

**NICARAGUA
RAPID RESPONSE
HURRICANE ETA & IOTA
2020**

20-RR-NIC-46275

Nazario Esposito
Inter-Agency Technical Coordinator of the United Nations Agencies in
Nicaragua

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

[19 november]

It is worth noting that from the beginning of the impact of hurricanes Eta and Iota on the country, UN agencies coordinated with the Government of Nicaragua to use the CERF fund for a rapid response to humanitarian needs. In this sense, a coordination mechanism was agreed with the Government, through SINAPRED and the corresponding public institutions, to facilitate the dynamics of planning, implementation and monitoring of activities, through meetings when necessary. Within the UN system, the CERF fund promoted the UN inter-agency technical coordination to function as a facilitator to streamline inter-agency coordination in all CERF processes and contribute to joint work.

Externally to the UN system, CERF processes generated extensive coordination with the national, regional and municipal governments, and at the level of the communities and territories where humanitarian assistance was delivered. Alliances were also formed with national and international NGOs to complement the work on the ground. In the same line, it was relevant that, through the CERF fund, the project proposal was presented jointly, which promoted the mobilization of more funds for the emergency. The CERF has offered a good practice for strengthening inter-agency coordination and presence of UN agencies in the Caribbean Coast of the country, which will allow the development of a joint strategy in the medium and long term of UN cooperation in this area.

The CERF fund contributed significantly to the OCHA's incorporation into the inter-agency work and thus to initiate a dialogue with the government for a timely cooperation in the country in the medium term; this can be achieved as long as the conditions are in place.

As part of the lessons learned, It is important to mention that the WFP was the first agency to provide immediate humanitarian assistance and to request the entry of this cooperation into the CERF fund's accounts. Unfortunately, the CERF couldn't take these costs into account, as internal procedures limit the retroactivity of expenditures, which the elaboration of the CERF proposals, due to the particularities of the country, exceeded. It is therefore recommended to evaluate the flexibility of this procedure in particular and unique cases such as Nicaragua.

The final CERF report was a joint work exercise carried out with the participating agencies, the draft was subsequently shared with the government in order to integrate its observations.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes ☒ No ☐

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts).

Yes ☒ No ☐

STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Hurricanes Eta and Iota brought devastating winds and heavy rains that wreaked havoc in Nicaragua, affecting, as a result, some of the country's most vulnerable populations. The funding of US\$2 million granted by CERF has been relevant in order to bring immediate humanitarian assistance that allowed to save lives in support of the efforts and initiatives of the government. Additionally, it has provided an opportunity to reestablish lines and structures of sectoral coordination between agencies and governmental institutions through the National System for Disaster Prevention, Mitigation and Attention ("SINAPRED" for its Spanish acronym). CERF has made it possible to finance urgent needs for a total of 101,321 people, in water, hygiene and sanitation (WASH), food security / early recovery, protection (protection of children) and health in the Autonomous Region of the North Caribbean Coast (RACCN, for its Spanish acronym), considered as the most affected zone, especially the municipalities of Puerto Cabezas, Waspan and Prinzapolka, among others, where there is a concentration of indigenous populations in the area exposed to limited access to basic services..

CERF's Added Value:

The UN agencies complemented the Government's actions in a coordinated manner in order to achieve the results and reach the beneficiaries in a timely manner. Through CERF, the organizations and partners involved were able to implement actions that could meet more immediate needs, providing girls, adolescents and women with access to nutritious food, drinking water for consumption, hygiene and protection, through a complementary strategy between United Nations agencies experienced in prioritized sectors, in order to save lives as the first response to the vulnerable population affected by Eta and Iota. By having access to CERF funds, agencies were able to respond quickly to humanitarian needs and other donors mobilized their own resources. As mentioned, the CERF has facilitated the possibility of establishing a coordination structure with government institutions, through SINAPRED, and has increased the presence and operability of a greater number of agencies in the affected areas. From SINAPRED, based on Law 337, the institutions work together in accordance with the integration of the National System and in the event of the arrival of Hurricane Eta, all institutions undertook preventive preparedness actions.

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

Yes ☒

Partially ☐

No ☐

The activities carried out were executed in the prioritized areas included in the government's immediate response plan, predominantly in areas with indigenous populations, in order to achieve a rapid provision of humanitarian assistance in remote areas with difficult access and multiple needs, particularly affecting girls, boys and teenagers. The agencies involved in the response and in support of government efforts provided an effective, pertinent and critical assistance in the food security and economic recovery fields to mainly low-income families, who depend on agriculture and fishing. The agencies also contributed to recovering sources of livelihood and avoiding food insecurity. Likewise, logistical support was provided for the deployment of intercultural health teams in order to establish access to essential health care services and support the provision of equipment, supplies and drugs to improve medical treatment and epidemiological surveillance. Additionally, the areas of Sexual and Reproductive Health (SRH) and Gender Violence (GV) were emphasized to ensure that children, teenagers and women received assistance adapted to their differentiated needs. Finally, emergency support was provided in the areas of water, sanitation and hygiene in the affected communities, shelters and health centers, including the supply, storage and treatment of water in emergency situations and the repair and rehabilitation of sanitary facilities. Child protection activities were oriented to ensure inclusion, participation and to help eradicate discrimination. Along the same lines, the remaining activities were planned and implemented in a participatory manner and taking into account the cultural aspects of the benefited population, promoting equality, equity and inclusion.

Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

CERF fund has been key in the first phase of the response, allowing the implementing agencies and their partners, under the leadership of SINAPRED, to serve more than the 95,000 originally planned people. The populations received assistance that was initially channeled through temporary shelters (on November 2020), and after returning to their homes (on December 2020 and January 2021) they were treated at the household level and in health centers. Likewise, with the objective of making a transition towards the second phase of response to the emergency caused by hurricanes Eta and Iota, CERF's contribution allowed the implementation of activities aimed at recovering sources of livelihood, providing sustained support to the affected populations in order to improve their food security and to offer inputs to restart their productive activities. Additionally, investments have been made to educate and to provide technical training

of participatory nature to affected populations, thus strengthening their capacities and knowledge. The programmatic activities have been accompanied by a series of visibility and communication actions with the communities, in coordination with the corresponding government entities, in order to guarantee that the beneficiary population knew their rights and the key information about the program.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒

Partially ☐

No ☐

The projects have made an important contribution to improving coordination at all levels: between United Nations agencies, the Government, local authorities and other stakeholders at the community level (with indigenous community structures in the affected territories, e.g. autonomous regional authorities, community authorities and councils of elders, thus strengthening the basic unit for connecting humanitarian aid). Working within CERF's framework has fostered a positive dynamic of coordination and exchange of both information and experience. The funds requested from CERF have served to reinforce government actions, facilitating actions and creating links between the activities carried out by both government institutions and other actors on the ground. The coordination mechanism with the government was established through SINAPRED, which has functioned through fluid communication with bilateral and sectoral meetings with different public institutions. UN agencies also followed up on CERF implementation through regular meetings to address problems and jointly coordinate corrective actions.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒

Partially ☐

No ☐

CERF funds contributed to the United Nations agencies' response action plan estimated at US\$50.9 million, through which other donors were encouraged to participate in financing the actions programmed in the different sectors; achieving complementarity and greater coverage of humanitarian assistance to affected families.

Considerations of the ERC's Underfunded Priority Areas¹:

CERF funds were relevant to support children, adolescents and women who were in vulnerable situations during the emergency in the shelters set up by the State, in coordination with the Psychosocial Support Commission. As a result of the coordination with regional authorities, a joint plan was defined to strengthen the regional pathway for access to justice for children, adolescents and women survivors of gender-based violence, taking into account the worldview and intercultural characteristics of the region.

However, despite the opportunities, it is considered that more funding is urgently needed for programs aimed at people with disabilities. This is one of the areas that presents the greatest challenges, in the sense of strengthening both the information records on disabled population as well as the technical capacity around the intervention, especially when it comes to identifying families with people with disabilities, due to the high levels of stigmatization.

The early recovery sector is essential to help restore the sources of livelihood of affected people. As part of the response and recovery, the Government of Nicaragua immediately attended the reactivation of productive livelihoods such as the sowing of apante and continues the support through the Production System.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	50,928,039
CERF	2,000,000
Country-Based Pooled Fund (if applicable)	[Not applicable]
Other (bilateral/multilateral)	[Not applicable]

¹ 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 HCTs/UNCTs 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. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Total funding received for the humanitarian response (by source above)	2,000,000
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Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
UNICEF	20-RR-CEF-067	Water, Sanitation and Hygiene	400,000
UNICEF	20-RR-CEF-067	Protection - Child Protection	100,000
WFP	20-RR-WFP-053	Early Recovery	504,000
WFP	20-RR-WFP-053	Food Security - Food Assistance	396,000
WHO	20-RR-WHO-043	Health	600,000
Total			2,000,000

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

GUIDANCE (delete when completed): The information is to be prepared by the Fund's coordination center based on agencies' inputs.

Total funds implemented directly by UN agencies including procurement of relief goods	1.096.696,91
Funds sub-granted to government partners*	542.209,72
Funds sub-granted to international NGO partners*	134.708,94
Funds sub-granted to national NGO partners*	226.384,43
Funds sub-granted to Red Cross/Red Crescent partners*	[Not applicable]
Total funds transferred to implementing partners (IP)*	[903.303,09]
Total	2,000,000,00

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Since early and mid-November 2021, hurricanes ETA (category 4) and IOTA (category 5) hit Nicaragua in almost identical trajectories, prompting the government to declare a National State of Alert on November 2nd and to expand it on November 16th. Three million people were exposed to both hurricanes, of which 1.8 million people needed humanitarian assistance, 160,597 were evacuated, 59,964 were obliged to find shelter and 21 died (as side effects of the events). The government estimated damages and losses at US\$766 million, equivalent to 6% of Nicaragua's GDP. The impact of both hurricanes was concentrated in the Northern Caribbean Autonomous Region (RAACN), where there was no loss of life, however, Iota also had strong national consequences, as well.

Operational Use of CERF Allocation and Results:

In response, on 11 December 2020, the Emergency Relief Coordinator has allocated US\$2 million from CERF's rapid response window for humanitarian action, in order to save lives. The United Nations country team is focused on delivering an integrated package of life-saving assistance in health, protection, sexual and reproductive health, food security, early recovery, and water, sanitation and hygiene.

People Directly Reached:

Instead of the 95,988 people initially planned, a total of 101,321 people have been reached ². However, it should be mentioned that the figures recorded as directly "achieved" are not a simple summation of the beneficiaries of each activity reported, because in most cases the activities were complementary and reached the same population. This is particularly evident in WASH and Protection, where not only direct assistance and / or the construction of latrines were important, but awareness campaigns and the promotion of best hygiene practices were also essential, since they enhanced the effects of relief aid. Likewise, in food security and early recovery focus has been put on basic food needs, while ensuring continuity in recovery actions for the reactivation of sources of livelihood, with the delivery of technology vouchers that contributed to the food security of families.

People Indirectly Reached:

It is somewhat difficult to quantify the number of people who benefited indirectly from the activities implemented. However, it is safe to say that all the implementing agencies accompanied such activities with information campaigns related to the promotion of positive behaviour changes, including hand washing practices for the prevention of COVID-19 and water-borne diseases; safe water treatment; safe handling and disposal of excrement; solid waste management and environmental care issues. These activities were carried out in the local languages, with the support of community leaders and in coordination with the corresponding institutions, in which the projects were implemented, considering specific cultural aspects and the inclusion of the indigenous population. The communication materials were also used in community integration activities to implement participatory playful methodologies.

Similarly, in the food security and early recovery sectors, printed visibility and communication materials were produced for not only recipients of assistance, but also entire communities. The distribution of each productive voucher was accompanied by informative material in Spanish and Miskito, including technical suggestions on the use and care of agricultural or animal inputs; information on food safety; hygiene in food handling; the role of women in food and nutrition security; and resilient practices in communities.

With regard to health, it is safe to say that the entire community, especially women, have been indirectly benefited from the activities implemented, through the supply of inputs and equipment for obstetric emergencies and sexual and reproductive health kits, in health facilities in the 3 RACCN municipalities (Bilwi, Prinzapolka and Waspam).

² To avoid duplication in the count, the numbers of the population reached corresponding to: Health, the largest number of people in Food Security / Early Recovery and the number of people in WASH are considered.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

SECTOR/CLUSTER	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Early Recovery	7,409	7,449	6,259	6,293	27,410	7,409	7,449	6,259	6,293	27,410
Food Security - Food Assistance	5,750	5,781	4,857	4,883	21,271	5,750	5,781	4,857	4,883	21,271
Health	21,591	20,995	13,178	12,814	68,578	29,984	18,805	6,404	6,297	61,490
Protection - Child Protection	2,100	1,600	800	500	5,000	2,576	1,712	914	531	5,733
Water, Sanitation and Hygiene	2,754	2,646	2,254	2,346	10,000	3,421	3,287	2,800	2,913	12,421

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥ 18 , girls and boys < 18 .

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	[Not applicable]
Returnees	0	[Not applicable]
Internally displaced people	0	[Not applicable]
Host communities	95,988	101,321
Other affected people	0	[Not applicable]
Total	95,988	101,321

Table 6: Total Number of People Directly Assisted with CERF Funding*

Table 6: Total Number of People Directly Assisted with CERF Funding*			Number of people with disabilities (PwD) out of the total	
Sex & Age	Planned	Reached	Planned	Reached
Women	29,000	40,814	3,999	5,388
Men	28,444	29,541	3,887	5,629
Girls	19,437	15,463	1,623	1,243
Boys	19,107	15,503	1,566	1,349
Total	95,988	101,321	11,075	13,609

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-CEF-067

1. Project Information

Agency:	UNICEF	Country:	Nicaragua
Sector/cluster:	Water, Sanitation and Hygiene Protection - Child Protection	CERF project code:	20-RR-CEF-067
Project title:	Improvement of water, sanitation and hygiene services for communities most affected by hurricanes Eta and Iota, including psychosocial support, child protection and violence prevention.		
Start date:	01/12/2020	End date:	31/08/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 15,376,000
	Total funding received for agency's sector response to current emergency:	US\$ 2,100,000
	Amount received from CERF:	US\$ 500,000
	Government Partners	US\$ 00,00
	International NGOs	US\$ 134.708,94
	National NGOs	US\$ 226.384,43
	Red Cross/Crescent Organization	US\$ 00,00

2. Project Results Summary/Overall Performance

UNICEF, through its allies Christian Medical Action (in Spanish "Acción Médica Cristiana" or "AMC") and Water Aid and in close coordination with the Planning Secretariat of the Regional Government for the North Caribbean Coast, implemented water, sanitation and hygiene activities in 16 communities of Waspam (12) and Puerto Cabezas (4), located in the Autonomous Region of the North Caribbean Coast. These activities ran from January to May 2021 and allowed 12,421 people to have sufficient quality of drinking water for cooking and personal hygiene. Moreover, 7,159 latrines were built and repaired to proper use standards. In addition, processes of positive changes in social behavior were integrated for the management of latrines and the maintenance of adequate hygiene standards. 15,107 people received hygiene kits. Through community-based interventions, 11,013 people have been trained in proper handwashing hygiene, food hygiene, self-care, proper water use and management, final disposal of excrement, vector reduction, and garbage management. In terms of protection, CERF funds made it possible to provide psychosocial care and emotional recovery to 4,603 children, teenagers and women directly affected by the hurricanes, who were treated in shelters equipped for their protection. In addition, through protection partners (Save the Children, World Vision, Educo, GVC We World, Plan International and Nidia White), emotional recovery care (grief management, emotional recovery, psychological support) was provided to 914 children and adolescents in child-friendly spaces.

3. Changes and Amendments

Overall, the original plan suffered no major changes and the budget was executed as planned, but the impact of both the COVID-19 pandemic and some adverse weather conditions delayed some activities.

However, the implementation of some activities faced challenges that delayed the execution of latrine construction and repair tasks. The need for greater technical capacity in the communities also played an important role in this delay, which affected the overall performance in that particular area.

Achieving sanitation targets was challenging because of the following: 1) floods related to the rainy season which delayed the construction of latrines; 2) shortage of materials in the area; 3) rising material costs and 4) technical problems of involved executing partners. Another challenge was the mobilization of the community to continue working towards the improvement of water, sanitation and hygiene services, ensuring sustainability. Services and interventions related to hygiene promotion and hand washing for the prevention of COVID-19 have been carried out at appropriate levels. UNICEF will continue to strengthen the capacity of community networks and will also continue to work in coordination with the relevant municipalities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Returnees	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Internally displaced people	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Host communities	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Other affected people	2,754	2,646	2,254	2,346	10,000	3,421	3,287	2,800	2,913	12,421
Total	2,754	2,646	2,254	2,346	10,000	3,421	3,287	2,800	2,913	12,421
People with disabilities (PwD) out of the total										
	275	265	225	235	1,000	378	363	310	322	1,373
Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Returnees	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Internally displaced people	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Host communities	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Other affected people	2,100	1,600	800	500	5,000	2,921	2,100	1,800	1,025	7,846
Total	2,100	1,600	800	500	5,000	2,921	2,100	1,800	1,025	7,846
People with disabilities (PwD) out of the total										
	210	160	80	50	500	221	187	114	103	625

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

A total of 3,907 people benefited indirectly from the construction of rainwater harvesting systems ("SCALL" system for its Spanish acronym) and community water harvesting systems. In addition, 5,107 people were provided with family hygiene kits. A total of 5,107 people benefited indirectly from awareness raising and behavior change actions which: a) favored the treatment, storage and management of drinking water; b) favored the proper use, maintenance of latrines and proper disposal of faecal sludge to prevent vector proliferation and; c) favored proper hygiene practices, especially hand washing to prevent diseases such as covid 19.

6. CERF Results Framework

Project objective	To provide safe and equitable access to, and use a sufficient quantity and quality of drinking water, safe access to and use appropriate and gender-segregated sanitation facilities, timely access to culturally appropriate, gender- and age-sensitive information, services and interventions related to hygiene promotion and handwashing for prevention of COVID-19 and water-borne disease, and prevention and mitigation measures for violence against children and adolescents for the affected population.			
Output 1	Water: Affected populations have safe and equitable access to and use a sufficient quantity and quality of drinking water to meet their drinking and domestic needs, by provision of key water humanitarian supplies and services to support their needs, enabling them to practice healthy hygiene habits, which in turn reinforces prevention of COVID-19 spread, in the affected communities.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	10,000	12,421	Reports on control panel indicators (dashboards), field visits, on-site verification, beneficiary lists.
Explanation of output and indicators variance:		The variation between the target population and the achieved population was produced by an improvement in population data once it was possible to access areas that were initially hard-to-reach.		
Activities	Description	Implemented by		
Activity 1.1	Wells cleaning, disinfection and rehabilitation; including installation of hand pumps and water quality testing; in communities, schools and health centres.	Water Aid: Water aid cleaned, disinfected, rehabilitated and provided new rope pumps to 30 wells located in four communities of Puerto Cabezas (Wawa Bar, Karata, Krukira and Tuara), which provide water to 5,136 people. Additionally, water quality tests have been carried out in both wells and households.		
Activity 1.2	Rehabilitation of rainwater collection systems; in communities, schools and health centres.	AMC: Through the implementing partner Christian Medical Action (in Spanish “Acción Médica Cristiana” or “AMC”), 578 households (5,312 people) in 8 Waspam communities (Kiwastara, Andris, Auhia Pura, Raya Pura, Klampa, Living Creek, Utlá Mahta, Plankira) have been equipped with rainwater harvesting systems, including 450-liter capacity harvesting water tanks (“SCALL” for its Spanish acronym). In addition, SCALL systems were provided to: - 8 schools, reaching 602 girls and 663 boys; and		

		<p>- 2 health care units that provide medical and preventive care to 2,172 women and 2,161 men.</p> <p>Water Aid built four communal rainwater harvesting systems in Wawa Bar benefiting 1,973 people.</p> <p>In addition, 4 SCALL systems were installed in schools in Wawa Bar and Karata where 1,024 girls and boys receive water, as well as in 2 health centers that provided access to water, reaching a total of 2,576 people.</p>
Activity 1.3	Water treatment at household level, through the use of chlorine and household water filters.	<p>Water Aid: 1,242 ceramic filters (with colloidal plate) were distributed to 1,843 families, reaching 8,826 people and guaranteeing the consumption of safe water.</p> <p>In addition, 450 filters and chlorine were provided to 960 families (3,600 people) in Krukira.</p>
Activity 1.4	Activities of awareness raising and promotion of water treatment.	<p>Water Aid & AMC: 11,013 people (6,118 by AMC and 4,895 by Water Aid) were sensitized on the use and maintenance of water filters and chlorine dosage as a safety barrier to guarantee access to drinking water.</p>

Output 2	Sanitation: Affected populations have safe access to and use appropriate and gender-segregated sanitation facilities, by provision of key sanitation humanitarian supplies and services to support their needs, minimizing their exposure and safeguarding them from excreta contamination, vector and water-borne diseases.			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people accessing appropriately designed and managed latrines.	10,000	7,159	Reports on control panel indicators (dashboards), field visits, on-site verification, beneficiary lists.
Explanation of output and indicators variance:		Initial target population was not reached because the sensitization process for positive behavior change to reduce open defecation could not be done before the intervention. Also, materials (based on community preferences) were not available in certain areas. Another limitation was the floods produced by the rainy season that made excavations difficult and the technical weaknesses of some of the partners' personnel in remote areas.		
Activities	Description	Implemented by		
Activity 2.1	Rehabilitation of sanitation facilities, including installation of handwashing stations (where appropriate) with gender focus, including schools and health centres	AMC and Beneficiaries: The population rehabilitated and / or built 237 latrines with AMC's technical assistance, which allowed access to sanitation for 4,583 people in six communities of Kiwastara, Auhia Pura, Raya Pura, Andris, Klampa, Sih, Urang; - 16 latrines were manufactured in 8 schools (reaching 602 girls and 663 boys) and; - 4 latrines were built in 2 health centers. Water Aid built 120 latrine units for 2,576 people in Wawa Bar and Karata using community self-construction.		

Activity 2.2	Activities of awareness raising and sensitization for the safe use of the sanitation facilities	AMC and Water Aid: 7,013 people were directly reached (4,118 by AMC and 2,895 by Water Aid) and 4,000 people were indirectly reached through awareness campaigns on promoting sanitation, use and maintenance of latrines, including extraction and final disposal of sludge, as well as in vector controls.
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Output 3	Hygiene promotion: At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information, services and interventions related to hygiene promotion and handwashing for prevention of COVID-19 and water-borne diseases; the population adopt safe hygiene practices, by provision of key hygiene items (hygiene kits including gender-focused items) and hygiene promotion by trained volunteers and institutional staff.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Water, Sanitation and Hygiene
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people reached with hand-washing behavior-change programs	10,000	11,013	Reports on control panel indicators (dashboards), field visits, on-site verification, beneficiary lists.
Indicator 3.2	Number of people reached with critical WASH supplies (including hygiene items) and services	10,000	15,107	Reports on control panel indicators (dashboards), field visits, on-site verification, beneficiary lists.

Explanation of output and indicators variance:	The number of people who were provided hygiene promotion actions and hygiene kits was higher than the target population due to the increase in the registration of people coming from previously hard-to-reach areas, and also because our implementing partner (AMC) added a new community called Neblina at the end of June 2021.
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Activities	Description	Implemented by
Activity 3.1	Provision of family hygiene kits (including cloths for infant waste and female sanitary pads).	AMC: The distribution of 1,444 hygiene kits by AMC reached 7,251 people in 12 communities. In addition, 1,323 hygiene kits were distributed in 4 target communities benefiting 7,856 people.
Activity 3.2	Hygiene promotion / behavioral change activities at community level taught in local languages, reflecting the specific cultural aspects and the cosmovision of indigenous populations (conducted by trained staff, volunteers and government staff).	AMC and Water Aid developed awareness campaigns in 16 communities using various communication channels. In addition, other forms of interactive communication and training were carried out, such as workshops, community assemblies and house-to-house visits. Communication materials such as brochures and posters were designed in both Miskito and Spanish. In addition, community radios and peripheral messages were used to expand the reach of these campaigns. Such activities were carried out by trained community leaders, as well as personnel from government institutions and implementing partners. A total of 11,013 people (6,118 by AMC and 4,895 by Water Aid) were sensitized about hygiene promotion and

		positive activities related to social and behavioral change; including prevention of COVID 19.
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Output 4	Child Protection: Prevention and mitigation measures are guaranteed to face the different episodes of violence against children and adolescents, including victims of violence and gender-based violence (“GBV”) survivors, through strengthening of prevention commissions in neighborhoods and communities, and timely, quality, multisectoral response services with case management.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of girls, boys, parents and primary caregivers in humanitarian situations provided mental health and psychosocial support and child protective services, including access to child friendly safe spaces with intersectoral programming interventions.	5,000	5,733	Reports on control panel indicators (dashboards), field visits, on-site verification, beneficiary lists.
Indicator 4.2	Number of girls, boys and adolescents with access to specialized protection services, including gender-based violence, through referrals and case management.	1,000	1,445	Dashboard reporting indicators, reports of program visits and referrals for the care of survivors of gender violence.
Indicator 4.3	Number of women, girls and boys benefiting from CP and gender-based violence risk mitigation and prevention interventions.	5,000	6,461	Dashboard reporting indicators, including people reached with C4D messages for violence prevention and reporting mechanisms.
Explanation of output and indicators variance:		Similarly to the situation of increase of beneficiaries reported in our WASH interventions. Therefore, our Protection intervention was based on the improved numbers of people in the implementation areas. This led to an increase in beneficiaries that were successfully reached with the additional efforts of our teams in the field.		
Activities	Description	Implemented by		
Activity 4.1	Establish Child Friendly and Safe Spaces in shelters and communities for girls, boys, adolescents, including: gender-sensitive, age-appropriate and culturally acceptable Mental Health and Psychosocial Support Services (MHPSS), counselling and protective services to address their urgent needs and traumas.	Local NGO Nidia White: In the aftermath of hurricanes ETA and IOTA, 42 child-friendly spaces, both fixed and ambulatory, were established to provide emotional recovery and psychological first aid by implementing partners in Bilwi and communities, Jinotega, Matagalpa, who coordinated with regional authorities. UNICEF provided technical support and coordination, as well as monitoring and evaluation services.		
Activity 4.2	Case management for girls, boys and adolescents, survivors of violence including gender-based violence, to ensure access to timely and quality multisectoral response services.	Local NGO Nidia White: In the child-friendly spaces, where 914 children and adolescents were attended to, complaints mechanisms were in place to ascertain the opinions of the participants, to whom direct support was provided (delivery of protection kit, play kit, family kit). UNICEF provided technical support and coordination, as well as monitoring and evaluation services.		

7. Effective Programming

a. Accountability to Affected People (AAP) ³:

Involvement of targeted communities was facilitated by community leaders, implementing partners' staff and UNICEF's staff, who were involved in designing WASH and Protection interventions all through their implementation and subsequent ownership of the products. For example, through Christian Medical Action ("Acción Médica Cristiana" in Spanish), Water Aid and Nidia White, community leaders promoted the participation of the entire population in the selection and installation of infrastructure, and in the implementation of activities that strengthen people's capacities in prevention of violence. Community participation was vital to generate evidence of the main needs of the population and for the debate on solutions that were adapted to the context and available resources.

Additionally, it should be noted that all activities were closely coordinated with the collaboration of the Planning Secretariat of the Regional Government for the North Caribbean Coast, which in turn made possible and effective the coordination with the Regional Secretaries of Health, Education and the National Center of Disaster Prevention. Likewise, UNICEF and its partners were coordinated with the mayors in the intervention areas and their respective directorates involved in the response to hurricanes Eta and Iota.

b. AAP Feedback and Complaint Mechanisms:

A total of 3,870 people provided information and comments on the process of implementing activities in their communities. The data was collected by UNICEF's implementing partners through community assemblies and opinion polls. However, none of the implementing partners has an adequate collection system that has the necessary confidentiality to obtain information on the negative aspects of the projects. UNICEF provided support to strengthen and improve accountability systems so that they could be more accessible to all communities and provide a better response to concerns, while respecting confidentiality. Efforts were made so that the technicians were also attentive to suggestions shared informally by the beneficiaries and the general population.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

As UNICEF we have a zero-tolerance policy against sexual exploitation and abuse, which mandates us to establish reporting mechanisms for prevention. These mechanisms are used by all our partners.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The communities included in the intervention areas were sensitized to build lockable latrines in order to protect the girls in the communities. In the same way, separate latrines were built by sex and with an internal lock in the schools. In addition, some schools promoted the construction of separate latrines for teachers. Overall, UNICEF action (as explained in programmatic achievements) focused on and promoted the protection and safety of girls, women and minorities, and its results were well documented.

Actions executed with CERF funds laid the foundations to strengthen the work of women's movements in the northern Caribbean coast region. These movements are the ones that provide immediate attention to girls, adolescents and women affected by gender violence in the area, in addition to providing accompaniment, temporary shelters and support so that survivors of violence receive specialized medical and mental health attention. These activities included a strong work process with community leaders and ancestral leaders who exercise ancestral justice in situations of violence and with whom we work on addressing issues of positive masculinity, community commitment, equality and equity.

e. People with disabilities (PwD):

In accordance with UNICEF's own policies and taking into account the special needs of people with different abilities, UNICEF and its partners built sanitary services in schools with bathrooms, ramps and wash-basins of an appropriate height and dimensions to facilitate their use. Along the same lines, PwD also benefited from communication campaigns to promote hygiene and good sanitary practices. Similarly, PwDs were taken into account when executing the protection interventions described above.

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

f. Protection:

UNICEF action within the protection area was reinforced by CERF funds aimed at the elimination of discrimination against children, which enabled the achievement described in output 4. The following actions were especially relevant: the reactivation of inactive community female structures to respond to cases of violence, the integration of positive ancestral practices to protect girls, boys and women specifically and the strengthening of local NGOs that are active not only in the response but also in the prevention of cases of violence. UNICEF also promoted the voice of girls, boys and adolescents throughout the process, specifically by conducting awareness campaigns, creating routes to report violence and remedies for such cases. UNICEF's actions, from a protection point of view, also includes communication and awareness-raising campaigns in the communities, together with water, sanitation, hygiene and health campaigns. These were particularly important in the past and current critical situation arising from COVID-19 pandemic.

g. Education:

Water, sanitation and hygiene actions in schools were linked to the activities carried out by UNICEF's education sector, supported by other funds. Among such activities were the following: the delivery of backpacks, school supplies and educational kits, as well as tents for emergency learning sites in the places where schools had been destroyed. In addition, cleaning kits were delivered to schools as part of COVID 19 prevention actions, accompanied by actions to promote school hygiene.

8. Cash and Voucher Assistance (CVA)				
Use of Cash and Voucher Assistance (CVA)?				
Planned	Achieved	Total number of people receiving cash assistance:		
No	No	Not applicable		
<p>If no, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.</p> <p>If yes, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.</p>				
CVA was not considered due to the absence of suitable service providers and insufficient experience of the implementing partners in the region where the activities were carried out.				
Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[not applicable]	[not applicable]	US\$ [not applicable]	Choose an item.	Choose an item.
[not applicable]	[not applicable]	US\$ [not applicable]	Choose an item.	Choose an item.
[not applicable]	[not applicable]	US\$ [not applicable]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities	
Title	Weblink
UNICEF, with the financial support from CERF Funds and other donors, provided Humanitarian Assistance to populations most affected by Hurricanes Eta and Iota	https://twitter.com/UNICEFNicaragua/status/1390448189661143043?s=20
A total of 28,200 people are currently receiving clean water thanks to the intervention of UNICEF and its partners	https://www.youtube.com/watch?v=F3Fc6aNOWso
A total of 6,023 girls and boys were able to access school through 12 Temporary Learning Spaces	https://www.youtube.com/watch?v=r2OIWytGLwo
UNICEF, with the financial support from Fund's resources and other donors, provided Humanitarian Assistance to populations most affected by Hurricanes Eta and Iota	https://www.instagram.com/p/COjJqE0olcA/

3.2 Project Report 20-RR-WFP-053

1. Project Information

Agency:	WFP	Country:	Nicaragua
Sector/cluster:	Early Recovery Food Security - Food Assistance	CERF project code:	20-RR-WFP-053
Project title:	Food assistance and early recovery support for the most vulnerable populations affected by hurricanes Eta and Iota		
Start date:	13/11/2020	End date:	12/08/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/> Redeployment of funds <input type="checkbox"/> Reprogramming <input type="checkbox"/>		

Funding	Total requirement for agency's sector response to current emergency:	US\$ 13,195,291
	Total funding received for agency's sector response to current emergency:	US\$ 2,331,505
	Amount received from CERF:	US\$ 900,000
	Government Partners	US\$ 375,134.73
	International NGOs	US\$ [Not applicable]
	National NGOs	US\$ [Not applicable]
	Red Cross/Crescent Organisation	US\$ [Not applicable]

2. Project Results Summary/Overall Performance

In line with its purpose to save lives, WFP has been at the forefront of the response, complementing the efforts of national institutions and responding to the needs generated by Hurricanes Eta and Iota with a two-pronged approach, focusing on both immediate response and in the reactive social protection programs in the face of emergencies. Together with the CERF fund, WFP and its partners benefited 21,271 people in the food security sector and 27,410 people in the livelihoods and early recovery sector, assisting the municipalities most affected by hurricanes Eta and Iota in the RACCN and the departments of Jinotega and Nueva Segovia.

The support of CERF's fund has been key in the first phase of the response, allowing WFP and its partners, under the leadership of SINAPRED, to serve 205,154 people with 1,032.37 metric tons of food (flour, rice, beans, oil, salt, corn, and super cereal). The attention to the affected populations was initially channeled through temporary shelters (November 2020) and, after returning to their homes (December 2020 and January 2021), people received distributions at the household level. During this phase, 21,271 people were assisted with the contribution of CERF fund.

With the objective of making a transition towards the second phase of response to the emergency caused by hurricanes Eta and Iota, CERF's contribution allowed the delivery of 5,482 productive vouchers, with the objective of providing sustained support to the recovery of the means of life of 27,410 people, thus improving their food security and providing inputs to restart their productive activities. The technological bonus were distributed in coordination with the Nicaraguan Institute of Agricultural Technology ("INTA" for its Spanish acronym), and consisted of donations of packages of seeds, tools, agricultural inputs and / or small livestock (pigs and chickens) to be used for their reproduction, commercialization and family consumption. Additionally, each beneficiary family received participatory technical training on the use and care of the voucher received, thus strengthening their skills and knowledge.

The programmatic activities have been accompanied by a series of visibility and communication actions with communities, in order to ensure that the beneficiary population gains knowledge of their rights and key information about the programme.

3. Changes and Amendments

During the implementation of CERF fund, no major changes were made from the original project proposal. An adjustment was made in the amount transferred to INTA, since there were allocated US\$ 375,134.73 instead of the US\$ 383,050 originally planned. This change occurred last minute and was due to an adjustment identified together with the partner at the time of defining the project's details, since the exact cost of each voucher and the partner's operating costs varied slightly, which implied a lower cost for each voucher. However, this change did not imply a change in the number of beneficiaries served, that is, 5,482 people. Also, WFP requested a no-cost extension, which was approved. The activities planned to be implemented together with INTA were to develop a proposal for the distribution of in kind agricultural and livestock vouchers and the implementation of activities to strengthen the vouchers management capacities were prolonged.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Early Recovery									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Returnees	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Internally displaced people	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Host communities	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Other affected people	7,409	7,449	6,259	6,293	27,410	7,409	7,449	6,259	6,293	27,410
Total	7,409	7,449	6,259	6,293	27,410	7,409	7,449	6,259	6,293	27,410
People with disabilities (PwD) out of the total										
	763	767	0	0	1,530	763	767	0	0	1,530

Sector/cluster	Food Security - Food Assistance									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Returnees	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Internally displaced people	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Host communities	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Other affected people	5,750	5,781	4,857	4,883	21,271	5,750	5,781	4,857	4,883	21,271
Total	5,750	5,781	4,857	4,883	21,271	5,750	5,781	4,857	4,883	21,271
People with disabilities (PwD) out of the total										
	592	595	0	0	1,187	592	595	0	0	1,187

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

During all programmatic activities and for both sectors, WFP demonstrated its commitment to the quality of the programs by providing information to the participants through the production of communication and visibility materials that were printed in native languages. In accordance with WFP guidelines and with the objective of facilitating the understanding of the contents and empowering the communities served, in each package distribution the population was informed in a timely manner about the quantities and foods in the packages, also promoting the transparency of the process.

Likewise, each productive voucher delivered was accompanied by graphic material with information in Spanish and Miskito. The families received information with technical suggestions on the use and care of the agricultural and / or animal supplies; information on food and nutritional security and information on the role of women, hygiene in food handling; and information on resilient practices in communities. A total of 47,170 posters, leaflets and flyers were produced and distributed among the population assisted by the vouchers.

All the assistance that WFP provided to the communities affected by the hurricanes included as a priority to give visibility to donors, including CERF, from the first stage of the response (the distribution of food in properly labeled packages) to the stage involving the support for the recovery of livelihoods.

Additionally, training was provided to 279 beneficiaries in food and nutrition security, gender and resilience. Also, the purchase of most food and non-food products was made locally, thus benefiting the local economy.

6. CERF Results Framework

Project objective	Ensure populations receive life-saving support until they can recover from the impact of the hurricanes and can benefit from the next harvest in 2021 to meet their food needs.
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Output 1	Populations affected by disasters and other crises have access to nutritious food to meet their food needs during and after emergencies.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Food Security - Food Assistance			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people assisted with a balanced food basket	21,271	21,271	Distribution lists of the beneficiaries.

Explanation of output and indicators variance:	[Not applicable]			
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Activities	Description	Implemented by		
Activity 1.1	Provision of general food assistance (food basket with supplementary product)	WFP, in collaboration with SINAPRED		

Output 2	Populations affected by disasters and other crises have access to the means to recover their livelihoods.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Early Recovery			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of households assisted with an in-kind early recovery voucher	5,482 (27,410 people)	5,482 (27,410 people)	Distribution lists of the beneficiaries.

Explanation of output and indicators variance:	[Not applicable]			
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Activities	Description	Implemented by		
Activity 2.1	Provision of early recovery and productive vouchers (in-kind input)	WFP, in collaboration with SINAPRED		

7. Effective Programming.

a. Accountability to Affected People (AAP) ⁴:

WFP maintained a capillary presence on the ground during all phases of response to hurricanes Eta and Iota thanks to its four field offices in the impact zones. Affected communities, including remote populations, with little access to services and many aquatic communities, were involved in community consultations to select the beneficiaries of the vouchers, to ensure good community representation. During the initial phase of the response, WFP hired field monitors who spoke the language prevalent in some of the most affected areas, to ensure adequate communication with communities in their native language.

b. AAP Feedback and Complaint Mechanisms⁵:

An informal feedback mechanism was included in the standard operating manual for immediate care distributions at the household level, through complaint and feedback notebooks for use by the people attended. During the recovery phase, a mechanism to support the feedback and complaints system was developed. WFP provided technical support to INTA for the development of a digital communication tool that allows for automated two-way conversations and can be consulted by beneficiaries to receive information and technical assistance and share their feedback on the program.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WFP has a zero-tolerance policy and mechanisms on preventing sexual exploitation and harassment that have been widely shared with technical staff. Regardless of the type of contract or its duration, all employees must comply with the measures during or outside working hours. In this regard, WFP develops systematic and permanent training processes on these measures.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WFP implements its corporate gender policy, which expresses its commitment to promoting gender equality and empowering women as key elements to eliminate hunger. In the immediate emergency response, WFP worked on a prioritization strategy for mothers of families, pregnant women and the elderly. The response also considered the food needs of the different population groups, with particular attention to the specific requirements of pregnant and lactating women, children, and children under five years of age, who were benefited with the distribution of the super cereal, a food composed of corn and highly nutritious soybeans. Additionally, in coordination with SINAPRED and INTA, educational and communication material aimed at the prevention of violence, protection and food and nutritional security were prepared, aimed at local institutions, educational centers, territorial leaders and beneficiary populations.

e. People with disabilities (PWD):

Food assistance was adapted to the needs and capacities of the different populations attended, in line with the gender policy of WFP 2015 - 2020, and WFP worked closely with the Sector Commissions and institutions that promote the rights of people with disabilities.

f. Protection:

Within the framework of the WFP protection policy guidelines, a strategy was designed to guarantee the protection of the most vulnerable groups at all times. In this sense, in the initial phase of the emergency response, food delivery committees were formed for each community, with the participation of women and men, their objective was to guarantee transparency in the selection of the people attended and in the distribution of the assistance and avoid duplication of beneficiaries. These committees worked in coordination with the community leaders and were advised by the technical staff of WFP in coordination with the municipal COMUPREDs.

Additionally, to minimize the risk of security problems, discussions were held with the partners to guarantee the organization of distributions in line with the principles of protection and dignity, in places as close as possible to the communities and for a period of 15 days, to avoid

⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

⁵ A closed loop feedback/complaint mechanism allows for the confidential collection of feedback/complaints from all community members and ensures confidentially reverting to the individual complainants, indicating the results of how the complaint was addressed by the implementer. It should be permanently accessible to all community members and offer a secure line of communication between them and the implementer. Examples of mechanisms could be (and are not limited to): complaints boxes, hotline numbers, complaints desks (if they can ensure confidentiality). Staff on field missions or community consultations for example do not constitute viable feedback/complaint mechanisms, as they are not permanently available to communities and cannot guarantee confidentiality.

safety problems due to the transport of large quantities of food for long stretches, and that the assistance could be damaged, especially in the case of water transport.

In all the training activities carried out, the principles of safety, integrity and dignity of people were considered, promoting activities in safe and accessible places, ensuring the physical integrity of the beneficiary population and minimizing the risks of contagion of COVID-19.

g. Education:

[Not applicable]

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	[Not applicable]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilized wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA was not considered due to the absence of suitable service providers and the limited experience of the implementing partners for the region where the interventions were carried out.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Not Applicable]	[Not Applicable]	US\$ [Not Applicable]	Choose an item.	Choose an item.
[Not Applicable]	[Not Applicable]	US\$ [Not Applicable]	Choose an item.	Choose an item.
[Not Applicable]	[Not Applicable]	US\$ [Not Applicable]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Families affected by twin hurricanes receive sow vouchers-story on wfp.org	https://es.wfp.org/historias/familias-afectadas-por-huracanes-gemelos-reciben-bonos-de-cerdas
A total of 72 metric tons of food for those affected by Hurricane Eta	https://www.facebook.com/ProgramaMundialdeAlimentos/posts/3399336406768694
WFP and the Institute of Agricultural Technology are handing out livelihood recovery vouchers	https://twitter.com/WFP_es/status/1425819721572651009
Bags full of hope	https://twitter.com/WFP_es/status/1415415955036024839/photo/1
The sows are part of a project for families to recover their livelihoods.	https://twitter.com/WFP_es/status/1435619060310478848

Photos of the activities carried out both in the immediate response phase to the emergency and in the recovery phase are reported.



First response material

Pluin 15 des duklara

Lat baiti 1

Bins 5 paun

Rais 17 paun

Plawar 20 paun

USA, Japan, Russia, Mexico, Canada, South Korea

NINAGUA





Promovamos la higiene de los alimentos

Mantengamos los alimentos limpios



Lavemos bien los alimentos para evitar enfermedades



Aséguremos que los alimentos estén bien cocidos



Recordemos mantenerlos tapados



Procuremos servir porciones adecuadas y balanceadas

para atender las necesidades alimenticias de niñas, niños, mujeres embarazadas y en periodo de lactancia, adultos mayores, pero de la tercera edad, con discapacidades, pero con enfermedades crónicas















Canas

Ministerio de Salud

Ministerio de Educación

Ministerio de Agricultura




Promovamos la higiene de los alimentos




Kala lan dauki wala nanki plun nani ba klin brikala ba

Handwashing is the main thing to keep your food safe



Handwashing is the main thing to keep your food safe

Handwashing is the main thing to keep your food safe

Handwashing is the main thing to keep your food safe

Handwashing is the main thing to keep your food safe



Handwashing is the main thing to keep your food safe

Handwashing is the main thing to keep your food safe

Handwashing is the main thing to keep your food safe

Proper storage prevents bacteria and contamination



Proper storage prevents bacteria and contamination

Proper storage prevents bacteria and contamination

Proper storage prevents bacteria and contamination



Proper storage prevents bacteria and contamination

Proper storage prevents bacteria and contamination

Don't drink water that isn't safe or clean



Don't drink water that isn't safe or clean

Don't drink water that isn't safe or clean

Don't drink water that isn't safe or clean



Don't drink water that isn't safe or clean

Don't drink water that isn't safe or clean

Don't eat food that isn't safe or clean



Don't eat food that isn't safe or clean

Don't eat food that isn't safe or clean

Don't eat food that isn't safe or clean



Don't eat food that isn't safe or clean

Don't eat food that isn't safe or clean

Don't use water that isn't safe or clean



Don't use water that isn't safe or clean

Don't use water that isn't safe or clean

Don't use water that isn't safe or clean



Don't use water that isn't safe or clean

Don't use water that isn't safe or clean

Don't use water that isn't safe or clean



Don't use water that isn't safe or clean

Don't use water that isn't safe or clean

Don't use water that isn't safe or clean



Don't use water that isn't safe or clean

Don't use water that isn't safe or clean

MINED **Organización Panamericana de la Salud** **Ministerio de Salud**

GRUPOS DE ALIMENTOS RECOMENDADOS

El arroz, los trigales, el maíz y la harina pueden ser complementados con:

- Otros alimentos básicos:** como papa, tortilla, tubérculos (papa, papa, yuca), mandioca y yuca, entre otros.
- Alimentos que brinden energía:** como aceites y azúcares en pequeñas cantidades.
- Alimentos que brinden proteínas:** como los huevos, queso, leche, crema.
- Frutas y vegetales:** de temporada.

Es importante tener variedad en la alimentación de los niños.

No glicemias por alimentos.

Ministerio de Salud **Ministerio de Educación** **Ministerio de Agricultura** **Canva** **NUTRICIÓN**

[illegible]

[illegible]

Bonos para la Recuperación de Medios de Vida para las familias afectadas por los huracanes Eta e Iota

MODELO DE FRIJOL

Use paquete bioinsumos

El paquete de bioinsumos contiene *Rizobium*, *Bacillus subtilis* y *Microorganismos de Montaña*. Aprendamos juntos ¿qué cosa son y cómo utilizarlos?

Rizobium: Bacterias fijadoras de nitrógeno que se encuentran en la familia de legi. Inducen a la formación de nódulos en las raíces, que permiten a la planta fijar el nitrógeno del ambiente y hacerlo disponible para la planta.

Bacillus subtilis: Bacteria que ayuda en el control de enfermedades causadas por hongos.

Microorganismos de Montaña (MM): Es una mezcla de microorganismos que viven en el suelo de manera natural y se utilizan de forma líquida como fertilizante foliar.

• Utilizar un cuenco por bomba de 20 litros en la primera etapa de desarrollo de la planta.

• Utilizar medio litro por bomba de 20 litros cuando han aumentado las hojas.

• Aplicar con bomba de mochila limpia dirigida a las hojas.

• Usar en horas de la tarde cuando el sol se oculte.

Ep ka wala, wan piaika nani ba kili alki wan taura, brihuan kala ba, pamali nani prari Eta an lota sauhki banhuan ra

BINS TALIKA NUMBIKA

Bioinsumo pak ba nahiki yos munai ba

Bioinsumo pak ba nahiki yos munai ba: En un recipiente plástico limpio poner 1 paquete de 250 gramos de *Rizobium*, 200 mililitros de agua (1 vaso), 2 cucharaditas de aceite vegetal, 1 paquete de 250 gramos de *Bacillus subtilis*.

• Mezclar la semilla y mezclar hasta que esté completamente cubierto. Dejar reposar por 1 hora.

• Prender a sembrar en campo.

Rizobium: Bacterias fijadoras de nitrógeno que se encuentran en la familia de legi. Inducen a la formación de nódulos en las raíces, que permiten a la planta fijar el nitrógeno del ambiente y hacerlo disponible para la planta.

Bacillus subtilis: Bacteria que ayuda en el control de enfermedades causadas por hongos.

Microorganismos de Montaña (MM): Es una mezcla de microorganismos que viven en el suelo de manera natural y se utilizan de forma líquida como fertilizante foliar.

• Utilizar un cuenco por bomba de 20 litros en la primera etapa de desarrollo de la planta.

• Utilizar medio litro por bomba de 20 litros cuando han aumentado las hojas.

• Aplicar con bomba de mochila limpia dirigida a las hojas.

• Usar en horas de la tarde cuando el sol se oculte.

Bonos para la Recuperación de Medios de Vida para las familias afectadas por los huracanes Eta e Iota

MODELO DE ARROZ

Use paquete bioinsumos

El paquete de bioinsumos contiene *Rizobium*, *Bacillus subtilis* y *Microorganismos de Montaña*. Aprendamos juntos ¿qué cosa son y cómo utilizarlos?

Rizobium: Bacterias fijadoras de nitrógeno que se encuentran en la familia de legi. Inducen a la formación de nódulos en las raíces, que permiten a la planta fijar el nitrógeno del ambiente y hacerlo disponible para la planta.

Bacillus subtilis: Bacteria que ayuda en el control de enfermedades causadas por hongos.

Microorganismos de Montaña (MM): Es una mezcla de microorganismos que viven en el suelo de manera natural y se utilizan de forma líquida como fertilizante foliar.

• Utilizar un cuenco por bomba de 20 litros en la primera etapa de desarrollo de la planta.

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• Aplicar con bomba de mochila limpia dirigida a las hojas.

• Usar en horas de la tarde cuando el sol se oculte.

Ep ka wala, wan piaika nani ba kili alki wan taura, brihuan kala ba, pamali nani prari Eta an lota sauhki banhuan ra

BINS TALIKA NUMBIKA

Bioinsumo pak ba nahiki yos munai ba

Bioinsumo pak ba nahiki yos munai ba: En un recipiente plástico limpio poner 200 mililitros de agua (1 vaso), 2 cucharaditas de aceite vegetal, 1 paquete de 250 gramos de *Rizobium* y 250 gramos de *Bacillus subtilis*.

• Mezclar la semilla y mezclar hasta que esté completamente cubierto. Dejar reposar por 1 hora.

• Prender a sembrar en campo.

Rizobium: Bacterias fijadoras de nitrógeno que se encuentran en la familia de legi. Inducen a la formación de nódulos en las raíces, que permiten a la planta fijar el nitrógeno del ambiente y hacerlo disponible para la planta.

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• Utilizar medio litro por bomba de 20 litros cuando han aumentado las hojas.

• Aplicar con bomba de mochila limpia dirigida a las hojas.

• Usar en horas de la tarde cuando el sol se oculte.

Bonos para la Recuperación de Medios de Vida para las familias afectadas por los huracanes Eta e Iota

MODELO DE MAÍZ

Use paquete bioinsumos

El paquete de bioinsumos contiene *Rizobium*, *Bacillus subtilis* y *Microorganismos de Montaña*. Aprendamos juntos ¿qué cosa son y cómo utilizarlos?

Rizobium: Bacterias fijadoras de nitrógeno que se encuentran en la familia de legi. Inducen a la formación de nódulos en las raíces, que permiten a la planta fijar el nitrógeno del ambiente y hacerlo disponible para la planta.

Bacillus subtilis: Bacteria que ayuda en el control de enfermedades causadas por hongos.

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• Utilizar un cuenco por bomba de 20 litros en la primera etapa de desarrollo de la planta.

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• Aplicar con bomba de mochila limpia dirigida a las hojas.

• Usar en horas de la tarde cuando el sol se oculte.

Ep ka wala, wan piaika nani ba kili alki wan taura, brihuan kala ba, pamali nani prari Eta an lota sauhki banhuan ra

AYU TALKA

Bioinsumo pak ba nahiki yos munai ba

Bioinsumo pak ba nahiki yos munai ba: En un recipiente plástico limpio poner 200 mililitros de agua (1 vaso), 2 cucharaditas de aceite vegetal, 1 paquete de 250 gramos de *Rizobium* y 250 gramos de *Bacillus subtilis*.

• Mezclar la semilla y mezclar hasta que esté completamente cubierto. Dejar reposar por 1 hora.

• Prender a sembrar en campo.

Rizobium: Bacterias fijadoras de nitrógeno que se encuentran en la familia de legi. Inducen a la formación de nódulos en las raíces, que permiten a la planta fijar el nitrógeno del ambiente y hacerlo disponible para la planta.

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• Usar en horas de la tarde cuando el sol se oculte.

Ep ka wala, wan piaika nani ba kili alki wan taura, brihuan kala ba, pamali nani prari Eta an lota sauhki banhuan ra

YAUHRA TALIKA

Bioinsumo pak ba nahiki yos munai ba

Bioinsumo pak ba nahiki yos munai ba: En un recipiente plástico limpio poner 200 mililitros de agua (1 vaso), 2 cucharaditas de aceite vegetal, 1 paquete de 250 gramos de *Rizobium* y 250 gramos de *Bacillus subtilis*.

• Mezclar la semilla y mezclar hasta que esté completamente cubierto. Dejar reposar por 1 hora.

• Prender a sembrar en campo.

Rizobium: Bacterias fijadoras de nitrógeno que se encuentran en la familia de legi. Inducen a la formación de nódulos en las raíces, que permiten a la planta fijar el nitrógeno del ambiente y hacerlo disponible para la planta.

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• Utilizar un cuenco por bomba de 20 litros en la primera etapa de desarrollo de la planta.

• Utilizar medio litro por bomba de 20 litros cuando han aumentado las hojas.

• Aplicar con bomba de mochila limpia dirigida a las hojas.

• Usar en horas de la tarde cuando el sol se oculte.

Bonos para la Recuperación de Medios de Vida para las familias afectadas por los huracanes Eta e Iota

MODELO DE YUCA

Use paquete bioinsumos

El paquete de bioinsumos contiene *Rizobium*, *Bacillus subtilis* y *Microorganismos de Montaña*. Aprendamos juntos ¿qué cosa son y cómo utilizarlos?

Rizobium: Bacterias fijadoras de nitrógeno que se encuentran en la familia de legi. Inducen a la formación de nódulos en las raíces, que permiten a la planta fijar el nitrógeno del ambiente y hacerlo disponible para la planta.

Bacillus subtilis: Bacteria que ayuda en el control de enfermedades causadas por hongos.

Microorganismos de Montaña (MM): Es una mezcla de microorganismos que viven en el suelo de manera natural y se utilizan de forma líquida como fertilizante foliar.

• Utilizar un cuenco por bomba de 20 litros en la primera etapa de desarrollo de la planta.

• Utilizar medio litro por bomba de 20 litros cuando han aumentado las hojas.

• Aplicar con bomba de mochila limpia dirigida a las hojas.

• Usar en horas de la tarde cuando el sol se oculte.

[illegible]

Modelo de YUCA

- 1 Acaolón
- 1 Lima
- 1 Machete
- 1 Par de botas de hule
- 1 Paquete de biotínulos (Morceles, Berries, frutas, microorganismos de Monteña)

Para alimentar 2.5 personas de yuca.

NICARAGUA

INTA
INSTITUTO NICARAGÜENSE DE TIPOLOGÍA Y AGROPECUARIA

UNICEF
Fondo de las Naciones Unidas para la Infancia

República de Nicaragua
Ministerio de Agricultura, Ganadería y Caza

Bonos para la Recuperación de Medios de Vida para las Familias Afectadas por los Huracanes Eta e Iota

MODELO DE MAÍZ

- 34 Libras de semillas de maíz
- 1 Lima
- 1 Machete
- 1 Jar de botas de leña
- 1 Paquete de hules
(Microscotas, Sacos subidos, Microorganismos de Mucor)
- 1 Paquete de vinagre

Para usar una mazorca de maíz

NICARAGUA

INTA
INSTITUTO NACIONAL
DE TALLERES

UNEP
PROGRAMA
DE LAS NACIONES UNIDAS
PARA EL MEDIO AMBIENTE

Ministerio del Medio Ambiente

Bonos para la Recuperación de Medios de Vida para las familias afectadas por los huracanes Eta e Iota

MODELO DE COCO

84 Plantones de coco

1 Caba

1 Paquete de bioinsumos
(Bacillus subtilis, Microorganismos de Montaña)

Para sembrar mejor material de coco

Nicaragua

Bags for packing food



3.3 Project Report 20-RR-WHO-043

1. Project Information

Agency:	WHO	Country:	Nicaragua
Sector/cluster:	Health	CERF project code:	20-RR-WHO-043
Project title:	Health emergency response to Hurricanes Eta and Iota in Nicaragua		
Start date:	29/12/2020	End date:	28/06/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/> Redeployment of funds <input type="checkbox"/> Reprogramming <input type="checkbox"/>		

Funding	Total requirement for agency's sector response to current emergency:	US\$ 5,469,665
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 600,000
	Government Partners	US\$ 167,074,99
	International NGOs	US\$ [Not applicable]
	National NGOs	US\$ [Not applicable]
	Red Cross/Crescent Organisation	US\$ [Not applicable]

2. Project Results Summary/Overall Performance

With the CERF fund, access to health services was ensured for the population affected by hurricanes Eta and Iota in the Autonomous Region of the North Caribbean Coast. A total of 153 medical brigades carried out 61,490 comprehensive medical consultations in 515 communities with difficult access, in eight municipalities of Puerto Cabezas and Las MINAS; 3,782 child promotion, growth and development surveillance care and 3,330 family planning care (uptake, oral contraception, injections and use of preservatives); delivery of medical and non-medical supplies, personal protective equipment and medicines for the care of the population during the three-month period, and Sexual Reproductive Health Kits. Within the prevention strategy, 6,136 doses of vaccine were applied to children and pregnant women, taking 9,363 blood samples for malaria detection, vector control actions, educational talks, chlorine distribution for disinfection of water for human consumption. In the case of comprehensive and intercultural medical care, the planned goal was not minimally achieved due to the fact that many communities were difficult to access, in addition to the internal migration of the population affected by hurricanes Eta and Iota.

3. Changes and Amendments

A single amendment was made, at no cost, for the extension of the project and it is linked to the execution time since many of the supplies and equipment related to sexual reproductive health care were not available in the local market. The pandemic context must also be added to this, therefore said acquisition was prolonged by acquiring supplies and equipment in the international market.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Returnees	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Internally displaced people	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Host communities	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Other affected people	21,591	20,995	13,178	12,814	68,578	[29.984]	[18.805]	[6.404]	[6.297]	[61.490]
Total	21,591	20,995	13,178	12,814	68,578	[29.984]	[18.805]	[6.404]	[6.297]	[61.490]
People with disabilities (PWD) out of the total										
	2,159	2,100	1,318	1,281	6,858	[3.434]	[3.717]	[819]	[924]	[8.894]

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The indirectly benefited population were 17,068 women, which benefited from the project through the supplying of health establishments in the 3 municipalities of Puerto Cabezas. Equipment for obstetric emergencies and reproductive sexual health kits were supplied, in addition to the supply of medical, non-medical supplies, medicines for the benefit of the population that receives wmedical attention in health establishments.

6. CERF Results Framework

Project objective	Ensure access to life-saving healthcare services and actions to reduce the impact of the humanitarian crises in the North Caribbean Coast Autonomous Region.			
Output 1	A total of 68,578 community members in affected areas have continued access to essential community-based health services, including maternal and child health care, sexual and reproductive health, communicable and non-communicable diseases care, and mental health.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of health facilities equipped with essential medications and supplies, including IARH kits and SHR supplies, serving the target population.	22	22	Minutes of deliveries to Nicaraguan Ministry of Health (“MINSA” for its Spanish acronym).
Indicator 1.2	Number of health consultations provided by comprehensive intercultural healthcare teams in priority communities affected by the storms.	68,578	61,490	Minutes of deliveries to MINSA.
Explanation of output and indicators variance:		The communities are hard-to-reach and due to the effects of the hurricanes, the difficulties of providing care were further exacerbated. There was also an internal migratory movement of the population as a result of hurricanes Eta and Iota. However, the population that benefited indirectly from the project was 17,068, and they benefited from the provision of sexual reproductive health services and the delivery of medical and non-medical supplies to health facilities.		
Activities	Description		Implemented by	
Activity 1.1	Procurement of essential medications and supplies (3-month supply) to support 9 health facilities service delivery and extramural healthcare activities for the diagnosis and treatment of communicable and non-communicable diseases exacerbated by the emergency.		Through the Local Systems of Comprehensive Health Care (“SILAIS” for its Spanish acronym) of Puerto Cabezas and Las Minas.	
Activity 1.2	Acquisition of Inter-Agency Reproductive Health Kits, including basic reproductive health equipment and drugs, for affected health facilities providing basic and comprehensive emergency obstetric and neonatal services, as well as kits for first-level health facilities (22 health facilities total).		It was handed over to the Ministry of Health. and distributed to the health units, as planned, was verified with the accompaniment of SILAIS, the RAAN and UNFPA.	

Activity 1.3	Logistical support for the deployment of 16 comprehensive intercultural healthcare teams to affected areas to establish access to essential community-based health services.	Through the Local Systems of Comprehensive Health Care (SILAIS) of Puerto Cabezas and Las Minas.
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Output 2	Community members living in impacted areas are protected against risk of vector-borne diseases outbreaks and other public health threats
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Sector/cluster	Health			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of health workers and community health volunteers provided with personal protective equipment.	5,767	6,000	Minutes of deliveries to MINSA.
Indicator 2.2	Number of homes receiving mosquito control measures provided by vector control teams in priority municipalities.	42,384	65,874	Minutes of deliveries to MINSA.

Explanation of output and indicators variance:	The SILAIS report includes urban housing visits in addition to planned rural housing visits. The delivery of 1,030 backpacks to health brigade members and medical masks and K N95 for personnel of the community health brigades and health services allowed more community health workers to have protective equipment.			
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Activities	Description	Implemented by
Activity 2.1	Procurement of personal protective equipment for health workers and community health volunteers to prevent the transmission of infectious diseases, including COVID-19.	Through MINSA in coordination with SILAIS Puerto Cabezas and Las Minas.
Activity 2.2	Procurement of rapid diagnostic tests for malaria.	Through MINSA in coordination with SILAIS Puerto Cabezas and Las Minas.
Activity 2.3	Procurement of vector control supplies and equipment to prevent outbreaks of malaria and dengue.	Through MINSA in coordination with SILAIS Puerto Cabezas and Las Minas.
Activity 2.4	Deployment of epidemiological surveillance and vector control teams to affected areas to intensify efforts for the detection and control of vector-borne diseases and prevent outbreaks of malaria and dengue.	Through the SILAIS of Puerto Cabezas and Las Minas.

7. Effective Programming

a. Accountability to Affected People (AAP) ⁶:

AAP is based on the Community Family Health Model, supported by the Intercultural health community associations, that put together the mechanisms for comprehensive medical care and undertook actions for the control of vector-borne diseases. It should be noted that the

⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

activities were planned and coordinated with leadership at the local level of the Ministry of Health related to health surveillance, health services, pharmacy, and vector control.

b. AAP Feedback and Complaint Mechanisms:

PAHO strengthened the capacities of the Intercultural health community associations and created networks of community health brigades. These would be the ones who would receive feedback from the community on the health services received and these would transmit complaints and / or needs that arose during the process of implementations of the project's medical care and surveillance and vector control activities.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

In order to generate prevention and surveillance actions for sexual exploitation and abuse, surveillance mechanisms were established through the strengthening of comprehensive intercultural health associations and community health brigades, forming networks of care brigades, similar to the feedback mechanism.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project considered gender and generational inequalities and therefore acquired medical and non-medical supplies and sexual reproductive health equipment and provided access to contraceptives, treatment and prevention of sexually transmitted infections, obstetric care and treatment of violations. The comprehensive services deployed gave priority to essential health care and protection services for women, girls and gender minorities in the affected communities.

e. People with disabilities (PwD):

The attention provided to people with disabilities was greater than originally planned, since it was complemented and accompanied by SILAIS, thus increasing the care of these vulnerable groups. In this case, 2 medical visits were made. Such medical visits included an examination of the environment and of the essential basic needs, such as the use of auxiliary aids. Specialized medical evaluations were carried out in these visits for the care of people with disabilities.

f. Protection:

The population served in the areas affected by both hurricanes is made up of vulnerable Afro-descendant men, women, boys and girls from hard-to-reach areas and different ethnic groups. This is why intercultural health brigades were organized with personnel from the region with knowledge of the pre-existing health conditions and needs in the affected communities. In addition, through the comprehensive intercultural health groups and the community health brigades, they were trained with the purpose of communicating and sensitizing the population in order to prevent and surveil sexual abuse and violence, in addition to communicating the preventive measures against COVID-19.

g. Education:

Education was provided in accordance with the Family and Community Health Model expressed in the comprehensive intercultural health groups, who contributed to risk communication and education campaigns for the community population and community health education.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not applicable
<p>If no, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.</p> <p>If yes, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.</p>		

...				
Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Not applicable]	[Not applicable]	US\$ [Not applicable]	Choose an item.	Choose an item.
[Not applicable]	[Not applicable]	US\$ [Not applicable]	Choose an item.	Choose an item.
[Not applicable]	[Not applicable]	US\$ [Not applicable]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities	
Title	Weblink

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	CERF Funds Transferred to Partner in USD
20-RR-WFP-053	Early Recovery	WFP	GOV	\$375,135
20-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	INGO	\$134,709
20-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	NNGO	\$135,277
20-RR-CEF-067	Protection	UNICEF	NNGO	\$91,107
20-RR-WHO-043	Health	WHO	GOV	\$69,738
20-RR-WHO-043	Health	WHO	GOV	\$97,336