sexual and/or Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# sessions conducted in the women and adolescent girls' groups established in the shelters in the affected areas	78	18	Activity Report
Indicator 2.2	# of GBV focal points identified and trained	30	30	Participants' Attendance Register
<b>Explanation of output and indicators variance:</b>		The planned sessions for women and girls in shelters were affected because of a few critical reasons. There was a drastic reduction in the number of shelters that were projected to be established as persons affected preferred to move in with family, friends and host communities. The 2 available shelters were under very tight security restrictions, which also affected the ability to meet and engage freely with the women and girls. Also, the Government of the Bahamas was deporting undocumented Haitian migrants and for that reason, the convening of migrant women and girls, who were mostly in the shelters, posed a high security risk and therefore was a deterrent to convening the sessions.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Creation of women and adolescent girls' groups in the shelters: Identification and establishment of women's and adolescent girls' groups and GBV focal points as community-based protection mechanisms in the shelters;	UNFPA, Americares		
Activity 2.2	Improve access to life-saving services through identification and training of GBV focal points (to assist with GBV prevention, risk mitigation and response activities).	UNFPA, Department of Family and Gender Affairs/Ministry of Social Services, Americares		

<b>Output 3</b>	GBV key messages and life-saving information sessions and materials on available services for GBV survivors and dignity kits delivered to women and adolescent girls as well as protection against sexual abuse and exploitation (PSEA)			
<b>Sector</b>	Protection - Sexual and/or Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	# of women and adolescent girls provided with dignity kits	1,450	1,493	UNFPA DK Distribution List
<b>Explanation of output and indicators variance:</b>				

Activities	Description	Implemented by
Activity 3.1	Delivery of life-saving supplies and information on available services for GBV survivors and at-risk populations, including dignity kits and condoms in the shelters and affected communities where and how to access those services.	UNFPA, Department of Family and Gender Affairs/Ministry of Social Services, Americares, Bahamas Red Cross Society
Activity 3.2	Community awareness raising sessions, through community discussions and/or community radios (where existing) on issues related to GBV, PSEA, sexual reproductive health and rights, including HIV, STI, FP and other topics	UNFPA, Americares, Department of Family and Gender Affairs/Ministry of Social Services
Activity 3.3	Coordination of the PSEA Network prevention and response; Establishment of a Complaints and Feedback mechanism; mainstreaming of the PSEA Code of conduct within the humanitarian actors; disseminating key messages and awareness raising sessions on protection against sexual exploitation and abuse (PSEA) to humanitarian actors and communities.	UNFPA and other UN partners (OCHA, UNICEF, WFP, IOM, PAHO/WHO and UNHCR) and Bahamas Crisis Center

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>The project was developed and implemented in close collaboration with the Department of Family and Gender Affairs in the Ministry of Social Services, key civil society partners, relevant UN agencies, and utilized data gathered from focus group discussions that were conducted in the largest shelter in Nassau with the target populations to determine needs and this fed into the project design. UNFPA immediately deployed its Haiti-based GBV Specialist for several weeks to facilitate in creole focus group discussions with the Haitian communities who were most impacted by the hurricane. Community health volunteers were furthermore recruited from Haitian and Haitian-Bahamian community in Hope Town and were direct implementers of key activities. They were also responsible for the data collection used to informed data-driven decision making throughout the pilot period. Regular site visits were conducted by UNFPA GBV and SRH coordinators to monitor implementation of the project.</p>	
<p><b>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</b></p> <p>Existing national and local government and civil society mechanisms and networks were tapped into to actively engage community members in the response. The Community Health Volunteer Programme for example, targeted most vulnerable populations, in particular Haitians and Haitian-Bahamians, who did not engage in the health system relative to their population size. By recruiting directly from the Haitian population, this strengthened local ownership and facilitated increased access to health services in collaboration with the Ministry of Health. The Mental Health and Psychosocial shelter team included a Bahamian counsellor and Haitian Creole translators and effort was made to include Bahamian and Haitian Creole speaking organizations and individuals to surmount the language barrier. Furthermore, a local organization, <i>Lend a Hand Bahamas</i>, was identified to coach basketball lessons and do job skills trainings for community members. Group sessions and GBV sensitization outreach were participatory in nature, thereby capturing the voice and needs of the affected populations.</p> <p>The Bahamas Red Cross Society, Bahamas Crisis Center, together with INGOs and local NGOs were actively engaged in strengthening the established GBV referral pathways mechanisms. As a result of the GBV Working Group weekly coordination meetings, it was possible to maintain the engagement with specialized GBV case workers from the Bahamas Crisis Center and Bahamas Red Cross to reach out to women, girls and marginalized groups for dignity kits distribution, GBV awareness sessions and emergency referral to medical services.</p>	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	

<p><b>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</b></p> <p>Affected persons were provided relevant information through the Department of Family and Gender Affairs, in-person briefings at GBV training workshops with UNFPA staff and surge personnel and through focus group discussion sessions. The work on PSEA was also critical in sensitizing, establishing and clarifying on principles and codes of conduct.</p>	
<p><b>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.</b></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.</b></p> <p>In collaboration with the Bahamas Crisis Centre, a hotline for sexual exploitation and abuse related cases and complaints was established and the number widely distributed among the affected population. Key messages were translated and shared with the sectors to circulate at key strategic points on how to make a complaint and report cases of SEA by the community members. A total of 21 nominated PSEA focal points from different sectors/ working groups comprising UN agencies, INGOs, government partners, and local organisations were trained on how to prevent, mitigate and respond to cases of SEA, on roles and responsibilities of the PSEA focal points, and developing an action plan for the PSEA Network in the Bahamas. Complaints received were referred to the relevant sectors/actors in social services, health, police, legal for further action.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Any other comments (optional)</b></p> <p>N/A</p>	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>An internal assessment will be carried out and the findings used to inform future humanitarian response. Moreover, the UNFPA office executing this CERF programme will start its country programme end-line evaluation which will include a strong reference to the CERF funded interventions. The evaluation is expected to be finalized December 2020.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## Project Report 19-RR-WFP-063 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Bahamas
3. Cluster/Sector:	Logistics - Common Logistics	4. Project Code (CERF):	19-RR-WFP-063
5. Project Title:	WFP Support to NEMA & CDEMA through common logistics services for Bahamas Dorian Response		
6.a Original Start Date:	23/09/2019	6.b Original End Date:	22/03/2020
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\$ 5,423,196
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,800,000
	c. Amount received from CERF:		US\$ 400,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

## 2. Project Results Summary/Overall Performance

Through the CERF/RR Grant, WFP in collaboration with CDEMA, supported NEMA to facilitate and track movement of vital humanitarian assets and relief items between the islands of Nassau, Abaco and Grand Bahama between September – December 2019. The tracking of humanitarian cargo between the islands was made possible through a tailored version of the regional supply chain management tracking system that WFP was in the initial stages of developing with CDEMA. In close collaboration with NEMA, WFP developed and implemented the registration and tracking component of the system, building the functionality of the system within the cargo movement request for shipping services, thus creating better coordination of relief items being transported between the capital, Abaco, and Grand Bahama. In this regard, WFP supported 12 sea voyages transporting 1,107 MT of cargo on behalf of 35 humanitarian and governmental organizations

## 3. Changes and Amendments

There were no modifications from the original activity stipulated in the proposal. WFP provided support to the National Emergency Management Agency (NEMA) for the Bahamas, which devised a coordination structure built around an Emergency Operation Center supported by various Emergency Support Functions (ESF). WFP served as the co-lead for several ESFs including a) communications (ESF-2), b) relief supplies and distribution (ESF-7) and c) food security (ESF-11). WFP staff supported NEMA in managing these ESFs and bringing multiple actors involved in these sectors around the table in order to enhance the effectiveness and efficiency of the overall response to Hurricane Dorian. WFP also facilitated the launch of a cash working group. Over time, WFP turned over full responsibility for leading each of these three ESFs to NEMA based on NEMA's capabilities. WFP phased out of its co-lead role in ESF-2 by the last week of September. WFP phased out of its co-lead role for ESF-7 and ESF-11 by the first week of December.

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Logistics - Common Logistics				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Logistics - Common Logistics				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	
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4.c Persons Indirectly Targeted by the Project
<p>By providing common services and logistics support to the Government of the Bahamas and the wider humanitarian community, WFP was able to indirectly support the provision of vital food and non-food items to the most vulnerable and affected communities in Grand Bahamas and Abaco following the passage of hurricane Dorian in September 2019.</p> <p>The CERF Funds were not allocated toward WFP's cash transfer programme in Abaco, however, in January 2020 a total of 1,685 individuals (698 men; 512 women; 475 children) across 475 households were identified as potential beneficiaries for the value voucher programme. The criteria specifically referenced the loss of the main source of income, level of damage to houses, composition of households and number of dependants including elderly, children, lactating women, pregnant women, chronically ill, physically ill, mentally</p>

challenged, and households caring for a foster child. Of those approved under the programme, 76 percent were single-headed households (of which one in three were headed by women), and 72 percent had their house totally destroyed by the hurricane. The majority of households included one or more of the following people: foster children (7 percent); pregnant and lactating women (9 percent); people over the age of 65 (15 percent); chronically ill persons (17 percent); physically or mentally challenged persons (10 percent).

## 5. CERF Result Framework

<b>Project Objective</b>	To ensure the quick movement of life-saving humanitarian cargo to impacted areas for the government and humanitarian community responding to Hurricane Dorian in the Bahamas through the provision of common logistics services. To facilitate storage and management of relief items in coordination with NEMA and CDEMA for the broader humanitarian response of the government, UN Agencies and NGO community. To support the overall humanitarian logistics response by augmenting logistics capacity through enhanced coordination and information sharing mechanisms.
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<b>Output 1</b>	Affected populations benefit from logistics and supply chain assistance to national disaster management mechanisms, humanitarian agencies, and partners in order to receive timely life-saving food and other relief supplies.			
<b>Sector</b>	Logistics - Common Logistics			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Percentage of service requests for sea transport cargo fulfilled	85%	100%	WFP End-to-end supply chain management tracking system
Indicator 1.2	Service satisfaction rate	User survey is 80% above	100%	Customer satisfaction rate survey
Indicator 1.3	Number of partners supported utilizing transportation and storage services	18	18	WFP End-to-end supply chain management tracking system
Indicator 1.4	Amount of space made available to NEMA/partners	5 Mobile Storage Units	5 Mobile Storage units	WFP Annual Country Report
Indicator 1.5	Number of sea transport trips offered to NEMA/partners	4	4	WFP End-to-end supply chain management tracking system
<b>Explanation of output and indicators variance:</b>		<p>1.1 While the sea transport was being offered, all requests were honoured to facilitate the transportation of relief items between the islands.</p> <p>1.2 WFP administered a customer satisfaction survey to users to organizations, both national and international, that utilised WFP's common services reported that 100 percent of respondents felt that WFP's logistics support fulfilled its commitments. Fifty percent of respondents identified storage and reliable transport as the main logistics challenge, which were the main services provided by WFP in the Bahamas. Sixty-four percent of all respondents indicated that WFP's support addressed the main logistics challenges.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Contracting, delivery and set up of logistical assets to expand Government's supply chain and logistical response capacities.	WFP		
Activity 1.2	Deployment of staff	WFP		
Activity 1.3	Provision of scheduled transport services	WFP		

<b>6. Accountability to Affected People</b>	
WFP's assistance through CERF funding was for the provision of common services to government, humanitarian actors and development partners. As such, interactions with the affected population were managed by those partners. WFP worked with NEMA to prioritize cargo movements in order to meet the most pressing needs. WFP's work in the provision of direct assistance, not funded by CERF, incorporated accountability to affected populations.	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
N/A	
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?	
N/A	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
N/A	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
N/A	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
N/A	
Any other comments (optional):	
N/A	

<b>7. Cash and Voucher Assistance (CVA)</b>	
Did the project include Cash and Voucher Assistance (CVA)?	
<b>Planned</b>	<b>Achieved</b>
No	No

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
We are not conducting an evaluation under the CERF as evaluations are mostly conducted on WFP overall programmes under the strategic plan framework, which would not cover the CERF contributions.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
19-RR-FPA-029	Gender-Based Violence	UNFPA	INGO	\$34,385
19-RR-FPA-029	Gender-Based Violence	UNFPA	GOV	\$20,400

## ANNEX 2: SUCCESS STORIES - UNFPA

### MHPSS Program at Kendal Isaacs Gymnasium Shelter

Hundreds of people whose homes were destroyed by Hurricane Dorian on September 1st were evacuated from Abaco and Grand Bahamas and brought to a shelter in the Kendal Isaacs Gymnasium in Nassau. The UNFPA grant and technical assistance allowed AmeriCares to implement much-needed MHPSS programming for the shelter residents. Almost every resident benefited in some way, as the programme was comprised of a broad spectrum of activities including: group and individual therapy, art activities, SRH information sessions, distribution of sports equipment, distribution of games (puzzles, cards, checkers, chess, books), distribution of hygiene and Dignity Kits, weekly Zumba classes, weekly movie nights, job skills sessions, holiday decorations and activities, and a large Community Tent. Wherever possible, Bahamian people were resourced to implement MHPSS activities - the Zumba, basketball coaching, and job skills training were all implemented via Bahamian entities.

This grant unequivocally increased the quality of life for people of all ages living at the shelter. AmeriCares staff received positive feedback and messages of appreciation from everyone at the shelter including the residents, Social Services, the Police, and the Ministry of Health.

Number of people reached: 500

Number of adult group therapy sessions: Male- 14, Female- 11, Community- 3

Number of adult group therapy session interactions: Males- 114, Females- 110, Community- 70

Number of girl's <18 SRH and Positive Behavior sessions: 7

Number of girl's SRH and Positive Behavior session interactions: 78

Number of Dignity Kits distributed: 62

Number of boy's <18 SRH and Positive Behavior sessions: 3

Number of boy's SRH and Positive Behavior session interactions: 27

Number of Zumba classes: 6

Number of Zumba class interactions: ~155

Number of Movie Nights: 5

Number of Movie Night interactions: 211

Number of sessions with Lend a Hand Bahamas: Basketball coaching- 3, Job Skills training- 2

Basketball coaching interactions: 63

Job Skills training interactions: 20

Location: Nassau, New Providence, Bahamas

Contact: Tess Bonacci, [tbonacci@americares.org](mailto:tbonacci@americares.org), [tessbonacci@gmail.com](mailto:tessbonacci@gmail.com)

Please see photos below (Annex4)

### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

#### IOM

IDP	Internally displaced persons
DIT	Department of Information Technology (Government of Bahamas)
DTM	Displacement Tracking Matrix
NGO	Non-Governmental Organization
PWD	Persons with disability
SIRA	Integrated Shelter Registration System (SIRA in Spanish)

#### UNFPA

CFS	Child Friendly Space
CHV	Community Health Volunteer
GBV	Gender Based Violence
KIGS	Kendal Isaacs Gymnasium Shelter
MHPSS	Mental Health and Psychosocial Support
PSEA	Protection from Sexual Exploitation and Abuse
SRH	Sexual and Reproductive Health

#### WFP

CDEMA	Caribbean Disaster and Emergency Management Agency
ESF	Emergency Support Function
NEMA	National Emergency Management Agency
NGO	Non-Governmental Organization
WFP	World Food Programme

## Annex 4: Photos - UNFPA



Photos (from left: 1) Zumba Class, 2) Art Activity, 3) Art Activity.



Photos (from left): 1) Individual counselling session, 2) Girl's SRH and Positive Behaviors Session, 3) Dignity Kit distribution



Photo (above): UNFPA and Department of Family and Gender Affairs held training with participants from Police, Immigration, NGOs and Faith-Based Organizations on September 27, 2019



Photo (above): Mr. Farid Gul, Prevention of Sexual Exploitation and Abuse (PSEA) Expert conducted a training with key stakeholders on PSEA on November 12, 2019 in the Hearing Room, Department of Physical Planning.



Photo (above): Trafficking in Persons Training, November 19, 2019



Photo (above): Alicia Rolle, Department of Gender and Family Affairs, conducting a training with Social Workers and Law Enforcement Officers at Edmund Moxey, Community Centre, November 20, 2019.



Photo (above): Mr. Henry Johnson, Department of Gender and Family Affairs with group of nurses following GBV training on November 21, 2019



Photos (above): Arrival start distribution of dignity kits within one week after arrival of UNFPA team in Nassau, September 2019. DKs were pre-positioned in Panama by LACRO.