

**HAITI  
RAPID RESPONSE  
VIOLENCE/CLASHES  
EARTHQUAKE & TD GRACE  
2021**

**21-RR-HTI-48351**

**21-RR-HTI-48843**

**21-RR-HTI-49281**

Ulrika Richardson

Resident/Humanitarian Coordinator

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

23 June 2022

On 23 June 2022, OCHA organized an AAR which was attended by IOM, PAHO/WHO, WFP, UNFPA and UNDP. During this AAR, participants shared lessons learned and challenges encountered in the implementation of their projects which are reflected in this report. The final report was then shared with the intersectoral and humanitarian country team for comments. Sector leaders were encouraged to share the report with members of their sectors.

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. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes ☒ No ☐

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

Thanks to the CERF allocations, humanitarian partners managed to reach 330,915 people, out of which 314,940 in response to the 7.2 magnitude earthquake that hit the southwestern peninsula of Haiti on 14 August 2021 with a rapid and adequate assistance, including shelter, NFI, food, health, and protection services. As a result, more than 200,000 hot meals were distributed across 32 sites and 17,500 people benefited from protection interventions, including GBV cases. The Ministry of Public Health and Population was supported to rapidly save lives and coordinate the overall health response by providing more than 80 tons of emergency medical supplies and equipment for obstetric, neonatal, trauma, surgical and orthopaedic care to 73 hospitals and health centres, benefiting close to 12,800 injured people and providing prenatal and delivery consultations to 20,400 pregnant women.

Furthermore, the CERF funds allowed to assist 15,975 people displaced by the resurgence of inter-gang violence in the metropolitan area of Port-au-Prince in June 2021. Humanitarian partners, under the leadership of national authorities, relocated 1,610 households (8,050 IDPs) through financial assistance (cash distributions). More than 1,800 children under five who stayed on IDP sites underwent a nutritional screening. Mobile clinics provided health services to 10,600 IDPs and nearly 16,000 benefited from WASH services. Protection activities focused on specifically vulnerable groups, such as people living with disabilities and children (e.g. through psychosocial support).

Given the deteriorating security situation in Haiti, CERF funds allocated to UNHAS have ensured access to the South, bypassing the frontline of gang clashes in the Martissant area. Over 170 maritime voyages from Port-au-Prince to Carrefour were made, carrying a total of 245 vehicles and trucks for 20 different humanitarian organisations, including INGOs, UN agencies and government counterparts, providing transport solutions to support the humanitarian response to the earthquake.

### CERF's Added Value:

The rapid deployment of CERF funds and the top-up allocation for both, the response to the earthquake and the gang violence, allowed to implement urgent, life-saving activities and to restore access to basic services such as health and WASH, while ensuring a focus on the most vulnerable, for example by prioritizing the relocation of people with disabilities who found shelter in a school at Delmas 103 or by implementing mobile clinics to monitor malnourished children on IDP sites.

The particular access constraints due to the blockage of the national road 2 in Martissant since June 2021 posed a serious challenge that the CERF funds helped to overcome by bolstering the logistics capacities (173 maritime transports, and 4,199 passengers and 3,816MT of emergency items transported by UNHAS), but also by collaborating closely with local NGOs and community-based organisation that had easier access to IDP sites in Port-au-Prince or remote areas in the Grand Sud. This cooperation with community-based organisations helped build trust and strengthen partnerships, also for future engagements.

The CERF funds also made it possible to introduce a new modality, the distribution of hot meals instead of food kits. For this, WFP, with the support of an international NGO, WORLD CENTRAL KITCHEN, purchased local products from local suppliers and hired local staff for the preparation of the hot meals. Local associations helped identify people in need. The meals were distributed in IDP sites and health centers, where not only the patients received a plate, but also their family and the medical personnel.

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

Yes ☐

Partially ☒

No ☐

The CERF funds helped overcome several access problems that prevented the rapid delivery of aid to the earthquake-affected southern departments and gang-controlled neighborhoods. WFP-initiated logistical services, such as humanitarian convoys, UNHAS, and the maritime service, have made it possible to bypass National Road 2, which had been blocked since June 2021. At the same time, close collaboration with local organizations and NGO partners who had easier access to certain neighborhoods in the capital, ensured the delivery of humanitarian aid to vulnerable people. However, it should be noted that despite the efforts of the humanitarian community to quickly find alternative solutions, the high level of insecurity and limited access have caused some delays in the delivery of aid. The contracting of implementing partners and the recruitment of experts also took more time than expected. UN agencies have further identified the need for training of NGOs and small associations to help them better prepare for the reception of possible future subgrants.

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

Yes ☒

Partially ☐

No ☐

Humanitarian partners, thanks to the rapid disbursement of CERF funds, were able to ensure an immediate response to IDPs and people affected by the earthquake by providing them with hot meals, urgent medical services, including for GBV cases, temporary shelter, hygiene and kitchen kits, etc. Similarly, cash-for-work and cash for rent activities allowed for a rapid response to those most in need. In particular, CERF funds have been instrumental in funding the response to the undignified living conditions of the IDPs due to gang violence in the Port-au-Prince metropolitan area and enabled humanitarian partners to provide relocation support.

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

Yes ☐

Partially ☒

No ☐

The response to the earthquake required rapid and effective coordination and therefore strengthened collaboration with national authorities at all levels, namely national, departmental, and local. However, limited access posed several challenges in terms of coordinating humanitarian response, for example in IDP sites, as only 3 of the 12 sites in the Port-au-Prince metropolitan area were accessible. Moreover, coordination between agencies and sectors should be strengthened during the planning and implementation phase.

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

Yes ☐

Partially ☐

No ☒

Given the launch of the Flash Appeal by the national authorities and the humanitarian community on 25 August 2021, the mobilization of additional funds was already ongoing.

## Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:

Especially with the increase of gang violence in the metropolitan area of Port-au-Prince, but also after the 2021 earthquake, protection services were urgently needed. With the CERF funds, basic services were provided to victims of GBV, such as case management, psychosocial support, clinical management of rapes, etc. Locker rooms were built especially for women and girls to ensure their privacy and prevent the risk of PSEA, and solar lamps have been installed in the latrines and the young mothers' areas. Furthermore, women and girls were recruited as facilitators in safe spaces, just to name a few examples.

Special attention to people with disabilities was a priority in the implementation of the CERF projects. One of the IDP sites was composed primarily of people with disabilities and their families, as they had fled a site established after the 2010 earthquake. In collaboration with the authorities, humanitarian partners prioritized this site for urgent relocation efforts, as the infrastructure was not adapted to their specific needs. Other programs targeting people with disabilities were implemented, such as two specific training sessions on PSEA that were conducted by the UN in collaboration with the Office of the Secretary of State for the Integration of Persons with Disabilities (BSEIPH in French) in two departments (Sud and Grand'Anse). Furthermore, 40 women living with a disability received cash transfers and later reported that, thanks to the project, they felt socially integrated and non-discriminated against.

<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 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](#).

However further efforts are to be undertaken, especially for people living with disabilities as they often remain at the margins of aid programmes. In many cases, local associations accompany these people throughout the year, and therefore know their specific needs and vulnerabilities. The humanitarian community must do more to be better prepared for those specific needs, for example in preparation for the hurricane season affecting Haiti between June and November, but also by establishing a closer and well-coordinated collaboration with those local associations. The response efforts showed once again how small associations and the civil society active at the local level have been of great help in identifying people in need and reaching the most isolated populations. A prerequisite would be to engage humanitarian partners to carry out a mapping exercise to identify those associations active at regional and local level, and independent from local authorities, as a preparedness effort for any emergency.

The major challenge in the implementation of CERF-funded activities was the security situation that limited access to IDP sites but also to the southern peninsula. While some expertise on humanitarian access was deployed after the earthquake in August 2021, the issue remained crucial throughout the implementation phase of the CERF allocations (and beyond). Additional humanitarian access and negotiation expertise would be urgently needed, given the limited capacities and expertise on the ground. In general, the extent and impact of the gang violence is often underestimated. Stronger advocacy efforts are needed not only within the UN system, but also with donors and Member States, to bring Haiti back on the discussion agenda. There is a need to call on the Haitian government for more support for a safe and unimpeded access to people in need. All parties, including armed gangs, must ensure that humanitarian organizations have sustained and safe access to the affected areas and the population in need of assistance, especially the most vulnerable.

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>204,295,000</b>
CERF	12,883,212
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	65,566,689
<b>Total funding received for the humanitarian response (by source above)</b>	<b>77,451,142</b>

**Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)**

<b>Agency</b>	<b>Project Code</b>	<b>Sector/Cluster</b>	<b>Amount</b>
<b>IOM</b>	21-RR-IOM-012	Protection	375,000
<b>IOM</b>	21-RR-IOM-012	Camp Coordination and Camp Management	125,000
<b>IOM</b>	21-RR-IOM-019	Shelter and Non-Food Items	2,325,000
<b>IOM</b>	21-RR-IOM-019	Protection	175,000
<b>IOM</b>	21-RR-IOM-025	Camp Coordination and Camp Management	1,988,000
<b>IOM</b>	21-RR-IOM-025	Shelter and Non-Food Items	812,000
<b>UNICEF</b>	21-RR-CEF-022	Water, Sanitation and Hygiene	154,679
<b>UNICEF</b>	21-RR-CEF-022	Protection - Child Protection	149,690
<b>UNICEF</b>	21-RR-CEF-022	Nutrition	194,597
<b>UNICEF</b>	21-RR-CEF-034	Water, Sanitation and Hygiene	1,468,848
<b>UNICEF</b>	21-RR-CEF-034	Protection - Child Protection	1,154,095

<b>WFP</b>	21-RR-WFP-026	Food Security - Food Assistance	500,000
<b>WFP</b>	21-RR-WFP-026	Common Services - Humanitarian Air Services	500,000
<b>WFP</b>	21-RR-WFP-032	Common Services - Humanitarian Air Services	300,000
<b>WFP</b>	21-RR-WFP-032	Common Services - Logistics	200,000
<b>WHO</b>	21-RR-WHO-024	Health	1,750,000
<b>UNDP</b>	21-RR-UDP-005	Common Services - Safety and Security	211,303
<b>UNFPA</b>	21-RR-FPA-027	Protection - Gender-Based Violence	500,000
<b>Total</b>			<b>12,883,212</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>9,870,750</b>
Funds sub-granted to government partners*	761,957
Funds sub-granted to international NGO partners*	1,047,289
Funds sub-granted to national NGO partners*	1,203,216
Funds sub-granted to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>3,012,462</b>
<b>Total</b>	<b>12,883,212</b>

\* 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:

Deadly clashes between rival gangs in the Port-au-Prince metropolitan area have multiplied, with a significant upsurge since 1 June 2021, causing the displacement of 17,000 people and limiting access to entire neighborhoods. This surge in violence is affecting the capital of a country already counting 4.4 million food-insecure people in 2021. During the implementation period of the CERF projects, it was estimated that some 1.5 million people were directly affected, including those displaced by violence or living in conflict zones in Port-au-Prince area (1,100,000) with very limited or no access to essential services, and vulnerable people (400,000) living in other departments of the Southern Peninsula who no longer received assistance due to roadblocks. The initial response provided had to be partly drawn from contingency stocks for the hurricane season 2021.

Moreover, amid the ongoing COVID-19 emergency and the peak of the Atlantic hurricane season, Haiti was hit by a 7.2-magnitude earthquake on 14 August 2021. Relief efforts have been complicated by the security situation and Tropical Depression Grace, which affected many of the same communities reeling from the earthquake just two days before. In this complex, multiple-hazard emergency, the ERC - within 34 hours of the earthquake - allocated \$8 million from CERF to deliver immediate, lifesaving humanitarian assistance in the key sectors of Food Security, Shelter and Non-Food Items, Health, Water, Sanitation and Hygiene, Protection (including Child Protection), and Common Services, such as logistics and transportation support for the humanitarian response. The allocation targeted 278,260 of the most vulnerable people out of more than 800,000 who have been affected.

### Operational Use of the CERF Allocation and Results:

In response to the crisis caused by gang violence, the ERC allocated \$1 million from CERF's Rapid Response window for the immediate commencement of life-saving activities. This funding enabled UN agencies and partners to provide life-saving assistance to 15,975 people, including 4,772 women, 4,366 men, 3,578 girls, 3,259 boys, and including 879 people with disabilities in CCCM, Protection, WASH, Child and maternal Health, and Nutrition sectors. This includes response activities for displaced people and those who could not leave, including provision of basic services and materials, sanitation and hygiene kits plus protection and health related actions for the most vulnerable.

In response to the Earthquake and Tropical Depression Grace, and in close collaboration with relevant line ministries, regional institutions and humanitarian partners, the multi-sectoral response delivered by IOM, PAHO/WHO, UNICEF and WFP, reached a total of 314,940 people out of the more than 800,000 who had been affected. This included displaced people, women and children, persons with disabilities, the elderly and the LGBTQI+ community. The implementation of CERF projects was carried out through a joint programmatic approach that aimed to build synergies with ongoing emergency operations and effectively integrated and mainstreamed key cross-cutting issues, such as protection and gender, as well as the appropriate inclusion of persons with disabilities in all engagements, to effectively meet the differentiated needs of affected people. Cash interventions were implemented through IOM's cash-for-work (repair) and cash for rent activities and UNICEF's cash transfers to support victims of gender-based violence.

On 8 September, the Emergency Relief Coordinator allocated an additional \$4 million from CERF's rapid response window for augmenting the implementation of life-saving activities. This funding enabled UN agencies and partners to provide life-saving assistance to 19,841 people in the Shelter, Camp Coordination, Protection, Logistics and Security sectors.

### **People Directly Reached:**

With the funds of the three CERF allocations, the humanitarian community managed to reach 330,915 people (238,030 targeted), out of which 34,085 were IDPs (15,975 due to the gang violence and 18,110 who lost their shelter after the earthquake), 32,686 people living in host communities, and 264,144 other affected people. Duplications were avoided when calculating the total number of people reached by ensuring that the top-up allocation (21-RR-HTI-49281) was targeting the same people as the other two allocations and thus only the maximum of host communities and other affected people was taken into consideration. A major deviation can be noted for the sector Shelter/NFI. This can be explained by the limited access to IDP sites for several weeks because of increased gang violence. The deviation noted by the health sector (allocation 21-RR-HTI-48843) is due to the fact that funds that were foreseen for an implementing partner, who declined the subgrant eventually, were then used to reach more people. The WASH sector also managed to exceed its target thanks to the availability of treatment units and bladders funded with other resources, which made it possible to quickly install and supply them with water through water trucking.

### **People Indirectly Reached:**

It is estimated that at least some 1.6M people have been indirectly reached by the activities implemented through the above-mentioned CERF grants. Beneficiaries, including mothers and caregivers, have benefited from awareness and sensibilisation sessions on child protection, GBV, hygiene, water purification nutrition, sexual and reproductive health, STI/HIV/AIDS prevention and psychological first aid. Rapid repairs to health facilities allowed for the overall population of these communities to continue receiving health services from damaged health facilities. The support and expansion of surveillance system in affected communities after the earthquake strengthened the capacity of departmental epidemiologists to rapidly detect and alert on events under surveillance to support outbreak detection, management and control. But also, the support provided to WASH installations in health centres has given patients and personnel access to clean water and hand washing facilities. In addition, the prioritization of local products and labour has stimulated local markets and thus indirectly strengthened the livelihoods of those local workers.



**Table 4.1: Number of People Directly Assisted with CERF Funding by Sector/Cluster\* (21-RR-HTI-48351)**

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Camp Coordination and Camp Management	4,182	3,826	3,136	2,856	14,000	5,807	3,833	2,298	2,062	14,000
Nutrition	4,182	0	3,136	2,856	10,174	4,309	1,437	2,882	2,058	10,686
Protection	1,792	1,640	1,344	1,224	6,000	2,751	1,816	1,090	979	6,636
Protection - Child Protection	300	200	2,500	2,500	11,000	285	261	2,228	2,051	4,825
Water, Sanitation and Hygiene	4,182	3,826	3,136	2,856	14,000	4,772	4,366	3,578	3,259	15,975

**Table 4.2: Number of People Directly Assisted with CERF Funding by Sector/Cluster\* (21-RR-HTI-48843)**

\* 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.

Sector/Cluster	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Food Assistance	1,092	948	2,428	2,432	6,900	1 268	1 109	2 693	2 852	7,922
Health	20,986	9,961	10,074	5,339	46,360	42 664	17 542	8 183	3 943	72,332
Protection	3,000	3,000	1,500	1,500	9,000	1,734	2,212	986	1,046	5,981
Protection - Child Protection	47,362	43,546	46,238	42,854	180,000	12,197	11,662	9,945	6,810	40,614
Shelter and Non-Food Items	14,700	14,700	7,800	7,800	45,000	9,850	12,567	5,604	5,943	33,964
Water, Sanitation and Hygiene	29,900	27,300	22,400	20,400	100,000	46,263	42,240	34,658	31,564	154,725

**Table 4.3: Number of People Directly Assisted with CERF Funding by Sector/Cluster\* (21-RR-HTI-49281)**

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Camp Coordination and Camp Management	4,259	3,035	1,241	1,465	10,000	3,100	2,670	2,230	2,000	10,000
Common Services - Humanitarian Air Services	0	0	0	0	0	0	0	0	0	0
Common Services - Safety and Security	0	0	0	0	0	0	0	0	0	0
Protection - Gender-Based Violence	6,300	330	6,950	340	13,920	6,439	4,213	961	811	16,461
Shelter and Non-Food Items	4,770	4,540	2,850	2,840	15,000	1,890	1,700	1,480	1,260	6,300

\* 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 5.1: Total Number of People Directly Assisted with CERF Funding by Category\* (21-RR-HTI-48351)**

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	14,000	15,975
Host communities	0	0
Other affected people	0	0
<b>Total</b>	<b>14,000</b>	<b>15,975</b>

**Table 5.2: Total Number of People Directly Assisted with CERF Funding by Category\* (21-RR-HTI-48843)**

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	9,000	9,200
Host communities	42,900	32,686
Other affected people	226,360	264,144
<b>Total</b>	<b>278,260</b>	<b>306,030</b>

**Table 5.3: Total Number of People Directly Assisted with CERF Funding by Category\* (21-RR-HTI-49281)**

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	15,000	18,110
Host communities	770	1,731
Other affected people	0	0
<b>Total</b>	<b>15,770</b>	<b>19,841</b>

\* 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 6.1: Total Number of People Directly Assisted with CERF Funding* (21-RR-HTI-48351)			Number of people with disabilities (PwD) out of the total	
Sex & Age	Planned	Reached	Planned	Reached
Women	4,182	4,772	299	646
Men	3,826	4,366	273	263
Girls	3,136	3,578	224	432
Boys	2,856	3,259	204	309
Total	14,000	15,975	1,000	1,650

Table 6.2: Total Number of People Directly Assisted with CERF Funding* (21-RR-HTI-48843)			Number of people with disabilities (PwD) out of the total	
Sex & Age	Planned	Reached	Planned	Reached
Women	84,139	110,408	8,814	3,142
Men	69,154	83,427	6,893	2,663
Girls	66,540	61,083	5,876	2,014
Boys	58,425	51,112	4,952	1,880
Total	278,258	306,030	26,535	9,699

Table 6.3: Total Number of People Directly Assisted with CERF Funding* (21-RR-HTI-49281)			Number of people with disabilities (PwD) out of the total	
Sex & Age	Planned	Reached	Planned	Reached
Women	15,239	7,871	500	441
Men	7,905	4,213	500	263
Girls	11,041	6,946	250	125
Boys	4,645	811	250	125
Total	38,830	19,841	1,500	954

\* 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.

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 21-RR-IOM-012

1. Project Information			
Agency:	IOM		Country: Haiti
Sector/cluster:	Protection Camp Coordination and Camp Management		CERF project code: 21-RR-IOM-012
Project title:	Addressing the most urgent needs of vulnerable internally displaced persons (IDPs) affected by ramping gang violence in Port-au-Prince, Haiti		
Start date:	12/07/2021	End date:	11/01/2022
Project revisions:	No-cost extension <input type="checkbox"/> Redeployment of funds <input type="checkbox"/> Reprogramming <input type="checkbox"/>		
3Funding	Total requirement for agency's sector response to current emergency:		US\$ 5,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,000,000
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 39,400
	Government Partners		US\$ 20,000
	International NGOs		US\$ 0
National NGOs		US\$ 19,400	
Red Cross/Crescent Organization		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, IOM and its partners (state officials and humanitarian actors) have responded to the most urgent needs of vulnerable IDPs affected by ramping gang violence in Port-au-Prince. To ensure a better protection of IDPs in different sites (formal and spontaneous ones) the following activities have been carried out with the below main achievements:

- 3 effective site coordination and management mechanism, focusing on joint coordination (government/humanitarian and beneficiaries), regular monitoring of the standard and quality of services provided, and mobilization of additional resources to fill gaps have been activated in the 3 targeted sites (Delmas 103, St Yves and Carrefour Sport Centre) all located in the metropolitan areas of Port-au-Prince.
- 3 Camp Coordination Camp Management partners such as the Directorate General of Civil Protection (DGPC)/ la Unite de Construction de Logements et de Bâtiments Publics (UCLBP in French) and the Organisation des Coeur pour le Changement des Enfants Démunis D’Haiti (OCCCED in French) have been trained on key protection themes Sexual Abuse and Exploitation (SAE), Preventing Sexual Exploitation and Abuse (PSEA) as well as have been provided with information on the evolution of the displacement situation are
- **6,636 IDPs including the most vulnerable** established in the 3 above-mentioned sites have had their basic needs met thanks to the coordination and joint management of the sites, and the quality and availability of the various types of direct assistance such as medical assistance, food assistance, psychosocial support, including to people with disabilities.
- **7,890 IDPs**, including the most vulnerable groups (pregnant and lactating women, people with disabilities, elderly), and some host families received emergency humanitarian assistance, which helped alleviating their daily suffering and shortages. These aids consisted of a variety of assistance (food – health, shelter, NFIs (Non-Food Items) which are of great importance for the daily needs of families, and adapted equipment for people with disabilities)
- **6,000 IDPs** individuals from 3 sites (Carrefour Sports Centre, St Yves and Delmas 103) benefited from on-site Mental Health and Psychosocial Support (MHPSS) activities (Bilateral consultations, referrals with psychologist, creative workshops and art therapy, awareness campaign on behavioural to adopt and prevent exploitation in common space);
- **238 households (1,190 individuals)** including the most vulnerable IDPs who received financial assistance for rent have moved into the new houses, thus offering their respective families better-living conditions

### 3. Changes and Amendments

Without modifying the submitted total amount dedicated to the relocation of displaced families (USD 130,500), IOM submitted a reprogramming request to align the relocation package with UCLBP national strategy and similar ongoing interventions. This implied a change in the cost of initially planned relocation assistance (from 145USD to 500USD). Also, IOM has changed the formulation of the indicator 5.1 from: Number of IDPs registered and type of relocation support determined (soft, medium and hard assistance) to: Number of IDPs registered.

Some indicator targets were not fully achieved due to the low site population in respect to what planned. Also targets where not fully achieved because other organizations complemented IOM works on the ground. Indicator **4.1** for instance, was not fully met, because a part of the needs was also covered by other partners intervening in the same sectors.

Médecins Sans Frontières (MSF), Hollande and Mouvman Visyone Vizyone Dayiti (MOUFAVIDA) were providing health care through medical mobile clinics at the Carrefour Sport Center. Same for the NFI distributions, where partners such as Solidarités and DGPC provided IDPs with basic NFI (Kit hygiene and Wash). However, there was not a direct impact on the dedicated budget, given that the balance has been used to reinforce the health care responses in the 3 sites (Carrefour Sports Centre, St Yves IDPs and Delmas 103). Additional and specific medicines for children, pregnant women and adults with chronic diseases have been purchased, along with some adapted equipment's for people with disabilities (large wheelchairs).

Regarding the **indicator 1.1** which is about strengthening the partners capacity on CCCM and DTM related subjects, 3 partners have been selected to benefit from this training. Due to the emergency at sites level, where IDPs were overcrowded with a growing need, most of the partners were busy at responding rather than making themselves available to attend the training sessions. DGPC/UCLBP and OCCED'H which were more involved in CCCM activities have taken those training sessions to better serve and support the IDPs staying in the IDPs site. On rotation basis, the three targeted partners joined the 10 sessions which were useful to them given the key roles they were playing at the site level.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Camp Coordination and Camp Management									
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	4,182	3,826	3,136	2,856	14,000	5,807	3,833	2,298	2,062	14,000
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>4,182</b>	<b>3,826</b>	<b>3,136</b>	<b>2,856</b>	<b>14,000</b>	<b>5,807</b>	<b>3,833</b>	<b>2,298</b>	<b>2,062</b>	<b>14,000</b>
<b>People with disabilities (PWD) out of the total</b>										
	299	273	224	204	1,000	359	263	192	186	1,000

Sector/cluster	Protection									
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	1,792	1,640	1,344	1,224	6,000	2,751	1,816	1,090	979	6,636
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0

\* 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.



<b>Total</b>	<b>1,792</b>	<b>1,640</b>	<b>1,344</b>	<b>1,224</b>	<b>6,000</b>	<b>2,751</b>	<b>1,816</b>	<b>1,090</b>	<b>979</b>	<b>6,636</b>
<b>People with disabilities (PwD) out of the total</b>										
	299	273	224	204	1,000	359	263	192	186	1,000

## 5. People Indirectly Targeted by the Project

5,790 individuals benefitted indirectly from the activities implemented in the framework of this project. They are other vulnerable people (not necessarily IDPs) and host community members.

For the medical assistance provided in the 3 sites through mobile medical clinics, IOM medical staff and partners reported the presence of 600 vulnerable host community family members, who also sought medical consultation and treatment

Through the cash assistance for rent, the landlords and their respective families will benefit from the additional source of income (1,190 individuals).

The promotion of the IOM's 840 Hotline, through awareness campaigns activities, organized at the sites, in which host communities also participated, and through regular spot radio, 4,000 individuals from different groups (individuals outside sites/host communities) have benefitted by the hotline services which are confidential and free of charge, to get information, follow-up on activities/responses or to make complaints.

## 6. CERF Results Framework

<b>Project objective</b>	To provide critical humanitarian assistance to Internally Displaced Populations (IDPs) in vulnerable neighbourhoods of Port-au-Prince, affected by ramping gang violence.			
<b>Output 1</b>	Effective CCCM coordination is established, and partners are regularly informed about the evolution of the displacement situation			
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sector/cluster</b>	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	Number of partners trained on CCCM and DTM relevant subjects ("The Camp Life Cycle: Camp Set-Up, Camp Care and Maintenance, Camp Closure"; "Identification of vulnerabilities" needs of psychosocial support, medical assistance, utilization of Kobo Collect ToolBox"; "PSEA - VBG")	10	3	Reports/Minutes of the trainings
<b>Explanation of output and indicators variance:</b>		<p>3 key partners out of 10 targeted, attended the IOM 10 sessions on CCCM and DTM relevant subjects. The mobilization of the partners was difficult due the on-going emergency which draw attention on the emergency responses rather than trainings.</p> <p>When necessary, the response was adjusted to answer beneficiaries' protection needs. CCCM partners have been trained on key relevant topics concerning the protection of the beneficiaries (SEA and PSEA). These protection training courses enhanced their operational capacities and clarified at the same time what they could and could not do to better to provide assistance to the beneficiaries.</p>		

	Due to the deteriorated security situation, and the difficult access to beneficiaries, the total number of IDPs in urban area was difficult to calculate. The last dashboard produced the 24 <sup>th</sup> of June 2021 states 17 105 IDPs have been identified in 10 different Sites in the ZMPP since early in the month. DTM and CCCM partners (DGPC and UCLBP) should have better defined a new strategy that integrated the current dynamics to address the urgent need of IDPs data.
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Activities	Description	Implemented by
Activity 1.1	Support Establishment of intra- and inter-site coordination structures in place, and ensure the continuous monitoring of partners implementation, and the delivery of essential life-saving services in such locations.	IOM and its state partners such UCLBP and DGPC covered the coordination of formal and spontaneous sites in the metropolitan area of Port-au-Prince. This includes monitoring of the minimum CCCM standard as well advocacies to better meet identified needs.
Activity 1.2	Reinforce Site Management through briefings and refresh-trainings for local authorities, CCCM partners and community leaders (DTM activities, SEA trainings, site management, large distribution)	IOM and its state partners (DGPC and UCLBP) monitored all information coming from the weekly CCCM coordination meetings to have an overview on protection monitoring at site level.
Activity 1.3	Provide and manage information on Site population and needs through the "Commission de mouvement de population" (CMP), or participatory DTM's assessments, and produce dashboards on the situation.	DTM unit worked closely with the CCCM team to monitor and capture new displacements in the ZMPP.
Activity 1.4	Conduction of mobility tracking and registration, feedback mechanism and referral information and immediate assistance of the affected localized population, with special focus on the most vulnerable groups, such as people living with disabilities	Registration operations were carried out in the targeted sites and information was collected on IDPs demographics, vulnerabilities, mobility, areas of origin and return intention by DTM team. A total of 743 households (1,425 persons) were registered in Delmas 103 (219 households, 315 persons) and Eglise Saint-Yves (315 households, 1,110 persons).

<b>Output 2</b>	The capacity of local structures operating in displacement sites is reinforced to address basic humanitarian needs of the most vulnerable IDPs
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<b>Was the planned output changed through a reprogramming after the application stage?</b>					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Sector/cluster</b>	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	Number of vulnerable IDPs receiving a coordinated assistance in the managed sites, including people with disabilities.	3,000	3,000	DTM registration		
Indicator 2.2	Number of vulnerable IDPs identified and having access to basic humanitarian assistance, including most vulnerable groups (pregnant and lactating	14,000	14,000 individuals	Distribution reports/ service provider reports		

	women, people with disabilities, elderly, etc.)			
<b>Explanation of output and indicators variance:</b>		<p>2.1 Only 3 sites were fully accessible out of the 12 targeted. IOM and partners were present in those sites and delivered daily assistance to IDPs. The inaccessibility of the 9 sites was due to the instability of the area where those sites are established, and which are also marked by the strong presence of gangs in the said areas.</p> <p>Nevertheless, IOM was following up remotely with the temporary support of the DGPC officials already present in these areas to receive information about the humanitarian situation and especially the urgent needs. IOM also provided incentives to the DGPC officials, who supported the main site activities such – survey, distributions, and various Information Education and Communication (IEC) materials from CCCM. As part of the support to local partners, IOM supported the Carrefour municipality in rehabilitating 2 dormitories that were used as safe spaces from pregnant and lactating women, and people with disabilities. Sometimes that space also served to temporary shelter protection cases.</p> <p>2.2 Given the density of the displaced population at the Carrefour centre, the most vulnerable found difficult their staying there. Pregnant women and new-borns, elderly, disables, blind people, absolutely needed a dedicated space, which was provided by IOM, and it has proven to be very useful, also for the management of protection cases of domestic violence that required emergency shelter.</p>		
	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Reinforce the operational capacity of local partners or DGPC involved in the response to provide basic humanitarian assistance to IDP centres (hot meals, snacks, water)	<p>IOM monitored <b>12 identified IDP sites</b> in coordination with UCLBP as co-lead of the CCCM cluster that has been re-activated following the increase of displacement. IOM had a regular presence <b>on 3 sites</b> namely Centre Sportif de Carrefour, Delmas 103 and St Yves throughout the project period. Daily presence has facilitated the follow up for rapid response interventions site coordination and site management, psychosocial assistance and access to support services. For sites where access was more difficult, IOM worked in close coordination with the DGPC, to facilitate the supervision of rapid response interventions. IOM supported 15 staff at the communal level to provide permanent presence in Lower Delmas and daily presence in Delmas 103. IOM has been able to conduct registration activities in 3 IDP sites to profile current displacement needs and anticipate a better coordinated response among partners. Coordination meetings with registered partners on</p>		

		the CCCM platform have been conducted to facilitate the dissemination of information on the evolving needs situation across the IDP sites and enable partners to effectively contribute to the response in a coordinated manner. As of January 2022, the CCCM cluster <b>conducted 12 coordination meetings</b> to inform partners on the situation across IDP sites on the ground.
Activity 2.2	Support the operational structure and means of local partners for the creation of “safe spaces” for the most vulnerable cases (pregnant and lactating women, people with disabilities, elderly, etc.) to be hosted overnight. This will include the provision of basic furniture, beds, blankets or the establishment light structures.	This support has been provided to the DGPC and the Municipality of Carrefour, through the rehabilitation and equipment of two block buildings with the capacity of 14 beds.

<b>Output 3</b>	Mental Health and Psychosocial Support (MHPSS) assistance and protection follow-up is available for vulnerable IDPs, with special attention to women and young girls.			
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sector/cluster</b>	Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of beneficiaries from on-site MHPSS activities and protection follow up (group discussions and/or bilateral consultations and referrals with a psychologist; creative workshops and art-therapy, awareness campaign on behavioural to adopt and prevent exploitation in common space)	6000	6,000  (IOM (2,640 individuals combined activities – OJU 3,360 individuals))	IOM and Partner reports
Indicator 3.2	Referred cases received through the 840 hotline	600	877 cases received through hotline 840 including 497 women and 380 men.	Hotline 840 report
Indicator 3.3	Number of mothers actively involved in club de mères	12	12 mothers actively involved in Club des mères	OJU's report
<b>Explanation of output and indicators variance:</b>		3.1 IOM provided different type of assistance to the IDPs such as psychological first aid, visits to families, counselling, support and discussion groups, recreational activities for children, sensitization on the PSEA for the entire site population, training on PSEA for the members of the site management team who are in contact with the beneficiaries, promotion of the IOM toll-free hotline as a channel for feedback and complaints, and also targeted accompaniments, the case of a 20-year-old girl who had just given birth on the site and who lived alone with her first 2-year-old daughter. In total, more than <b>1,118 people (310 men /393 women, 190 boys and 192 girls, 23 lactating</b>		

**women, 10 people with disabilities)** benefited from the psychosocial services made available to them. The lesson of this assistance, which is often overlooked, is that after being displaced, psychosocial support for people affected by any crisis should be the entry point for direct humanitarian assistance. The shock of the disaster, the loss of loved ones, the anxiety of being left without loved ones, the uncertainty of tomorrow, all these questions overwhelm these families on the move, and they therefore needed to talk, to be listened to and reassured. These series of activities have finally allowed to relieve the populations affected by this crisis, to have answers to their uncertainties and have also put a smile on the children's faces.

Also, Community agents conducted door-to-door awareness raising activities and sensitized people to adopt responsible behaviour for the good of all by following all measures against COVID-19. A total of 3244 people, including 1821 in Delmas103 and 1423 in Carrefour were sensitized on the peaceful conflict management, and about the services of the IOM hotline 840. Training of Trainers in Social Mobilization and Conflict Management provided community mobilizers with the necessary techniques to support beneficiaries in terms of Protection. Those trainings were also an opportunity for these community mobilizers to deepen their knowledge on prevention measures and risks of spread of covid 19, as well as the e Green Line as a free and confidential communication channel to interact directly with beneficiaries

3.2 The referral target via the 840 hotline has been largely exceeded, due to the deterioration of the security situation in the metropolitan area of Port-au-Prince, resulting in the extension of conflict zones (not recommended for humanitarians) and the reduction of humanitarian space. This confidential green line is intended to facilitate the sharing of information on the humanitarian situation and on the urgent needs expressed by the victims of the violence, to which humanitarians must respond to. For the IDPs established in the sites, follow-up was done directly with the IOM team. If the complaint is of a general nature, and can involve a large number of IDPs, feedback can be given during the weekly CCCM meetings to pass on the information through committee representatives. Nature of the calls was usually related to the relocation activities ( need of information / process and entitlement); followed by the request for assistance; request for psychosocial supports; and very few cases to report sexual abuses and request for assistance. Also IOM received calls from IDPs that requested to be assisted to meet their needs.

3.3 The club of mothers empowered women and children to share their negative experiences or challenges they have been through. It was a space for sharing, consolation, and healing, as well as a place to deepen the identifications already made by the psychologists for more intensive follow-up. Some of them have been abused under a status of shock that did not allow them to identify without themselves as survivors. Few of them were dominated by feelings of shame or contempt and preferred not to express themselves in public, which required an exchange in an

	<p>appropriate counseling setting. <b>A total of 426</b> individuals, of which 383 women participated in various sessions facilitated by IOM psychologists. Important to highlight that the participants' selection, captured many categories of vulnerabilities. For both sites, IOM reached <b>34 married mothers, 21 widows, 205 single mothers, 107 cohabiting mothers, 8 nursing mothers, 8 disabled mothers, 43 single fathers</b>. The club also allowed IOM psychologists to identify new cases in need of specialized assistance.</p> <p>It is also important to note the presence of the 43 men who joined this group to support their wives in this situation of rejection and fear, which also has a powerful and positive impact on the couple.</p>
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Activities	Description	Implemented by
Activity 3.1	Conduct an awareness campaign focused on the promotion of 840 hotline, COVID-19 preventive measures, conflict management and social cohesion, through focus groups, and involving all vulnerable groups among IDPs	Organisation des Jeunes Unis (OJU) which is a dynamic local NGOs with a strong experience working on psychosocial support and awareness raising activities.
Activity 3.2	Provide MHPSS and referral services to IDPs through on-site counselling/activities as well as through the 840 hotline (post-traumatic stress management)	Activities were carried out by two qualified IOM national psychologists with good knowledge of local customs.
Activity 3.3	Organization of club des mères (clubs of mothers) with pregnant and/or lactating women, a space where they can share experiences and build self-resilience, do manual activities, and also have small trainings on the mother-child relationship, breastfeeding, and related subjects.	The activity of creation of a club of mothers has been implemented in coordination with the OJU in ZMPP for IDP women and children in Delmas 103 and Carrefour Sport Center.
Activity 3.4	Produce monthly factsheets informing on support requests, feedback and complaints from IDPs through the IOM hotline 840, to tailor further support to the actual needs and requests of the IDPs, with special attention to the most vulnerable cases (pregnant and lactating women, people with disabilities, elderly, etc.).	A direct follow-up mechanism for the phone calls received from IDPs in the metropolitan area was put in place by IOM to respond to the multiple beneficiaries' requests.

<b>Output 4</b>	Access to support services and materials is facilitated to the most vulnerable IDPs in coordination with local partners			
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sector/cluster</b>	Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	Number of IDPs benefitting from access to health services through assistance services	5,000	<b>5,000 individuals</b> including 1,745 women, 1,663 men, 846 girls and 746 boys.	Mobile clinic report

Indicator 4.2	Number of people with reduced mobility benefiting from adapted materials and rehabilitation (crutches, wheelchairs, etc.)	100	<b>376 disables IDPs (135 women; 99 men; 72 girls; 70 boys)</b> in the sites - including those affected by the urban gang violence benefitted from adapted medical materials.	Distribution report beneficiaries' list
Indicator 4.3	Number of people receiving identity card, non-food items (NFIs) and specific kits depending on their needs (hygiene kits, baby kits, blankets, lamps, whistles)	6,000	<b>6, 636 individuals (including 2,751 women; 1,816 men; 1,090 girls; 979 boys)</b> in the targeted sites (Delmas 103 – Carrefour Sport Centre) have received various types of NFI kits (hygiene/ relocation/baby kits Kitchen sets)	Distribution report/ Discharge of recipients

<b>Explanation of output and indicators variance:</b>		<p>Indicator 4.1 the target has been covered by the Implementing Partner and IOM medical staff. (Mobil Clinic - MOUFAVIDA).</p> <p>Specific attention was also given to people with disabilities (deaf, dumb, blind). In Delma 103, more than 50 deaf IDPs were identified, and 26 out of 50 have been consulted by a specialist to alleviate their suffering. IOM also provided medicines at site level and do referrals for the most complicated medical cases that need specialized services. The main pathologies reported were fever, flu, cough, diarrhoea, anorexia, impetigo, dermatitis, abdominal pain, malnutrition, vomiting, headache, STI, anaemia, ringworm, scaptoptosis, sexually transmitted infections, pregnancy, genitourinary infections, breast engorgement.</p> <p>Indicator 4.2. the difference between target and achieved can be explained by the fact that with the allocated budget IOM could meet the needs of more people initially targeted.</p> <p>Indicator 4.3 The variance is again due to the presence of other partners covering part of the needs with NFI distribution. In all targeted sites, the most important need was housing which made the relocation of the families the most requested type of assistance.</p>		
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Activities	Description	Implemented by
Activity 4.1	Support the effective access of vulnerable IDPs in sites to critical medical services.	Due to the deteriorated medical situation on the sites (Delmas 103/St Yves and Carrefour) the IOM Medical team composed of 2 Doctors/ 2



		Psychologists conducted systematic medical screening to all IDPs, staying in the sites. Additionally, regular mobile clinics were organised twice a week to monitor the medical situation as well as providing health care to the new cases.
Activity 4.2	In coordination with BSEIPH and after a case-by-case analysis of needs, purchase and distribute medical materials to IDPs with reduced mobility	In closed coordination with the BSEIPH and the technical advice of the “Fédération Haitienne des Associations et Institutions des Personnes Handicapées d’Haiti” (FHAIPH in French), IOM ordered the medical materials for the IDPs with reduced mobility. Through the FHAIPH experiences and networking, IOM was able to identify the IDPs in need of medical materials. Some of there were in IDPs sites, while others were living in communities. Medical materials provided: Wheelchair, Cane Baton, White Cane, Wheelchair 20x18, English Cane, Large wheelchair, medium wheelchair, Walker, Support Cane, Cane Paraplegic dressing aid, Draft Shield
Activity 4.3	Purchase and distribute NFIs/specific kits based on IDPs’ needs (hygiene kits, baby kits, blankets, lamps, washable masks including whistle for emergency)	Based on different IDPs needs, NFI kits have been purchased and distributed to the IDPs. Baby and relocation kits were usually distributed to lactating women and to numerous families to help them settling in the new houses.

<b>Output 5</b>	The most vulnerable IDP receive in kind or cash assistance to: return to their house, reach their families or relocate			
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sector/cluster</b>	Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 5.1	Number of IDPs registered and type of relocation support determined (soft, medium and hard assistance)	5,000	5,000 individuals	Financial supporting documents
<b>Explanation of output and indicators variance:</b>		Out of 5,000 individuals registered, IOM has provided relocation assistance to 238 households (1,190 individuals) from St Yves and Delmas 103 IDP sites. Cash assistance package was provided for safe return into communities, in three instalments via Uni transfer for 1) rental support; 2) transportation and 3) livelihood. Priority is given to the most vulnerable families as well as protection cases.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 5.1	Registration and validation of IDP eligible for the assistance programs integrated areas	IOM have been collaborated with the state officials notably the DGPC and UCLBP while conducting the registration of IDPs and carrying out other data collection exercise at national and departmental levels. Once the data was collected and the analysis		

		completed, IOM, prior to share to the large public submitted the result to the state official for comments/approval. This close collaboration was extended as well at operational level, while addressing some technical issues such as complaints from IDPs who have missed the registration session.
Activity 5.2	Provision and monitoring of in kind or cash assistance for return and assistance	IOM, in close collaboration with the DGPC and UCLBP conducted the registration of IDPs and rolled out the relocation process. In terms of relocation activities, IOM followed the joint relocation strategy elaborated under the leadership of UCLBP, DGPC and IOM.
Activity 5.3	Short-term training on income generating activities (IGAs) and health (2 days): Capacity building of households at the level of financial management targeting women heads of household including those with a family member with reduced mobility.	<p>50 women heads of household and 25 families with reduced mobility members were selected to attend the IGAs training.</p> <p>After the identification of needs, a first discussion session was conducted with beneficiaries to better understand the needs expressed. The main IGAs selected were small businesses, sales, and processing - saponification, and sale of Airtimes credits, among others.</p> <p>The same beneficiaries were also supposed from the health capacity building training, which took place in 2 days focused on first aid assistance, key tips for monitoring the health status for young children, tips for disinfecting drinking water and preventing the spread of Covid 19.</p> <p>However, their engagement and collaboration with IOM was a challenge because many after receiving relocation assistance did not show interest in participating to other activities.</p>

## 7. Effective Programming

### a. Accountability to Affected People (AAP)<sup>2</sup>:

IOM is occupying a strategic position within emergency humanitarian response. Co-lead of shelter/NFI/CCCM clusters and has always been on the front line, providing direct assistance, counting and interacting directly with beneficiaries. Through this project, IOM ensured the cross-cutting issues have been taken into consideration along the project implementation. The IOM hotline 840 was available to any beneficiaries as well as host communities and local authorities who wanted to ask for information, do a follow-up or to complain about something that went wrong. CCCM partners have been trained on relevant camp management topics, including the importance of the PSEA/SEA on their day-to-day activities. In addition, all IOM staffs deployed on the ground have successfully completed their online PSEA/training. Specific attention was also given to people living with disabilities at site level as well as in the communities.

<sup>2</sup> 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](#).

Referrals to adapted facilities have been made for their general medical check-up. Several adapted equipment's purchased and distributed to those staying in the sites as well as the ones in the communities.

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**b. AAP Feedback and Complaint Mechanisms:**

The IOM's registration in the ZMPP area and in the departments, the IOM toll-free and confidential hotlines (840) and recently the early warning system for monitoring population movements in urban areas consists of tools for collecting key information and ensuring accountability to our beneficiaries. Once registration data was available, IOM, through its various units (protection - shelter/NFI, resettlement...), prioritized vulnerable people, including the disabled, by providing a tailored response to meet their needs.

The CVA approach took into considerations the situation and needs of each family, tailoring the assistance to specific needs. For all activities, and particularly for distributions, community mobilisers ensured that activities were explained directly to the affected population through the use of megaphones to set expectations. The content of the NFI kits was also presented so as to inform the beneficiaries on the assistance they would have received.

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

All IOM staff working on this project have received training on PSEA, including personnel at field locations. IOM has also trained new staff, as well as carried out continuous reviews, as prevention measures. IOM's Instruction: *Policies and procedures to prevent and respond to sexual exploitation and abuse (PSEA)*, links staff members to respect behavioral standards when working with beneficiaries. Sexual exploitation and abuse of populations are subjected to disciplinary measures, including dismissal and criminal prosecution. The PSEA focal point was responsible for advising staff and, if instances of SEA were identified, channeling the information to regional offices and IOM headquarters. IOM also informed all implementing partners of this project to be aware of behavioral standards set by IOM.

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

IOM's Institutional Framework for Addressing GBV in Crises (GBViC Framework) guided the activities to ensure that gender-specific needs were addressed, including the consequences of GBV, measures to mitigate risks of GBV throughout all activities, and the universal access to health service principle. The needs of girls, women and adolescents were recognized and addressed differently. IOM worked to reduce cultural barriers and traditional discriminatory attitudes toward gender and women among adolescents by creating and disseminating key messages, conducting awareness raising activities and focus group discussion.

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**e. People with disabilities (PwD):**

Temporary arrangements (rehabilitation of sanitary infrastructures, meeting spaces) were made to facilitate access/movement of PwD within the sites of Carrefour Sport Center and St Yves. Additionally, for all distributions, PwD were prioritized and received items first to avoid long waiting time. For those who had specific needs, advocacy towards partners have been made to mobilize specific equipment's to alleviate their suffering. IOM also partnered with the Bureau Secrétaire d'Etat à l'Intégration des Personnes Handicapées (BSEIPH) to survey and record all people suffering from physical or mental disabilities across 41 of the displacement sites. The survey enabled the specific identification of 364 individuals with disabilities and helped the assistance.

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**f. Protection:**

The protection of the affected persons and at risk in ZMPP and the South was streamlined through a strong coordination of humanitarian actors and state officials at site level to provide timely responses. The integrated protection outcomes reached under this project are the following: IDPs including people with disabilities benefited from the package of

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response including (direct assistance, relocation – food, health, Shelter/NFI, psychosocial support); through the registration exercise the humanitarian community was informed on the new displacement and trend at national level. The IOM hotlines (840) remained accessible to all beneficiaries (IDPs migrants – host communities, who wanted to request information or make a complain.

#### g. Education:

N/A

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	238 households or 1,190 individuals

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.

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.

IOM, in close coordination with the State's technical services DGPC and UCLBP relocated 238 of the most vulnerable households (1,190 individuals) identified in 3 sites (Carrefour Sports Centre, Sy Yves and Delmas 103). The beneficiaries were selected according to vulnerability criteria (female heads of household, large families with many children, families with a chronically ill member, the elderly, nursing mothers, and people living with a disability). Each eligible family received a total amount of 500 USD paid in 3 instalments (rent, transportation and various expenses). Thanks to this assistance, these families were able to relocate to quiet areas and having the rental covered for 12 months.

### 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
Activity 5.2 Provision and monitoring of in kind or cash assistance for return and assistance	1,190	US\$ 119,000	Camp Coordination and Camp Management	Restricted

## 9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]

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[Insert]

[Insert]

### 3.2 Project Report 21-RR-IOM-019

1. Project Information			
Agency:	IOM	Country:	Haiti
Sector/cluster:	Shelter and Non-Food Items Protection	CERF project code:	21-RR-IOM-019
Project title:	Provision of critical humanitarian assistance including coordination and access to ensure the provision of emergency SHELTER/NFI/CCCM and protection activities to people affected by earthquake		
Start date:	14/08/2021	End date:	13/02/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 15,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,500,000
	Amount received from CERF:		US\$ 2,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, IOM in coordination with the DGPC, conducted the identification and registration of the most vulnerable people/families and their specific needs including- 5,580 displaced households (14,764 individuals) - who had lost their homes due to the 14 August earthquake across 47 sites in the South. IOM and its partners provided shelter repair assistance through basic infrastructure repairs using the cash for work modality for 2,500 individuals receiving a total of \$240,000 USD (\$480 USD per family of 5).

6,700 families (an estimated 33,500 individuals) also benefitted from provision of life saving assistance critical shelter NFI assistance that was provided to the most vulnerable families who had partially or completely lost their homes through the distribution of 700 shelter kits and 6,000 NFI kits.

13 hospitals were rehabilitated with works such as the installation or repair of solar systems, replacing doors and windows that were damaged during the earthquake, repairing of walls and sanitation facilities. Two additional hospitals were supported with two large tents distributed to MSF (one in the city of Torbeck and one in Les Cayes) to continue their work post-earthquake. An estimated 10,000 individuals were supported in these centres that were reached through the rehabilitation works IOM supported with.

286 structural evaluations of public buildings in the targeted departments were conducted in close collaboration with the MTPTC engineers. These structural evaluations were conducted as a continuation of activities conducted under previous interventions, as the team of local MTPTC engineers has already been working with IOM on seismic construction principles, structural evaluations, and

appropriate repairs focused on earthquake-type of damages. In this sense, activities were conducted in the context of supporting the capacity building of state authorities post-disaster. IOM supported 3 key public entities working with vulnerable groups (Bureau du Secrétaire d'Etat à l'Intégration des Personnes Handicapées, Ministère à la Condition Féminine et aux Droits des Femmes and the Foyer Saint Etienne) with support such as an updated energy systems and IT equipment for their operations, repairs to their infrastructure, and adaptive equipment to better support their beneficiaries with disabilities. An estimated 5,000 individuals were reached through these organizations due to IOM's interventions, based on figures provided by the local entities. In addition, IOM supported 227 large families with support to access educational services; 400 solar lamps were distributed to vulnerable groups through a partnership with four local organisations; and IOM supported the Foyer Saint Etienne in Les Cayes which collapsed resulting in the displacement and homelessness of 47 extremely vulnerable elderly persons.

Finally, IOM supported 257 individuals in recovering administrative archive extracts and/or birth certificates that they lost due to the earthquake to facilitate their access to basic services (such as education and healthcare).

### **3. Changes and Amendments**

N/A

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection									
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	3,000	3,000	1,500	1,500	9,000	3,000	3,000	1,500	1,500	9,000
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>3,000</b>	<b>3,000</b>	<b>1,500</b>	<b>1,500</b>	<b>9,000</b>	<b>3,000</b>	<b>3,000</b>	<b>1,500</b>	<b>1,500</b>	<b>9,000</b>
<b>People with disabilities (PwD) out of the total</b>										
	500	500	250	250	1,500	204	260	116	123	704

Sector/cluster	Shelter and Non-Food Items									
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	2,000	2,000	1,000	1,000	6,000	2,668	3,404	1,518	1,610	9,200
Host communities	7,800	7,800	4,200	4,200	24,000	7,182	9,163	4,086	4,333	24,764
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>9,800</b>	<b>9,800</b>	<b>5,200</b>	<b>5,200</b>	<b>30,000</b>	<b>9,850</b>	<b>12,531</b>	<b>5,604</b>	<b>5,943</b>	<b>33,964</b>

\* 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.



**People with disabilities (PwD) out of the total**

1,300	1,300	800	800	4,200	925	725	438	413	4,209
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\* 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 response to the August 14th earthquake enabled the strengthening of coordination of humanitarian actors, most importantly in strengthening the capacities of all the stakeholders. For a country as vulnerable as Haiti, the partnership between the stakeholders is crucial to its preparedness and response. The involvement of the Protection Civile (DGPC) throughout the activities also enabled the strengthening and development of their capacities which is key as the first responders. In particular, the DGPC brigadiers were exposed to conducting evaluations, organising large scale joint distributions with different actors, conflict resolutions, the management of conflict, community feedback and complaint mechanisms, and so on. Ultimately their involvement throughout the response and activities has also reinforced their capacity and acceptance amongst the communities, therefore increasing the confidence level of beneficiaries in governmental stakeholders.

The responses especially through the cash-based interventions that have allowed the affected population to cater to their specific needs rather than being offered one solution for all, were also conducted through inclusion and participation from those targeted through feedback mechanisms such as IOM's 8440 hotline, which enabled to strengthen the accountability to affected populations practises and approaches. The provision of NFI kits also helped relieve immediate needs and enable families to repair their houses effectively before the cyclonic season.

In addition, the beneficiaries reached through the awareness-raising campaigns held in these southern departments also reached more than those just directly targeted by this project's interventions, aiming to raise awareness regarding the IOM hotline for those who might need support or provide complaints/feedback, on PSEA principles and on COVID-19 preventative measures to reduce the spread of the disease.

## 6. CERF Results Framework

Project objective	To provide critical humanitarian assistance through Shelter/CCCM activities, as well as provision and distribution of Shelter/NFI items and protection services to vulnerable people affected by August 2021 earthquake in southern Haiti.			
Output 1	Implementation of Shelter/CCCM activities to provide efficient emergency assistance to people affected by the earthquake			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of vulnerable IDPs receiving assistance in the managed sites,	15,000	14,764	DTM reports
Indicator 1.2	Cash.3a Number of people benefitting from conditional cash transfers	2,500	2,500	Financial voucher for the transfer of money
Indicator 1.3	Cash.3b Total value of conditional cash transfers distributed in USD	240,000	240,000 USD	Financial voucher for the transfer of money
Explanation of output and indicators variance:		Identification and registration activities were carried out by IOM's DTM team in 47 displacement sites that formed due to people losing their homes post-earthquake. DTM and DGPC teams gathered basic socio-demographic information on 14,764 displaced persons residing in these displacement sites. Additional indicators of vulnerabilities, mobility (area of origin) as well as damage sustained to their prior residence were collected. Activities were then tailored according to the information gathered from these assessments.		

	Cash based assistance was provided to 2,500 individuals, or 500 families, identified in collaboration with the DGPC through the displacement sites, taking an average of 5 persons per family. Each family received cash voucher assistance to support the repairs of houses that had been damaged through the earthquake and supported the families to return to their homes and focus on their livelihood activities.	
Activities	Description	Implemented by
Activity 1.1	Shelter/CCCM activities to ensure the provision of essential life-saving services delivery in the target locations, including identification/registration of the most vulnerable groups that could not go back home (see DTM reports for data of pop in displacement sites) and their specific needs (AAP activities and monitoring of populations in displacement sites, see DTM), .	Identification and registration activities were carried out by IOM's DTM team and DGPC teams, gathering directly basic socio-demographic information displaced persons residing in these displacement sites.
Activity 1.2	Support early recovery of people displaced through basic infrastructure / shelter repair (including rubble removal and environmental clean-up, light WASH repair in evacuation shelter when needed) through cash-for-work.	In collaboration with the DGPC, IOM identified and supported the 2,500 individuals selected to receive cash-based assistance through cash vouchers.

**Output 2** Critical Shelter/NFI/CCCM assistance is provided to vulnerable families having partially/completely lost their homes

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.1b Number of in-kind shelter kits distributed	700	700	NFI distribution lists
Indicator 2.2	SN.2b Number of in-kind NFI kits distributed	6000	6000	NFI distribution lists
Indicator 2.3	Number of critical emergency infrastructures evaluated	100	268	MTPTC Database
Indicator 2.4	Number of tents and emergency repairs provided to health centers.	15	15	Repair and rehabilitation reports.
<b>Explanation of output and indicators variance:</b>		<p>A total of 6,000 NFI kits were distributed to provide immediate life-saving assistance to the most vulnerable groups. Through careful prioritization and selection, families who had been displaced and settled in displacement sites received NFIs kits for subsistence support. The kits helped in maintaining a basic level of hygiene and dignity for families living within displacement sites. Particularly, vulnerable groups such as elderly, people with disabilities, pregnant or lactating women and other marginalized groups, were prioritized throughout the distributions. In addition, 700 "heavy" shelter kits were distributed to those needing urgent</p> <p>IOM was able to support the MTPTC in the evaluation of 286 critical infrastructure, as well as private homes and other public buildings (government buildings, stores, and so on). IOM supported the MTPTC in funding 10 assessment units as per the UNOPS model to conduct emergency structural assessment, throughout the two (2) most affected departments. IOM recruited</p>		

	<p>10 MTPTC engineers trained on earthquake proof analysis to conduct the analysis. Overall, and through the support of complementary funding, 12,874 evaluations were conducted, including 1668 in the Grand'Anse department and 11,185 in the Sud department. Out of the infrastructures evaluated, 16% were categorized as red meaning houses that have a severe structural damage or are destroyed, 26% were categorized as yellow - partial structural damage - and 58% of the building were categorized as green, which implies that minor rehabilitation is needed.</p> <p>In addition, IOM supported in repairs and materials for 15 damaged hospitals in the general south. IOM supported the repairs of 11 key health facilities in the Sud and two (2) health facilities in the Grand'Anse. The 13 hospitals were assisted with the installation of solar systems, repairs of walls, doors and windows broken during the earthquake as well as the refurbishment of sanitation facilities. 11 of the 13 hospitals were fitted either with complete solar systems whilst others were repaired and increased in capacity. IOM also repaired the operating room of one of the hospitals in Chantal, the pharmacy of a health centre in Cavaillon and the sanitation facilities of a health centre in Les Cayes. Doors, windows and wall damages were also repaired in all 13 hospitals. In addition, two hospitals were supported with large tents distributed to MSF (in Torbeck and in Les Cayes) to be able to continue providing essential services when their buildings were destroyed. For the infrastructures evaluated, IOM and the MPTPC were able to evaluate homes and other public buildings in addition to the hospitals that were evaluated and repaired – surpassing the original target through the work that MPTPC carried out alongside IOM.</p>
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Activities	Description	Implemented by
Activity 2.1	Provision and distribution of shelter materials to displaced population to address immediate shelter needs and facilitate the early recovery, including replenishment of our warehouse with materials from prepositioned stock in IOM Panama.	IOM carried out the distribution of the NFI kits and “heavy shelter kits”.
Activity 2.2	Emergency structural evaluation of public buildings in earthquake-affected Departments. Evaluation required to ensure safety of beneficiaries within building providing lifesaving assistance and basic services (e.g. hospitals).	IOM was able to support the MTPTC in the evaluation of 286 critical infrastructure, as well as private homes and other public buildings.
Activity 2.3	Provision of tents and emergency repairs of health centres	IOM supported the repairs of 13 key health facilities and, two hospitals were supported with large tents distributed to Médecins Sans Frontières (MSF).

<b>Output 3</b>	Integrated protection assistance is provided to the most vulnerable population, including Mental Health and Psychosocial Support (MHPSS), Prevention of Sexual Exploitation and Abuse (PSEA), and civil documentation for vulnerable displaced people to access essential services such as hospitals.
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Was the planned output changed through a reprogramming after the application stage?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Protection					
Indicators	Description	Target	Achieved	Source of verification		

Indicator 3.1	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services	15,000	18,146	Radio station's estimated reach in three departments
Indicator 3.2	Number of beneficiaries benefiting from on-site MHPSS activities and protection follow up (group discussions and/or bilateral consultations and referrals with a psychologist; creative workshops, ), referred cases received through the 8840 hotline	300 + 150 cases via the hotline	227	Beneficiary lists
Indicator 3.3	PS.1a Number of people benefitting from safe spaces and/or centres (vulnerable people - pregnant and lactating women, people with disabilities, elderly, etc.).	50	50	Distribution lists
Indicator 3.4	Number of vulnerable affected displaced people assisted to obtain documentation	600	257	Beneficiary lists
<b>Explanation of output and indicators variance:</b>		<p>IOM conducted a campaign on the use of its toll-free 8840 hotline, PSEA and COVID-19 preventative measures through the airing of jingles on two radio channels, airing in the three main departments in the South for 30 days, three times a day. Banners were also printed and placed in key locations such as the DGPC offices and other civil servant offices. Face masks were also distributed to 600 individuals with the 8840 hotline and COVID preventative messaging.</p> <p>For Indicator 3.2, IOM supported 227 large families with access to educational services. In addition, 400 solar lamps were also distributed to vulnerable groups through a partnership with four local organisations, including:</p> <ul style="list-style-type: none"> <li>- FASDS (Femme Actives et Solidaire du Sud)</li> <li>- GADES (Groupe d'Appui Développement du Sud)</li> <li>- OFADES (Organisation des Femmes en Action pour le Développement du Sud)</li> <li>- AFHS (Association Femmes Handicapees du Sud)</li> </ul> <p>The lamps also help spread targeted messages on GBV and inclusivity as well as PSEA and the 8840 hotline. In the end, there were not any beneficiaries who used the hotline number during the reporting period for specific MHPSS support. Those who were supported from MHPSS activities were through IOM's partners and were supported with the repairs and equipment.</p> <p>IOM supported the Bureau du Secrétaire d'Etat à l'Intégration des Personnes Handicapées (BSEIPH) in the refurbishment of the space they use to accommodate, receive and follow up with persons with disabilities or special needs. The BSEIPH was also equipped with key materials such as IT equipment and adaptive equipment for people suffering from pre-existing conditions as well as individuals who had suffered from severe injuries during the earthquake resulting in a form of disability. IOM also supported the Ministry of the Condition Feminine et aux Droits des Femmes with the provision of a new solar system, to provide the office with 24h power. The office was also</p>		

		<p>supported with IT equipment and supplies. In addition, IOM supported the Foyer Saint Etienne in Les Cayes which is a building that collapsed resulting in the displacement and homelessness of 47 extremely vulnerable elderly persons who had been abandoned by their families. This particularly vulnerable group had been residing under a makeshift shelter and IOM supported in the provision of metal roofing, beds, and adaptive equipment for the vulnerable group. The majority of this group suffers from severe trauma, dementia, and disabilities.</p> <p>Through its partner the Initiative Citoyenne pour les Droits de l'Homme (ICDH), 257 beneficiaries were able to recover crucial civil documentation to improve their access to basic services. The beneficiaries were selected amongst the most vulnerable living in the displacement sites. The original target for Indicator 3.4 "Number of vulnerable affected displaced people assisted to obtain documentation" was 600 however due to the cost of the service at 78USD/case, only 257 individuals were able to be assisted with the provision of archive extracts and birth certificates.</p>
Activities	Description	Implemented by
Activity 3.1	Conduct an awareness campaign focused on the promotion of 840 hotline, PSEA, COVID-19 preventive measures, importance of documentation, including focus groups, and involving all vulnerable groups among affected families.	IOM conducted a campaign on the use of its toll-free 8840 hotline, PSEA and COVID-19 preventative measures aired through two local radio channels. Banners were also placed in locations such as the DGPC offices. Distribution of face masks was conducted by IOM staff.
Activity 3.2	Provide MHPSS and referral services to most vulnerable IDPs (PwD, pregnant/lactating women, elderly etc.) through on-site counselling/activities as well as through the 840 hotline (post-traumatic stress management), and facilitate provision of basic health materials provision when needed	IOM supported 227 large families with support to access educational services and the 400 solar lamps that were also distributed to vulnerable groups were done through a partnership with four local organisations FASDS, GADES, OFADES and AFHS.
Activity 3.3	IOM Support to the action of local partners for the creation of "safe spaces" for the most vulnerable cases (pregnant and lactating women, people with disabilities, elderly, etc.). This will consist of the provision of basic furniture, beds, blankets or the establishment of light structures.	IOM supported the Bureau du Secrétaire d'Etat à l'Integration des Personnes Handicapées (BSEIPH) in the refurbishment of the space they use to accommodate, receive and follow up with persons with disabilities or special needs, and the Ministry of the Condition Feminine et aux Droits des Femmes with the provision of a brand-new solar system, to provide the office with 24h power. Finally, IOM supported the Foyer Saint Etienne in Les Cayes through the provision of metal roofing, beds, and adaptive equipment for the vulnerable group.
Activity 3.4	Support and follow of vulnerable cases to obtain an archive extract / birth certificate (civil documentation) and ensure the basic service access, including access to schools and hospitals	IOM's partner Initiative Citoyenne pour les Droits de l'Homme (ICDH) helped beneficiaries to recover crucial civil documentation to improve their access to basic services.

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>3</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

#### **a. Accountability to Affected People (AAP) <sup>4</sup>:**

As a co-lead of Shelter/NFI/CCCM clusters, IOM has always been on the front line of providing direct assistance, tracking and interacting directly with beneficiaries that prioritizes their participation and inclusion in the design and implementation of activities.

The IOM's registration in the three departments mostly affected by the earthquake, its toll-free and confidential hotlines (8840) and recently the early warning system for monitoring population movements in urban areas are all tools for collecting key information and ensuring accountability to our beneficiaries and adequately adapting intervention according to needs. Once registration data is available, IOM, through its various units (Protection, Shelter/NFI, Resettlement, and so on), prioritizes the most vulnerable populations, including those with disabilities, females and female-headed households the elderly, and so on, by providing a tailored response to meet their most urgent needs. IOM staff working on this project have received training on protection from sexual exploitation and abuse (PSEA), including personnel at field locations, and has also trained new staff, as well as carried out continuous reviews and monitoring of activities, such as prevention measures and project implementation. IOM has a special Instruction entitled "Policies and procedures to prevent and respond to sexual exploitation and abuse (PSEA)," which is followed as a resource for staff members to learn about the respect for behavioural standards when working with beneficiaries. Sexual exploitation and abuse of populations are subjected to disciplinary measures, including dismissal and criminal prosecution. The PSEA focal point in the IOM Haiti mission is the one responsible for advising staff and, if instances of SEA are identified, channelling the information to regional offices and IOM headquarters. IOM also informed all implementing partners of this project are aware of behavioural standards set by IOM.

IOM integrated protection aspects as a cross cutting component ensuring a gender and age-appropriate response and adherence to gender-based violence (GBV) risk mitigation and principles including IOM's Institutional Framework for Addressing Gender-Based Violence in Crises (GBViC Framework), accountability to affected populations (AAP) and data protection principles. IOM ensured that community feedback mechanisms were consistently accessible to different groups regardless of the vulnerability type, as they are of paramount importance across all sectors, throughout all interventions conducted under this project.

The CVA approach took into considerations the situation and needs of each family, therefore catering the assistance provided to specific needs. For all activities, and particularly for distributions, community mobilisers ensured that prior to the activities taking place, the steps were explained directly to the affected population using megaphones, setting realistic expectations and also reassuring beneficiaries of the intentions. The content of the NFI kits were also presented to inform the beneficiaries on the assistance they would be receiving.

#### **b. AAP Feedback and Complaint Mechanisms:**

Different feedback mechanisms have been put in place by IOM and the Shelter / NFI / CCCM partners. For example, during coordination meetings, IDP representatives, including men, women and youth and the elderly, provided direct feedback on the intervention during the discussions both formally and informally. A strong partners network and referral system also permitted networks of partners to provide adequate support based on needs or through feedback, as well as through state / municipal / national and local authorities officials. IOM promoted its toll free 840 and 8840 hotlines as an additional feedback mechanism and ensured adequate follow up actions and plans were in place to tackle highlighted issues.

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<sup>3</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. 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](#).

<sup>4</sup> 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](#).

Aside from the hotline, a community feedback and complaints (CFCM) strategy was put in place at the field level to ensure adequate and timely handling of complaints. Prior to distributions, announcements using megaphones were done by community mobilisers or protection assistants, promoting the 8840 hotline but also a CFCM reception desks to record and, when feasible, treat the cases on the spot. Skilled protection officers also ensured the maintaining of strong communication channels throughout the assistance process, handling all cases presented by representative committees.

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

IOM staff working on this project have received training on protection from sexual exploitation and abuse (PSEA), including personnel at field locations. IOM has also trained new staff, as well as carried out continuous reviews, as prevention measures. IOM has an Instruction: Policies and procedures to prevent and respond to sexual exploitation and abuse (PSEA), which links staff members to respect behavioural standards when working with beneficiaries. Sexual exploitation and abuse of populations are subjected to disciplinary measures, including dismissal and criminal prosecution. The PSEA focal point is the one responsible for advising staff and, if instances of SEA are identified, channelling the information to regional offices and IOM headquarters. IOM also informed all implementing partners of this project are aware of behavioural standards set by IOM.

Furthermore, the campaign on PSEA launched in the first part of the CERF project continued, with the use of the banners and passing of PSEA messages. All activities conducted were also used as a platform to promote PSEA, through the passing of key messages.

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

The campaign on PSEA launched in the first part of the CERF project continued throughout the rest of the implementation period, with the use of the banners and dissemination of PSEA messages. All activities conducted were also used as a platform to promote PSEA, through the sharing of key messages.

Female-headed households as well as those with young children (boys and girls) were targeted for interventions such as shelter and NFI distributions (including also solar lamps), cash for work modalities and support with access to educational services, all based off of data gathered through the assessments conducted by the DTM team on needs.

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#### **e. People with disabilities (PwD):**

Specific arrangements were made to facilitate the access/movement of PwD during the implementation of activities. Particularly vulnerable groups were prioritized and received items before the rest of the population to minimise their waiting time. IOM also supported the BSEIPH by equipping them with key materials including adaptive equipment for people suffering from pre-existing conditions as well as individuals who had suffered from severe injuries during the earthquake resulting in a form of a disability. In addition, IOM supported the Foyer Saint Etienne (the building that collapsed resulting in the displacement and homelessness of 47 extremely vulnerable elderly persons) through the provision of metal roofing, beds, and adaptive equipment for the vulnerable group that suffers from severe trauma, dementia, and other forms of disabilities.

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#### **f. Protection:**

The protection of the affected population and those at risk in the South are streamlined through a strong coordination of humanitarian and government officials at site level to provide timely and appropriate responses. The integrated protection outcomes reached under this project are the following: IDPs benefited from the package of response including (direct assistance, support with relocalisation – food, health, Shelter/NFI, psychosocial support and so on); through the registration exercise, IOM's the hotline 840 (currently now 8840) was shared with those being supported and provided an explanation on how it worked for making complaints and special requests, and the humanitarian community is continuously updated on the new displacements and their needs.

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#### **g. Education:**

[N/A]



## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	2,500

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.

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.

Yes, cash for repair activities at the household level to directly benefit vulnerable groups.

### 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	<u>Restriction</u>
With a focus on evacuation shelters and hospitals, conduct cash-for-work activities to secure key infrastructures and support early recovery. This includes basic infrastructure / shelter repair, covering rubble removal and environmental clean-up.	2,500 Restricted	240,000 US\$	Shelter and Non-Food Items	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
A SUCCESS STORY ON A NURSE IN DUCHITY CLINIC BENEFITING FROM A NEW SOLAR SYSTEM	<a href="https://haiti.iom.int/stories/success-story-nurse- duchity-clinic-benefiting-new-solar-system">https://haiti.iom.int/stories/success-story-nurse- duchity-clinic-benefiting-new-solar-system</a>

### 3.3 Project Report 21-RR-IOM-025

#### 1. Project Information

<b>Agency:</b>	IOM	<b>Country:</b>	Haiti
<b>Sector/cluster:</b>	Camp Coordination and Camp Management Shelter and Non-Food Items	<b>CERF project code:</b>	21-RR-IOM-025
<b>Project title:</b>	Addressing humanitarian needs of internally displaced persons (IDPs) in Port-au-Prince and providing emergency assistance to people affected by the earthquake.		
<b>Start date:</b>	01/09/2021	<b>End date:</b>	28/02/2022
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 20,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 6,950,000</b>
	<b>Amount received from CERF:</b>	<b>US\$ 2,800,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 244,000</b>
	Government Partners	US\$ 71,000
	International NGOs	US\$ 0
	National NGOs	US\$ 173,000
	Red Cross/Crescent Organisation	US\$ 0

#### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, IOM and its partners provided critical humanitarian assistance to the displaced people in the metropolitan areas of Port-au-Prince (ZMPP as per the French acronym), victims of gang violence, as well as shelter assistance to those most affected by 14 August Earthquake in the southern region of Haiti.

### **ZMPP**

Five (5) urban internally displaced persons (IDPs) sites (Carrefour Sport Centre, St Yves and Delmas 103, Armée du Salut and Olympic) within Port-au-Prince were established due to the growing gang violence and insecurity in the capital, where more than 2,000 households were registered between the five IDPs sites by IOM's Displacement Tracking Matrix (DTM). 1,610 households (8,050 individuals) received cash for rent assistance through this intervention that led to the close of the two sites of Carrefour and St Yves. In addition, IDPs within the targeted urban sites benefited from tailored assistance including 2,133 IDPs who benefited from health care, including 659 women / 338 men and 1,136 children (603 girls and 533 boys). Through IOM support, the municipality of Carrefour provided 118,800 hot meals to the IDPs in the Carrefour Sport Centre site. Four (4) local NGOs, namely Mouvmann Fann Vysione d'Haiti (MOFAVIDA), Complexe de Service Communautaire (COCECO), Ligue Interscholaire pour le droit de l'Ecologie et de l'Economie (LIDEE) and Komprny Nanm Soley (KNS) have had their operational capacities strengthened thanks to the financial support received to respond directly to the urgent needs of the IDPs on the ground. These local NGOs, whose capacities are usually limited although they have a long and strong track record working with communities in Haiti, had the opportunity to deliver timely and quality services to the IDPs in ZMPP.

The security situation prevented the access in some of the target locations and restricted the mobility towards other locations such as Delmas, having an impact on the activity related to the closure of sites (Indicator 2.1) IOM also reached less people with conditional cash transfers than targeted (indicator 3.2) as the local bank agency slowed down the process, that already consisted of many steps to ensure the funds were disbursed to the persons identified and no longer could fully respect the agreement.

### **South Departments**

Through the grant, IOM was also able to evaluate and register 47 sites across the three departments in the south of Haiti. 14,764 people were estimated to be living in displacement sites within these three departments. Among the families listed, 2,500 people selected in coordination with the DGPC as displacement location managers were assisted with cash for work and cash for rent assistance through cash vouchers (1,250 individuals for each). 760 families (3,800 individuals) also benefitted from provision of life saving assistance through the provision of 385 heavy duty shelter kits and 375 NFI kits. IOM, under the direction of the DGPC, successfully closed 10 sites in the southern departments through this project as they encouraged the closure of sites to avoid protracted displacement.

## **3. Changes and Amendments**

While the implementation of this project proceeded as originally planned, there were slight delays due to the deteriorating security situation in the **Port-au-Prince metropolitan area**, which resulted in increasing obstacles to implementation and ultimately an unspent balance at the end of the project. The activities which were not fully implemented was the provision and monitoring of cash assistance package for safe return into communities for 1) rental support; 2) transportation and 3) livelihood and the procurement and distribution of NFI kits. Since this activity is related to cash transfers, adequate measures in terms of procedures and monitoring must be put in place and respected to avoid manipulation of assistance. IOM delayed the registration of IDPs in the site of Bas Delmas (in the ZMPP) due to the limited access to the area because of the growing insecurity which affected the entire work plan from the registration stage to the closure of the sites. It is worth mentioning that IOM CCCM operations align with the government strategy related to housing under the leadership of l'Unité de Construction de Logements et de Bâtiments Publics (UCLBP). This strategy involves several steps to ensure that the funds are effectively used for rental needs and complement other basic needs. To follow the process in a timely manner, the involvement of the beneficiary remains important for follow up of the steps. This strategy also provides the transfer of cash to be done through Unitransfer to ensure the safety of the beneficiaries, a local bank agency that ultimately slowed down the process by not fully respecting the agreement and not being consistent in the delivery of their services. Growing security constraints reduced access to the sites of Bas Delmas and affected delivery of the activity related to the indicator 2.1, Number of sites decommissioned in Port-au-Prince, whose achieved progress was 2 instead of 3.

**In the South**, the relocation interventions in displacement sites started later than planned as it took some time for the authorities to come to an agreement as to the approach to take regarding these vulnerable displaced families, due to the fear of further encouraging the presence of displacement sites through the financial activities.



<b>Total</b>	<b>4,770</b>	<b>4,540</b>	<b>2,850</b>	<b>2,840</b>	<b>15,000</b>	<b>1,890</b>	<b>1,700</b>	<b>1,480</b>	<b>1,260</b>	<b>6,300</b>
<b>People with disabilities (PwD) out of the total</b>										
	500	500	250	250	1,500	250	250	125	125	750

## **5. People Indirectly Targeted by the Project**

This project had indirect positive effects on the social and economic environments where it operated and benefitted an estimated 18,900 indirectly. Through the rental costs paid to the owners of the houses for relocations, the owners whom are generally also heads of families themselves, benefit from an additional source of income (an estimated 7,420 individuals).

Due to the capacity building of mobilizer on WASH techniques, communities have been trained on how to purify water using Chlorine - an estimated 7,000 individuals indirectly benefitted from this training through the promotion of good hygiene practices that are replicated and shared afterwards throughout various communities. The financial support received by the four local NGOs in the framework of this project allowed them to strengthen and increase their operational capacity and extend their humanitarian services to other beneficiaries (4,500 people).

Regarding shelter interventions, the activities conducted through cash for work also helped support activities that reached other host community members such as rubble removal as a cause of the earthquake in affected areas. The decommissioning of the IDP sites also included post-closure cleaning activities so that those public spaces that were used as sites could be restored to their original state (schools and a football stadium, for example).

The response to the earthquake permitted strengthening the collaboration among humanitarian actors' but most importantly with the different authorities and governing bodies. For a country as vulnerable as Haiti, partnerships between the stakeholders are crucial to its preparedness and response to crisis. The involvement of the DGPC throughout the activities has also facilitated the strengthening and development of their capacity which is key as the first responders. In particular, the DGPC brigadiers were exposed to conducting evaluations, organising large scale joint distributions with different actors, conflict resolutions, the management of conflict, community feedback and complaint mechanisms, and so on. Ultimately their involvement throughout the response and activities has also reinforced their capacity and acceptance amongst the communities, therefore increasing the confidence level of beneficiaries in governmental stakeholders.



## 6. CERF Results Framework

**Project objective** To provide critical humanitarian assistance to people displaced by upsurged gang violence in the metropolitan areas of Port-au-Prince, as well as Shelter/NFI assistance to those most affected by 14 August earthquake.

**Output 1** Critical Shelter/NFI/CCCM assistance is provided to vulnerable families having partially/completely lost their homes in the three departments affected by 14 August earthquake.

**Was the planned output changed through a reprogramming after the application stage?** Yes ☐ No ☒

**Sector/cluster** Shelter and Non-Food Items

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of vulnerable people receiving tailored assistance in displacement locations	15,000	6,300	Financial voucher for the transfer of money
Indicator 1.2	<b>Cash.3a</b> Number of people benefitting from conditional cash transfers (for work)	1,250	1,250	Financial voucher for the transfer of money
Indicator 1.3	Cash.3b Total value of conditional cash transfers distributed in USD (for work)	75,000	75,000	Financial voucher for the transfer of money
Indicator 1.4	Cash.3a Number of people benefitting from conditional cash transfers (for rent)	1,250	1,250	Financial voucher for the transfer of money
Indicator 1.5	<b>Cash.3b</b> Total value of conditional cash transfers distributed in USD (for rent)	75,000	75,000	Financial voucher for the transfer of money
Indicator 1.6	Number of sites decommissioned in earthquake affected areas	10	10	Decommissioning report.
Indicator 1.7	SN.2b Number of in-kind NFI kits distributed	1,500	375	NFI distribution lists
Indicator 1.8	SN.1b Number of in-kind shelter kits distributed	500	385	Heavy duty shelter kit distribution lists and pictures. PDM reports.

**Explanation of output and indicators variance:**

500 households received (2,500 people) support through cash for rent and cash for work activities.

IOM has supported 250 households (1,250 individuals) by providing USD300 for rental assistance to each household. Similarly, IOM provided to a different 250 households (1,250 individuals) with cash for rent assistance for an equivalent amount of USD 300 for each household. The families that received this cash-based assistance were identified in collaboration with the DGPC throughout the displacement sites, taking an average of 5 persons per family. Each family received a total of 300 USD to support the repairs of houses that had been damaged by the earthquake, to be able to return to their homes and focus on their livelihood activities.

In addition, a total of 10 sites were decommissioned in the south. Among these sites included Terrain Gabion, Les Cayes's main football stadium which had been occupied since the earthquake and had suffered a lot of damage from the occupation. The department's (State) authority, the Marie and DGPC had prioritised the site which required extensive maintenance.

	<p>The stadium's bathrooms which had been used by a registered 11,370 people had to be completely overhauled, the drainage lines inside and outside the stadium as well as vector controls. Aside from the stadium, 9 other sites were also decommissioned and cleaned, leaving no evidence of settlements.</p> <p>A total of 375 NFI kits were distributed to provide immediate life-saving assistance to the most vulnerable groups (reaching an estimated 1,875 individuals). Through careful prioritization, families who had been displaced and settled on displacement sites received NFI kits for subsistence, which also helped them maintaining a good level of hygiene and preserve a sense of dignity. Particularly vulnerable groups such as the elderly, people with disabilities, pregnant or lactating women and other marginalized groups, were prioritized throughout the distributions. In addition, IOM distributed 385 heavy duty shelter kits to the most affected municipalities. The kits were composed of roofing materials such as iron sheets, timbers, and nails to support the families (1,925 individuals) to repair their roofs ahead of the hurricane season.</p>
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Activities	Description	Implemented by
Activity 1.1	Shelter/CCCM activities to ensure the provision of essential life-saving services delivery in the target locations, through identification/registration and BNA activities of the most vulnerable groups that could not go back home, their specific needs, as well as socio-economic surveys.	Identification and registration of displacement sites was conducted by IOM's DTM teams in the southern departments of Haiti. The DTM teams, along with the DGPC, gathered basic socioeconomic information on the displaced persons living in these sites.
Activity 1.2	Assistance Rapid Return (ARR) to IDPs in displacement locations taking into account BNA, through Cash for Work	Cash based assistance was provided to families identified in collaboration with the DGPC in the IDP sites.
Activity 1.3	Assistance Rapid Return (ARR) to IDPs in displacement locations taking into account BNA, through Cash for Rent	IOM supported 250 families (1,250 individuals) by providing cash for rent for houses throughout Les Cayes through a voucher modality.
Activity 1.4	Decommissioning of IDP sites	The department (State's) authority, the Marie and DGPC had prioritised the sites which required extensive maintenance, and all the work was undertaken by a contractor under the overall supervision of the IOM engineer.
Activity 1.5	Targeted deliveries of NFIs to address the differentiated needs of vulnerable groups, including PwD, elderly people, women and girls	IOM conducted NFI distributions within IDP sites which reached 1,875 families.
Activity 1.6	Targeted distributions for shelter kits for rehabilitation to ensure the most vulnerable people are assisted	IOM distributed 385 heavy duty shelter kits to the most affected municipalities.

Output 2	Basic lifesaving humanitarian assistance is provided to IDPs in Port-au-Prince			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	Number of sites decommissioned in Port-au-Prince	3	2 sites were decommissioned. The site of the St Yves and the Carrefour Sports Centre. For the third site, access has been limited due to the growing insecurity.	Financial vouchers for the transfer of money to UCLBP for the Carrefour site - and report received from the supplier and photos of the rehabilitation work done.
Indicator 2.2	CM.1 Number of displacement sites supported with appropriate site management services	3	3 displacement sites - St Yves, Carrefour Sport Centre, and Delmas 103 were supported with appropriate site management services in coordination with the DGPC. Regular CCCM meetings with all relevant partners involved in the responses were conducted in due time.	Minutes of CCCM meetings held at the coordination level with all partners intervening in the above sites
Indicator 2.3	Number of vulnerable IDPs identified and having access to basic humanitarian assistance, including most vulnerable groups (pregnant and lactating women, people with disabilities, elderly, etc.)	10,000	10,000 - Through IOM registration data, the most vulnerable IDPs in the targeted sites (Carrefour, St Yves, Delmas 103, Armee du Salut and Olympic) were selected for tailored assistances.	IOM registration data; Minutes of CCCM coordination meetings

**Explanation of output and indicators variance:**

The target for Indicator 2.1 Number of sites decommissioned in Port-au-Prince was three (3) sites, yet IOM was only able to decommission two (2) as the third one was not accessible due to the deteriorated security situation in the area. There were also several other displacement sites in the ZMPP with a very unstable security environment and access problems that closed on their own as soon as the displaced families received financial assistance for relocation through other grants.

IOM prioritized the decommissioning of the St. Yves site and the Carrefour Sports Centre due to their high rates of population density vis a vis the infrastructure/facilities that accommodated the IDPs. At the St. Yves site, displaced persons shared the church square, as well as one of the buildings under construction, which caused the complaint of some stakeholders on damaged to the spaces and some items. This was a similar situation in the Carrefour Sports Centre, within the commune that had agreed to receive displaced persons. To reduce the frustration and harassment of the population of the commune, the municipality of Carrefour requested financial support to IOM for rehabilitation works. To ensure the proper use of CERF funds allocated for the rehabilitation works, IOM entrusted UCLBP with the implementation and supervision of the works. These works consisted of repairs/rehabilitation of infrastructure and equipment, painting, tiling and especially contamination of the sanitary area.

		The selection process for the activities implemented by the partners MOUFAVIDA, COCECO, LIDEE, and KNS focused on the vulnerabilities of IDPs which CCCM and protection teams verified prior to initiating any actions.
Activities	Description	Implemented by
Activity 2.1	Decommissioning of displacement sites	[The decommissioning of the two sites (Carrefour Sports Centre and St Yves) was carried out by the UCLBP and by a service provider for the St Yves site.
Activity 2.2	Support operational capacity of local partners involved in the response to provide basic humanitarian assistance to meet basic needs of IDPs in WASH, (latrines, hygiene practices/material), Nutrition (hot meals, water, snacks) and Health (medical support and medical material, particularly for people with disabilities)	<p>4 local partners, Mouvman Famn Vysione d'Haiti (MOUFAVIDA), Complexe de Service Communautaire (COCECO in French), Ligue Interscolaire pour le droit de l'Ecologie et de l'Economie (LIDEE) and Kompany Nanm Soley (KNS), were identified and supported financially to provide basic humanitarian assistances on the targeted sites in ZMPP such as the Carrefour Sport Centre site, Komiked site, Delmas 2 and 4, and the Olympic sites due to their strong experience on the ground.</p> <p>MOUFAVIDA oversaw both health care and nutrition for beneficiaries at the Carrefour site. COCECO was in charge of health activities in the Delmas 2 and 4 sites. Specific attention was also given to the campaign against the spread of the COVID-19 in the sites by these partners. This activity consisted of streamlining COVID-19 awareness-raising activities in all gathering as well as the distribution of the protective personal equipment and the rehabilitation of a quarantine space in Carrefour.</p> <p>Regarding WASH, two local NGOs (LIDEE for WASH in Carrefour, and KNS in Bas Delmas (Komiked and Olympic)) conducted activities to improve the hygiene and sanitation within the sites. The main WASH activities were maintenance and cleaning of the latrines, disinfection activities, placing hand washing points, and a clean water supply.</p> <p>LIDEE reached 7,713 individuals including 3,265 women, and 1,101 girls and 816 boys through these WASH interventions. KNS reached 10,604 individuals including, 2,200 women, 1,800 men and 1,150 children through water trucking/supply of clean water, prevention of COVID-19 and awareness raising activities. In terms of health, MOFAVIDA and COSECO through their respective mobile health clinics and different level of units (general medicine, pediatrics, genecology), provided medical assistance to 2,133 IDPs including 338 men, 659 women /and 1136 children (603 girls and 533 boys) in both Carrefour and Lower Delmas 2 and 4 as well as in Petionville, where some beneficiaries were directed to due to some security issues in Lower Delmas.</p> <p>Specifically, MOFAVIDA provided health care services to 1,217 IDPs, including 230 men, 263 women, 404 girls and</p>

		<p>320 boys. COSECO reached 916 IDPs, including 108 men, 396 women / 199 girls and 313 boys.</p> <p>The Municipality of Carrefour through IOM support provided 118,800 individuals with different types of support. <b>For example, full meals were provided to 31,072 IDPs</b> established at the Carrefour site from November to February 2022. WFP also contributed with some cereals to complement the lunch that the Municipality was providing. IOM provided financial support to MOUFAVIDA which is already on the ground to provide breakfast at Carrefour Sport Centre. 31,072 breakfast plates were served to IDPs, from January 10<sup>th</sup> - February 10<sup>th</sup>. Additionally, MOFAVIDA as IOM's health partner, also offered special meals to the IDPs who were sick and who needed special attention because of their vulnerabilities and /or their critical health status. 7 patients in total benefited from the special meals including 3 cases of COVID-19 who were in quarantine at the site level.</p>
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Output 3	Vulnerable IDPs receive cash assistance to: return to their house, reach their families or relocate			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of IDPs registered for relocation (2,000 HH)	10,000	10,000 individuals	DTM Registration
Indicator 3.2	Cash.3a Number of people benefitting from conditional cash transfers	10,000	8,050 individuals	DTM Registration data
Indicator 3.3	Cash.3b Total value of conditional cash transfers distributed in USD	1,200,000	805,000 USD	Finance supporting documents – IOM factsheet - reports
Explanation of output and indicators variance:		<p>IOM registered 10,000 beneficiaries for relocation in the targeted areas of southern Delmas 2 and 4 (Salvation Army site, Olympic site, Komiked site, and Carrefour Sport Centre site). Access of humanitarian actors to the sites has become increasingly challenging due to the strong presence of gangs and altercations which led many persons affected by the continuous clashes and shootings to forcibly move. This back and forth in relocation plans slowed down the implementation of activities. Registration activities encountered many challenges and were interrupted due to some unrest among IDP communities, gang activities and the interference of the host communities who tried to benefit from the assistance.</p> <p>Through the regular registration exercises, more than 2,000 households (10,000 individuals) were identified in various sites to receive IOM assistances (direct assistance, protection, case management). Beneficiary selections were guided by vulnerability criteria, including household with 3 or</p>		

	<p>4 children, women head of household, households with persons with disabilities and chronic disease, the elderly, pregnant and lactating women and single men head of household.</p> <p>1,610 households or (8,050 individuals) have been relocated from Carrefour Sports Center and St Yves through this project, benefitting from cash for rent assistance via Unitransfer for a dignified return into host communities.</p> <p>These relocations followed the joint relocation strategy elaborated under the leadership of UCLBP, DGPC and IOM. This activity consisted of provision and monitoring of cash assistance package for safe return into communities, in three instalments via Uni transfer for 1) rental support; 2) transportation and 3) livelihood. Priority was given to the most vulnerable families as well as specific protection cases.</p>	
Activities	Description	Implemented by
Activity 3.1	Identification of IDPs through Household registration for selection of IDPs eligible for the assistance programs in targeted areas	<p>Registration exercises for IDPs within the sites were conducted by IOM's DTM unit. Depending on the specific access issue, IOM worked with both the state authorities represented by DGPC, and some of its partners to conduct registrations at the IDP sites.</p> <p>Partners mainly worked on those sites that were more difficult to access for IOM including Armée du Salut, Carrefour Sport Centre, Komiked and Olympic sites in Bas Delmas.</p> <p>To deal with the challenges mentioned above, IOM relied on CCCM partners as well as local partners such as the DGPC/UCLBP to cross check the information/complaints received and proceed case on a case-by-case basis.</p>
Activity 3.2	Provision and monitoring of cash assistance package for safe return into communities, in three instalments via Unitransfer for 1) rental support; 2) transportation and 3) livelihood	Relocation activities followed the joint relocation strategy elaborated under the leadership of UCLBP, DGPC and IOM, and activities were implemented by IOM

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>5</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

<sup>5</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. 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](#).

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#### **a. Accountability to Affected People (AAP)<sup>6</sup>:**

IOM's contribution to the inclusion and participation of the affected population is primarily based on its approach to work that emphasizes the vulnerabilities of its beneficiaries in all its activities. Within the framework of the project, IOM implemented several activities, namely site management, registration, distribution, health, and as co-lead of CCCM in the country, its fundamental work is to ensure the level and quality of services offered in the sites and to remind partners when necessary to consider vulnerable persons and persons with disabilities.

The IOM toll-free line 8840 has also allowed protection teams to receive direct comments/complaints and those reached to request information (clarifications over assistance or procedures) and appropriate follow-up. This toll-free line has proven to be very useful, as beneficiaries frequently use it to not only inquire about assistance but to also comment on issues that they have had with other organizations or agencies they have had interactions with. IOM is therefore committed to following up and providing feedback to these requests for support and complaints.

The CVA approach took into considerations the situation and needs of each family, therefore catering the assistance. For all activities, and particularly for distributions, the community mobilisers ensured that prior to the activities, the process would be explained directly to the populations reached using megaphones, setting expectations and reassuring beneficiaries beforehand. The content of the NFI kits were also presented to inform the beneficiaries of the assistance they would be receiving.

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#### **b. AAP Feedback and Complaint Mechanisms:**

Different feedback mechanisms have been put in place by IOM and the shelter / NFI / CCCM partners. For example, during coordination meetings, IDP representatives, including men, women and youth, provided direct feedback on the intervention during the discussions both formally and informally. Feedback was also received from partners working at the sites, or from national and local authorities (DGPC/Municipalities/religious leaders). IOM promoted it's the toll free 8840 hotline number throughout all interventions as an additional feedback mechanism that that permits to take follow up action to ensure that complains are tackled and issues addressed. To continue promoting the line, IOM distributed flyers, bracelets and radio spots to encourage the beneficiaries to use those hotlines. IOM monitors all incidents reported (both regarding IOM but also agencies as mentioned above).

Aside from the hotline, a community feedback and complaints (CFCM) strategy was put in place at the field level to ensure adequate and timely handling of complaints. Prior to distributions, announcements using megaphones were done by the community mobiliser and/or protection assistant, promoting the hotline but also a CFCM reception desks to record and when feasible treat the cases on the spot. Skilled protection officers also ensured the maintaining of strong communication channels throughout the assistance process, handling all cases presented by representative committees.

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

All IOM staff working on this project have received training on protection from sexual exploitation and abuse (PSEA), including personnel at field locations. IOM has also trained new staff, as well as carried out continuous reviews, as prevention measures. IOM has an Instruction: Policies and procedures to prevent and respond to sexual exploitation and abuse (PSEA), which links staff members to respect behavioural standards when working with beneficiaries. Sexual exploitation and abuse of populations are subjected to disciplinary measures, including dismissal and criminal prosecution. The PSEA focal point is the one responsible for advising staff and, if instances of SEA are identified, channelling the information to regional offices and IOM headquarters. IOM also informed all implementing partners of this project are aware of behavioural standards set by IOM.

Furthermore, the campaign on PSEA launched in the first part of the CERF project continued, with the use of the banners and passing of PSEA messages. All activities conducted were also used as a platform to promote PSEA, through the passing of key messages and encouraging all reporting of PSEA to protection focal points/IOM staff.

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<sup>6</sup> 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](#).

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

IOM's Institutional Framework for Addressing GBV in Crises (GBViC Framework) guided the activities to ensure that gender-specific needs were addressed, including the consequences of GBV, measures to mitigate risks of GBV throughout all activities, and the universal access to health service principle. The needs of girls, women and adolescents were recognized and addressed accordingly. IOM worked to reduce cultural barriers and traditional discriminatory attitudes toward gender and women among adolescents by creating and disseminating key messages, conducting awareness raising activities and focus group discussion along with partners working with IOM in this project's activities. Female-headed households as well as those with young children (boys and girls) were targeted for interventions such as shelter and NFI distributions (including also solar lamps), cash for work modalities and support with access to educational services, all based off of data gathered through the assessments conducted by the DTM team on needs.

#### **e. People with disabilities (PwD):**

Temporary arrangements (rehabilitation of sanitary infrastructures, meeting space) were made to facilitate the access/movement of PwD within the sites (Carrefour Sport Center and St Yves site in particular). Additionally, for all distributions, PwD were prioritized and received items as first to avoid waiting time. For those who had specific needs, advocacy was conducted to partners for them to mobilize specifically adapted equipment's to alleviate their suffering. IOM also partnered with the Bureau Secrétaire d'Etat à l'Intégration des Personnes Handicapées (BSEIPH) to survey and record all people with a physical or mental disabilities across 41 of the displacement sites. The survey enabled the specific identification of 364 individuals with disabilities and helped guide the assistance provided.

#### **f. Protection:**

The protection of the affected persons and at risk in ZMPP and the South are streamlined through a strong coordination of humanitarian and state officials at site level to provide timely responses. The integrated protection outcomes reached under this project are the following: IDPs including people living with disabilities benefited from the package of response including (direct assistance, relocation, food, health, Shelter/NFI, and psychosocial support); and through the registration exercise the humanitarian community was informed on the new displacement and trend at national level. The IOM hotline remains accessible to all beneficiaries including IDPs, migrants, host communities, and so on, who wants to share/inform, to ask/request assistance or to file complain.

#### **g. Education:**

Regarding educational interventions, IOM supported 97 out of 397 vulnerable families who have difficulties paying school fees for their children through financial means. This support amounted to 20,760 HTG (178, 586 USD). Additional needs related to the schooling of the displaced children have been identified through the IOM survey in the South (Les Cayes) to continue focusing on these efforts in the future.

### **8. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	2,500 individuals in the South 8,050 individuals for ZMPP

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.



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.

Cash for work (repair) and cash for rent activities at the household level were undertaken to directly benefit vulnerable groups. This has proven to not only benefit those receiving the cash directly but also the community overall by supporting the overall economy related to these activities. The cash assistance package provided to those displaced in the capital helped support not only rental needs but also livelihoods and transportation needs while improving their hygiene condition and reducing protection related risks. IDPs identified houses for their relocation in safe areas. Upon assessing their security/safety, IOM managed the rental payment directly to the landlord for a 12-month period and facilitate the transportation of the IDPs to their new houses. IOM surveys show that housing is the primary need for IDPs in the sites followed by food and water. Many households demonstrated to be extremely grateful to IOM and CERF for the opportunity given to them to guarantee safe and dignified living condition for their families. IOM has faced some delays in the payment because Unitransfer has followed procedures that were not foreseen in the contract.

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b><u>Restriction</u></b>
1.2 Assistance Rapid Return (ARR) to IDPs in displacement locations taking into account BNA, through Cash for Work	1,250	75,000 US\$	Shelter and Non-Food Items	Restricted
1.3 Assistance Rapid Return (ARR) to IDPs in displacement locations taking into account BNA, through Cash for Rent	1,250	75,000 US\$	Camp Coordination and Camp Management	Restricted
3.2 Provision and monitoring of cash assistance package for safe return into communities, in three instalments via Unitransfer for 1) rental support; 2) transportation and 3) livelihood	8,050	805,000 US\$	Camp Coordination and Camp Management	Restricted

## 9. Visibility of CERF-funded Activities

<b>Title</b>	<b>Weblink</b>
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

### 3.4 Project Report 21-RR-CEF-022

## 1. Project Information

<b>Agency:</b>	UNICEF	<b>Country:</b>	Haiti
<b>Sector/cluster:</b>	Water, Sanitation and Hygiene Protection - Child Protection	<b>CERF project code:</b>	21-RR-CEF-022

	Nutrition		
<b>Project title:</b>	Emergency response to the internally displaced persons (IDPs) affected by violence in the metropolitan area of Port-au-Prince		
<b>Start date:</b>	01/06/2021	<b>End date:</b>	30/11/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 4,300,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 698,966</b>
	<b>Amount received from CERF:</b>		<b>US\$ 498,966</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 288,311</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 100,125
	National NGOs		US\$ 188,186
	Red Cross/Crescent Organisation		US\$ 0

## 2. Project Results Summary/Overall Performance

**Child/Maternal Health and Nutrition:** Through this CERF RR grant, UNICEF and its partners provided nutritional screening of 1,885 children under five; referred 226 malnourished children for treatment; trained 2,210 people in infant and young child feeding practices. Since September mobile clinics have also been integrating the management of malnutrition at the Delmas 5 displaced person site, thus allowing the monitoring of malnourished children on site. Further, more than 10,686 people benefited from access to health services with activities implemented directly by UNICEF partners, including through mobile clinics in Carrefour/Martissant and Delmas, sensitization activities and 43 emergency medical kits have been distributed (which can reach up to approx. 50,000 people), containing essential medicines, materials, and renewables, for maternal and child health care.

**WASH:** UNICEF and its partners provided access to emergency WASH services (including critical hygiene kits and hygiene promotion activities) to 15,975 IDPs established in the "Centre sportif de Carrefour", "Delmas 103", "and "Delmas 5 - Saint Yves" sites. Additionally, UNICEF supported the repair of the vacuum trucks of the OREPA West to ensure regular emptying of the latrines at the IDP sites.

**Child Protection:** A total of almost 4,000 children regularly participated in child friendly spaces receiving psychosocial support through recreational activities, with a follow-up file, enabling them to better cope with the situation.

## 3. Changes and Amendments

No significant changes have been made to planned activities.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Nutrition									
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	4,182	0	3,136	2,856	10,174	4,309	1,437	2,882	2,058	10,686
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>4,182</b>	<b>0</b>	<b>3,136</b>	<b>2,856</b>	<b>10,174</b>	<b>4,309</b>	<b>1,437</b>	<b>2,882</b>	<b>2,058</b>	<b>10,686</b>
<b>People with disabilities (PwD) out of the total</b>										
	230	0	173	157	560	646	216	432	309	1,603

Sector/cluster	Water, Sanitation and Hygiene									
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	4,182	3,826	3,136	2,856	14,000	4,772	4,366	3,578	3,259	15,975
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>4,182</b>	<b>3,826</b>	<b>3,136</b>	<b>2,856</b>	<b>14,000</b>	<b>4,772</b>	<b>4,366</b>	<b>3,578</b>	<b>3,259</b>	<b>15,975</b>

\* 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.

People with disabilities (PWD) out of the total										
	230	210	173	157	770	262	240	197	179	879

  

Sector/cluster	Protection - Child Protection									
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	300	200	2,500	2,500	11,000	285	261	2,228	2,051	4,825
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>300</b>	<b>200</b>	<b>2,500</b>	<b>2,500</b>	<b>5,500</b>	285	261	2,228	2,051	4,825

  

People with disabilities (PWD) out of the total										
	17	11	138	138	304	10	6	15	20	51

\* 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 people who indirectly benefited from the project's interventions are the mothers/caregivers, while 2,210 were specifically targeted to receive advice on IYCF and hygiene; and children under the age of 5 at the Carrefour Sports Center and the Bas Delmas IDP camps who were able to benefit from an integrated package of services, including micronutrient supplementation, screening and treatment of acute malnutrition, through mobile clinics, in addition these beneficiaries and other mothers/caregivers benefited from sensitisation sessions on child protection, child rights and GBV.

In addition, technical and financial support was provided to the West Health Department and the Carrefour Communal Office for the supervision of activities, storage and supply of nutritional inputs. The Hôpital Universitaire de la Paix in Delmas has also received support in terms of human resources and inputs enabling the hospital care of children with severe acute malnutrition referred from Bas Delmas IDP camps.

The population in the catchment area of the health facilities supported by the CERF contribution will continue to benefit primary health care and sensitisation on child protection and child rights and GBV in these communities affected by gang violence.

Regarding WASH, patients of "Hôpital central PNH - Croix-des-Bouquets" continue to benefit indirectly from the project through the availability of safe drinking water and hand washing facilities.

## 6. CERF Results Framework

Project objective	Provision of critical life-saving humanitarian assistance to Internally Displaced Populations (IDPs) affected by violence in vulnerable neighbourhoods of the metropolitan area of Port-au-Prince.				
Output 1	Child Protection - Girls and boys affected by the armed violence in the metropolitan area of Port-au-Prince are supported by multidisciplinary activities through a community-based approach, and receive psychosocial support to fight psychological distress, including those who have specific needs.				
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 1.1	# of children (2,500 girls and 2,500 boys) who regularly participate in child friendly spaces, with a follow-up file.	5,000	3,977 children (2,073 girls and 1,904 boys)	Partners monthly report OCCEDH and IBESR	
Indicator 1.2	# of children (300 girls and 300 boys) referred who have received a package of services following a case study by the social workers' team	600	302 children (155 girls and 147 boys)	Partners monthly report OCCEDH and IBESR	
Indicator 1.3	# of people (300 women and 200 men) who participated in the talking groups and who have been referred for ad-hoc assistance	500	546 people (285 women and 261 men)	Partners monthly reports OCCEDH and IBESR	
Explanation of output and indicators variance:		The variance on indicators 1.1 and 1.2 is due to the fact that the partners prioritised the temporary relocation sites of KOMIKED et centre Olympique in bas Delmas and in Delmas 2 and Delmas 4. As for the indicator 1.2, the number of children who received a package of services exceeds the target of 600 child, including 302 who had their case closed during the reporting period and the other cases were handled afterwards due to the limited availability of services in the areas.			
Activities	Description		Implemented by		

\* 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.

Activity 1.1	Establishment of psychosocial activities for 2 to 12 yrs children in the shelters and in the outskirts of the target areas	OCCEDH and IBESR
Activity 1.2	Establishment of participation activities for older children (13 to 17) to help them develop their self-esteem in order to resume their lives, through sports and recreational activities	OCCEDH and IBESR
Activity 1.3	Activation of a special case management unit in the shelters and in the outskirts, to meet the needs of children and young people	OCCEDH and IBESR
Activity 1.4	Organization of listening sessions and discussion groups by the team of 'first psychological aid', on the intervention sites in the areas affected by armed violence	OCCEDH and IBESR

<b>Output 2</b>	WASH - IDPs in temporary shelters and the most vulnerable households out of shelter, in vulnerable neighbourhoods of Port au Prince, have immediate access to WASH facilities, supplies and services to satisfy their urgent needs
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>Sector/cluster</b>	Water, Sanitation and Hygiene
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of IDPs in the shelters benefiting from access to emergency WASH services	14,000	15,975	Implementing partners report final report (Solidarités International) and the Emergency Response Department of the DINEPA data.

<b>Explanation of output and indicators variance:</b>	The target was exceeded due to the total number of people in the 4 IDPs sites and assisted by UNICEF and its partners during the implementation period.
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Activities	Description	Implemented by
Activity 2.1	Provision of critical hygiene kits (bucket, jerrycan, soap, household water treatment products, face masks, dignity kits...) to the displaced households in the shelters	Solidarités International
Activity 2.2	Installation of bladders/poly-tanks and the provision of safe drinking water to population in the shelters, through water trucking	Solidarités International and the Emergency Response Department of the DINEPA
Activity 2.3	Installation, regular emptying and management of emergency latrines and showers for population in the shelters	Solidarités International and OREPA West
Activity 2.4	Installation and use of handwashing devices and trash cans to ensure the compliance with hygiene and sanitation measures for IDPs in the shelters	Solidarités International
Activity 2.5	Hygiene promotion activities for regular handwashing, proper use of the facilities, waste management and compliance with COVID-19 related barrier measures, for IDPs in the shelters	Solidarités International

\* 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.

Activity 2.6	Provision of critical hygiene kits to the most vulnerable households in combination with other community-based interventions	Solidarités International
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<b>Output 3</b>	Child/Maternal Health and Nutrition - IDPs in relocation sites of target neighborhoods, have an immediate access to integrated health services to satisfy their urgent needs
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of on-site 20-49 years old women, 0-59 months boys and girls children, and 15-19 years old adolescents benefited by health services	10,174	10,686	Implementing Partners Final Report (GHESKIO, ADRA)
Indicator 3.2	N.4 Number of people screened for acute malnutrition (# of 6 – 59 months children screened for acute malnutrition and receiving supplement Vitamin A)	1,715	1,885	Implementing Partners Final Report (GHESKIO, ADRA) Health Information System (SISNU)
Indicator 3.3	N.5 Number of people receiving vitamins and/or micronutrient supplements	1,715	1,804	Implementing Partners Final Report (GHESKIO, ADRA) Health Information System (SISNU)
Indicator 3.4	# of 6 – 59 months children referred for moderate and acute malnutrition through mobile PTA or mobile clinics (MAM: 103, SAM: 111)	214	226 (105 MAS, 121 MAM)	Implementing Partners Final Report (GHESKIO, ADRA) Health Information System (SISNU)
Indicator 3.5	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies (mothers, caregivers and parents receiving preventive activities to promote breastfeeding, introduce complementary feeding, promote hygiene, and adequate/ appropriate feeding practice)	1,932	2,210	Implementing Partners Final Report (GHESKIO, ADRA)

<b>Explanation of output and indicators variance:</b>	The project was able to exceed all the planned targets. This is because UNICEF had started interventions in the camps with its own funds before the arrival of CERF funds which enabled them to continue. Also, the choice of national NGO partners with community roots in the localities where the target camps are located made it possible to reach the beneficiaries more easily.
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Activities	Description	Implemented by
Activity 3.1	Support through mobile clinics led by MoH with a package of prenatal care services to pregnant women, including HIV testing, and to refer to MoH services when needed	MOFAVIDA, ADRA, GHESKIO

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Activity 3.2	Support through mobile clinics led by MoH to provide care and treatment to new-borns in need, and to referral services when needed	MOFAVIDA, ADRA, GHESKIO
Activity 3.3	Support through mobile clinics led by MoH to provide care and treatment to adolescents, in sexual health and preventive care	MOFAVIDA, ADRA, GHESKIO
Activity 3.4	Support MoH's structures for prevention activities among IDPs in the target areas, to ensure access to primary health care (immunization, prevention of communicable and infectious diseases, waterborne diseases, and COVID 19)	MOFAVIDA, ADRA, GHESKIO
Activity 3.5	Organize the activities for screening, referral and treatment of 6-59 months children, for moderate and acute malnutrition, through mobile PTA and/or mobile clinics	MOFAVIDA, ADRA, GHESKIO
Activity 3.6	Organize preventive activities for mothers, caregivers and parents to promote breastfeeding, introduce complementary feeding, promote hygiene, and adequate/ appropriate feeding practices	MOFAVIDA, ADRA, GHESKIO
Activity 3.7	Support MoH's institutional capacity building	ADRA

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>7</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>8</sup>:

Mothers were directly involved in the organization of the mobile clinics, sensitization of the caregivers and maintenance of the space as well as in the preparation and realization of the culinary demonstration sessions. Their involvement was obtained thanks to the participatory approach adopted by the implementing partners.

The project closely involves the IDPs and host populations from the situation analysis and planning to address their specific and priority needs, community representatives were invited to attend the project launch with partners in the relocation sites. The community through their leaders and community leaders were regularly consulted, especially women and youth association groups.

Implementation was done with both NGOs and the government through local authorities. Joint missions involving the authorities were carried out to monitor the response. Monthly reports on the project's activities were used to adapt the response to the needs on the basis of the progress and difficulties encountered.

<sup>7</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. 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](#).

<sup>8</sup> 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](#).

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**b. AAP Feedback and Complaint Mechanisms:**

This project included a feedback and complaints mechanism as a component. The implementing partners set up complaint boxes in the child friendly spaces for collecting positive and negative complaints that were visibly displayed in gathering places (mobile clinics, child friendly spaces, etc.) and other visible locations. These complaints were dealt with in the presence of the beneficiaries' representatives and were accompanied by a report on the complaint management mechanisms. Posters on free aid and messages against sexual abuse and exploitation were displayed. During the post-intervention monitoring visits, beneficiaries' satisfaction with the quality of the interventions and the response to their complaints were evaluated. Finally, during the various training/briefing sessions of the committees, the commitments regarding accountability were made explicit.

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

Staff, partners and beneficiaries involved in UNICEF projects have access to safe channels to report SEA incidents anonymously if they wish. Channels include the Interagency Community Feedback Mechanism (CFM) led by WFP and firstly joined by UNICEF, consisting of a hotline and email addresses. Other channels are community focal points, protection committees and suggestion boxes in some locations. Under this project, beneficiaries have been informed of their right to report SEA and available channels through child-friendly communication material and a video translated into sign language. Partnership agreements state that allegations are handled by the relevant partner with UNICEF support in accordance with the UN Protocol on Allegations of Sexual Exploitation and Abuse involving Implementing Partners. Complaints are recorded in secure databases. Incidents are reported via the anonymous Significant Incident Report circulated internally in accordance with procedures to procedure, and support to survivor(s) and investigations are launched immediately.

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

Throughout the project, the women were not only the beneficiaries for awareness-raising activities on IYCF and hygiene but also actively participated in the mobile clinics and were able to give their opinion and guide certain activities, in particular the training sessions.

The facilitators, during their facilitation, considered measures to protect children, girls, and women against all forms of sexual abuse. Members of the female and mothers' associations were associated in these trainings as well as the members of the community protection mechanisms.

For WASH, locker rooms were built especially for women and girls to ensure their privacy and prevent the risk of PSEA. In addition, solar lamps have been installed in the latrines and the young mothers' areas.

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**e. People with disabilities (PwD):**

All beneficiaries were taken care of in an equitable manner. Those, especially children and mothers, with disabilities were served first in mobile clinics and were referred to specialised services by the child protection team as required.

With regards to the WASH response, specific and adapted measures were put in place to assist disabled people to collect water at the drawing points and access ramps have been installed at the latrines.

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**f. Protection:**

Community-based protection mechanisms were put in place in the relocation sites.

A great emphasis was placed on preserving and promoting the rights of those directly or indirectly affected by the project's interventions. The rights of women, children, minorities, and vulnerable groups (people living with HIV, people with disabilities, the elderly) were taken into account both in terms of targeting and access to proposed activities. The project respects the humanitarian principles of humanity, independence, neutrality and the "do no harm" principle within the project's target communities. Also, special attention was given to protection issues throughout the project cycle; access to assistance for all marginalized groups and very poor categories is guaranteed in an equitable and fair manner. The issue of site security was always brought to the attention of the authorities in the framework of civil-military coordination. UNICEF, as part of the protection sector, undertakes preventive and case management actions.

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**g. Education:**

NA

**8. Cash and Voucher Assistance (CVA)****Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	Choose an item.	[Fill in]

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.

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.

[Fill in]

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
Facebook – 17 April 2022	<a href="https://www.facebook.com/UNICEFHaiti/posts/pfbid035pRyE4MNH78MbQvnecVMo2gaMPBxP7eQ5f6TUAjAufC3KxKcDyFmMQMbWbWHV2ruEI">https://www.facebook.com/UNICEFHaiti/posts/pfbid035pRyE4MNH78MbQvnecVMo2gaMPBxP7eQ5f6TUAjAufC3KxKcDyFmMQMbWbWHV2ruEI</a>
Twitter - 12 mai 2022	<a href="https://twitter.com/UNICEFHaiti/status/1524751360620515343">https://twitter.com/UNICEFHaiti/status/1524751360620515343</a>
Twitter - 9 mai 2022	<a href="https://twitter.com/UNICEFHaiti/status/1523669703465521152">https://twitter.com/UNICEFHaiti/status/1523669703465521152</a>

\* 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.

### 3.5 Project Report 21-RR-CEF-034

#### 1. Project Information

<b>Agency:</b>	UNICEF	<b>Country:</b>	Haiti
<b>Sector/cluster:</b>	Water, Sanitation and Hygiene Protection - Child Protection	<b>CERF project code:</b>	21-RR-CEF-034
<b>Project title:</b>	Multi-sector (WASH, Child Protection) Emergency Response for Most Vulnerable Population affected by the earthquake in Haiti		
<b>Start date:</b>	14/08/2021	<b>End date:</b>	13/02/2022
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 73,320,040</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 3,551,943</b>
	<b>Amount received from CERF:</b>	<b>US\$ 2,622,943</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 1,824,417</b>
	Government Partners	US\$ 599,937
	International NGOs	US\$ 592,350
	National NGOs	US\$ 632,130
	Red Cross/Crescent Organisation	US\$ 0

#### 2. Project Results Summary/Overall Performance

Thanks to this CERF RR grant, 154,725 affected people were provided access to water sanitation and hygiene services by UNICEF and partners. These include:

- Provision of a safe drinking water to 154,725 through the installation and maintenance of 3 water treatments units and 21 bladders (11 of 10,000m3 each and 10 of 5,000m3 each) including the water trucking.
- The establishment, maintenances, and discharge of 40 latrines and construction/rehabilitation of 192 gender latrines.
- Distribution of 15,100 hygiene kits including soap, household water treatment products, menstrual hygiene management kit to 75,500 affected people living in approximately 14,200 households.
- Support to 97 schools and healthcare facilities with handwashing facilities and critical hygiene supplies (soap, bleach, waste containers...) as well as the rehabilitation of latrines and hygiene promotion activities.

#### 3. Changes and Amendments

No significant changes have been made to WASH activities.

\* 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.

#### 4. Number of People Directly Assisted with CERF Funding\*

<b>Sector/cluster</b>	Water, Sanitation and Hygiene									
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	29,900	27,300	22,400	20,400	100,000	46,263	42,240	34,658	31,564	154,725
<b>Total</b>	<b>29,900</b>	<b>27,300</b>	<b>22,400</b>	<b>20,400</b>	<b>100,000</b>	<b>46,263</b>	<b>42,240</b>	<b>34,658</b>	<b>31,564</b>	<b>154,725</b>
<b>People with disabilities (PWD) out of the total</b>										
	1,196	1,092	896	816	4,000	1,851	1,690	1,386	1,263	6,189

  

<b>Sector/cluster</b>	Protection - Child Protection									
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	8,157	7,500	7,963	7,380	31,000	12,197	11,662	9,945	6,810	40,614
<b>Total</b>	<b>8,157</b>	<b>7,500</b>	<b>7,963</b>	<b>7,380</b>	<b>31,000</b>	<b>12,197</b>	<b>11,662</b>	<b>9,945</b>	<b>6,810</b>	<b>40,614</b>
<b>People with disabilities (PWD) out of the total</b>										

\* 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.

	180	174	184	171	709	260	140	0	0	400
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\* 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

To strengthen the resilience of vulnerable children, victims of the earthquake and their caregivers, implementing partners Care and ICDH in Grand' Anse Department, Foundation Zanmi Timoun (FZT) in Nippes Department and Centre de Formation et de Recherche en Appui Psychosocial (CFRAPS) in the South have established 75 Child Friendly Spaces (CFS): 15 in South, 25 in Nippes and 35 in Grand' Anse department. Via established CFS, MHPSS (Mental health and Psychosocial Support) activities were carried out for 23,701 children (girls 12,197 and 11,504 boys). 181 children including 81 girls, 100 boys were able to benefit from alternative care and reunification services and 1,424 people (448 girls, 293 boys, 353 women and 330 men) benefited from individual psychological support as needed.

As part of the strengthening of the community of child protection system, 40,595 people (12,178 girls, 11,662 boys, 9,945 women and 6,810 men) benefited from awareness raising on the prevention of separation, GBV and the risks of exploitation and child trafficking. Also, 343 people including 49 girls, 94 boys, 120 women, 80 men, 450 U-reporters and 67 caregivers (39 women and 28 men) benefited from training sessions on child protection issues for qualitative response to emergency. 1,269 families of vulnerable children were accompanied and assisted with immediate protection, psychosocial support needs, food and hygiene kits as well as other specific needs while 400 hygiene kits were distributed to parents of children living with disabilities in the Western region.

UNICEF co-chairs the Child Protection Working Groups at departmental level, continues to support them in establishing service mapping and a clear referral pathway for children as well as the harmonization and the standardization of tools. It's worth mentioning that logistical supports have been given to some national institutions working in the sector of Child protection (IBESR, BPM, TPE, OPC, BSEIPH, DAP, in order to strengthen their operational capacities.

## 6. CERF Results Framework

Project objective	Provide an emergency WASH and Child protection response to satisfy the urgent needs of the affected population			
Output 1	Vulnerable population, health centres and schools affected by the earthquake in the departments of Grande Anse, Nippes and Sud have access to WASH facilities, supplies and services to satisfy their urgent needs			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms	100,000	206,300	Implementing partners reports and dashboard of WASH response
Indicator 1.2	WS.3 Number of WASH (e.g. latrines) structures constructed or rehabilitated that offer privacy for women and girls (latrines)	200	232	Implementing partners reports and dashboard of WASH response
Indicator 1.3	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits (Number of individuals assisted with hygiene kits, calculated from the number of households benefiting from hygiene kits, including soap and dignity hygiene items for women and girls )	72,500	75,500	Implementing partners reports and dashboard of WASH response

\* 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.

Indicator 1.4	Number of schools equipped with 3 handwashing facilities and critical hygiene supplies (soap, bleach, waste containers...)	100	97	Implementing partners reports and dashboard of WASH response
<b>Explanation of output and indicators variance:</b>		The target was largely exceeded thanks to the availability of treatment units and bladders funded with other resources and these CERF funds made it possible to install them, supply them with water through water trucking.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provision and installation of bladders and water treatment units, water trucking activities and distribution of household water treatment products	DINEPA, OREPA South, OREPA West		
Activity 1.2	Construction of emergency latrines/installation of mobile toilets in sites and rehabilitation/upgrade of latrines in schools and health centres with emptying mechanism in place	ID-Jeunes, OREPA South		
Activity 1.3	Provision and distribution of hygiene kits	Direct Implementation in coordination WFP, DGPC and OREPA South		
Activity 1.4	Installation/rehabilitation of handwashing facilities and provision of critical hygiene supplies	Goal, OREPA South		

**Output 2** Provide case management and psychological support to affected children

Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Protection - Child Protection				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 2.1	Number of children receiving psychosocial support	15,000	23,701 (12,197 girls; 11,504 boys)	Monthly and Quarterly reports from FZT; CARE, CFRPAS and IBESR, BPM	
Indicator 2.2	CP.1 Number of unaccompanied or separated children identified and assisted, including family tracing and reunification	1,000	181 (81 girls and 100 boys)	Monthly and Quarterly reports from FZT; CARE, CFRPAS and IBESR, BPM	
Indicator 2.3	Number of girls, boys and adolescents who received GBV prevention messages and GBV related information	23,157	40,595 (12,178 girls 11,662 boys 9,945 women 6,810 men)	Monthly and Quarterly reports from FZT; CARE, CFRPAS and IBESR, BPM	
Explanation of output and indicators variance:		Our implementing partners were able to overreach the targets on indicator 2.1 and 2.3; as for the indicator 2.2 the low number of children reached is due to the fact that the majority of children were placed with extended families but their parents and the children who benefited from alternative care and reunification services were identified in institutions that got damaged by the earthquake therefore facilitated their reunification with their parents.			
Activities	Description	Implemented by			

\* 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.

Activity 2.1	Psychosocial support to vulnerable children: Setting up of child friendly spaces; listening and counselling, referrals, educational talks	FZT; CARE, CFRPAS and IBESR, BPM
Activity 2.2	Identification, referral and service provision for separated children and for vulnerable ones	FZT; CARE, CFRPAS and IBESR, BPM
Activity 2.3	Strengthen referral pathways by ensuring that relevant services (health, protection, education, etc) know who to use the pathway and relevant tool/protocols, and disseminate life-saving information on available services to GBV survivors and at-risk populations, including where and how to access those services	FZT; CARE, CFRPAS and IBESR, BPM

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>9</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>10</sup>:

The project closely involves the IDPs and host populations from the situation analysis and planning to address their specific and priority needs, community representatives were invited to attend the project launch with partners in the relocation sites. The community through their leaders and community leaders were regularly consulted, especially women and youth association groups during set up of the child friendly spaces, as well as in terms of choice sites of latrines, hygiene promotion and distribution hygiene kits. Implementation was done with both NGOs and the government through local authorities. Joint missions involving the authorities were carried out to monitor the response. Monthly reports on the project's activities were used to adapt the response to the needs based on progress and difficulties encountered.

### b. AAP Feedback and Complaint Mechanisms:

This project included a feedback and complaints mechanism as a component. The implementing partners set up complaint boxes in the child friendly spaces for collecting positive and negative complaints that were visibly displayed in gathering places (mobile clinics, child friendly spaces, etc.) and other visible locations. These complaints were dealt with in the presence of the beneficiaries' representatives and were accompanied by a report on the complaint management mechanisms. Posters on free aid and messages against sexual abuse and exploitation were displayed. During the post-intervention monitoring visits, beneficiaries' satisfaction with the quality of the interventions and the response to their complaints were evaluated. Finally, during the various training/briefing sessions of the committees, the commitments regarding accountability were made explicit.

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

<sup>9</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. 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](#).

<sup>10</sup> 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](#).

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Staff, partners and beneficiaries involved in UNICEF projects have access to safe channels to report SEA incidents anonymously if they wish. Channels include the Interagency Community Feedback Mechanism (CFM) led by WFP and firstly joined by UNICEF, consisting of a hotline and email addresses. Other channels are community focal points, protection committees and suggestion boxes in some locations. Under this project, beneficiaries have been informed of their right to report SEA and available channels through child-friendly communication material and a video translated into sign language. Partnership agreements state that allegations are handled by the relevant partner with UNICEF support in accordance with the UN Protocol on Allegations of Sexual Exploitation and Abuse involving Implementing Partners. Complaints are recorded in secure databases. Incidents are reported via the anonymous Significant Incident Report circulated internally in accordance with procedures to procedure, and support to survivor(s) and investigations are launched immediately.

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

As beneficiaries for awareness-raising activities on child protection and GBV, women and girls were able to give their opinion and guide certain activities, in particular the training sessions. The facilitators, during their facilitation, considered measures to protect children, girls, and women against all forms of sexual abuse. Members of female and mothers' associations as well as the members of the community protection mechanisms were closely associated to these trainings. For WASH, locker rooms were built especially for women and girls to ensure their privacy and prevent the risk of PSEA. In addition, solar lamps have been installed in the latrines and the young mothers' areas.

#### **e. People with disabilities (PwD):**

All beneficiaries were taken care of in an equitable manner. Those, especially children and mothers, with disabilities were served first in mobile clinics and were referred to specialised services by the child protection team. Regarding to WASH response, specific and adapted measures have been put in place to assist disabled people to collect water at the drawing points and access ramps have been installed at the latrines.

#### **f. Protection:**

Community-based protection mechanisms were put in place in the relocation sites. A great emphasis on preserving and promoting the rights of those directly or indirectly affected by the project's interventions was placed in this project. The rights of women, children, minorities, and vulnerable groups (people living with HIV, people with disabilities, the elderly) were considered both in terms of targeting and access to proposed activities. The project respects the humanitarian principles of humanity, independence, neutrality and the "do no harm" principle within the project's target communities. Also, special attention was given to protection issues throughout the project cycle; access to assistance for all marginalized groups and very poor categories is guaranteed in an equitable and fair manner. The issue of site security was always be brought to the attention of the authorities in the framework of civil-military coordination. UNICEF, as part of the protection sector, will undertake preventive and case management actions.

#### **g. Education:**

[Fill in]

## **8. Cash and Voucher Assistance (CVA)**

### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	Choose an item.	[Fill in]

\* 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.

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.

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.

[Fill in]

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b><u>Restriction</u></b>
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

<b>Title</b>	<b>Weblink</b>
WASH	<a href="https://www.facebook.com/UNICEFhaiti/photos/pb.116274185076021.-2207520000../5088842844485772/?type=3&amp;eid=ARCrGbHUZhSnPGJwZn0Q7Hm8xeHEK62kmUhcNOrMfRBMBQf1YcSm77NyQvRTFRdk96lcLIAMQTFYzm6I">https://www.facebook.com/UNICEFhaiti/photos/pb.116274185076021.-2207520000../5088842844485772/?type=3&amp;eid=ARCrGbHUZhSnPGJwZn0Q7Hm8xeHEK62kmUhcNOrMfRBMBQf1YcSm77NyQvRTFRdk96lcLIAMQTFYzm6I</a>
[Insert]	[Insert]
[Insert]	[Insert]

\* 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.

### 3.6 Project Report 21-RR-WFP-026

#### 1. Project Information

<b>Agency:</b>	WFP	<b>Country:</b>	Haiti
<b>Sector/cluster:</b>	Food Security - Food Assistance Common Services - Humanitarian Air Services	<b>CERF project code:</b>	21-RR-WFP-026
<b>Project title:</b>	Emergency Response to Earthquake in southern Haiti		
<b>Start date:</b>	14/08/2021	<b>End date:</b>	13/02/2022
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/> Redeployment of funds <input type="checkbox"/> Reprogramming <input type="checkbox"/>		
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 26,400,000</b>	
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 1,000,000</b>	
	<b>Amount received from CERF:</b>	<b>US\$ 1,000,000</b>	
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 354,814</b>	
	Government Partners	US\$ 0	
	International NGOs	US\$ 354,814 <sup>11</sup>	
	National NGOs	US\$ 0	
	Red Cross/Crescent Organisation	US\$ 0	

#### 2. Project Results Summary/Overall Performance

As of 30 November 2021, activities financed by CERF for the Food Security Sector for the rapid response to the 14 August 2021 earthquake ended. WFP distributed 205,590 hot meals across 32 sites in the departments of Grand'Anse and south between 25 August and 26 September 2021. The sites were mainly health centres or hospitals, as well as temporary shelters that housed households who had lost their homes following the earthquake of 14 August 2021. Of the 179,400 meals planned to be distributed, WFP was able to distribute even more meals (205,990), representing a 15% increase on the initial target. It should be noted that it is not feasible for WFP to provide precise information on the number of unique individuals assisted in view of the rotation in health centres and temporary shelters. WFP will therefore provide estimates on the number of people assisted.

For the duration of this allocation, Humanitarian Air Services were provided through one asset, the activities financed by CERF for this reporting period were completed. During that period, WFP transported 3,221 passengers and 79,116 MT of cargo to the earthquake affected areas. This was achieved during a period where demand for Humanitarian Air Services had increase due to limited access to earthquake affected areas by road because of gang activity in the Martissant area.

<sup>11</sup> This amount only represents the value of cash transferred and used to purchase the food by the implementing partner. It does not, however, include costs pertaining to the Field Level Agreement (FLA)

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### 3. Changes and Amendments

For this reporting period, UNHAS experienced difficulties regarding delivery of cargo vs. the amount or requests received, this was due to several reasons such as, unsuitable landing zones, large volumes, type of cargo and organizations not registered with UNHAS.

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#### 4. Number of People Directly Assisted with CERF Funding\*

<b>Sector/cluster</b>	Common Services - Humanitarian Air Services									
	Planned					Reached				
<b>Category</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
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	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>People with disabilities (PWD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0
<b>Sector/cluster</b>	Food Security - Food Assistance									
	Planned					Reached <sup>12</sup>				
<b>Category</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
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	1,091	947	2,428	2,434	6,900	1,268	1,109	2,693	2,852	7,922
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1,091</b>	<b>947</b>	<b>2,428</b>	<b>2,434</b>	<b>6,900</b>	<b>1,268</b>	<b>1,109</b>	<b>2,693</b>	<b>2,852</b>	<b>7,922</b>
<b>People with disabilities (PWD) out of the total</b>										
	76	66	170	171	483	88	78	188	200	554

<sup>12</sup> Numbers indicated are estimates

\* 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

### For 1. Food emergency assistance

This project aimed at providing immediate relief to address food needs to earthquake affected populations. As the assistance's modality was in-kind (hot meals) and specifically targeted populations in health centres and hospitals, it alleviated some financial burden on said health centres and hospitals at a time where resources were limited and stretched but also assisted in providing people with their daily calorific needs during their hospitalization. The partnership with the World Central Kitchen was also beneficial to the local economy as meals were partly made from locally sourced produce, using what was available on the local markets.

### For 2. United Nations Humanitarian Air Service (UNHAS)

This project supported Humanitarian Air Services to earthquake affected areas. These services directly supported the humanitarian community and its ability to deliver aid in a safe and quick manner, bypassing dangerous neighbourhoods and reaching areas where roads were damaged due to the Earthquake. Affected populations, particularly in remote areas who would have had to travel long distance or wait for the assistance, indirectly benefitted from this funding as it facilitated access to hard-to-reach communities.

## 6. CERF Results Framework

Project objective	Provide Immediate emergency food assistance and support the humanitarian air services to facilitate a rapid and effective response during the emergency in the areas most affected by the earthquake in Haiti				
Output 1	Emergency food assistance provided to 6,900 people through hot-meals in field hospitals in Les Cayes and Jérémie				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Food Assistance				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	FN.1a Number of people receiving food (hot meals)	6900	7,922 <sup>13</sup>	WFP	
Indicator 1.2	FN.1b Quantity of food assistance distributed in MT	4.5	WFP is unable to report the metric tonnage of food distributed as food items were bought and meals were prepared and distributed by the implementing partner	WFP	
Indicator 1.3	Number of rations provided	179,400	205,990	WFP	
Explanation of output and indicators variance:		[Fill in]			
Activities	Description		Implemented by		
Activity 1.1	Identification of affected people to be assisted with food distribution in hospital		World Central Kitchen		
Activity 1.2	Provide food assistance to 6,900 people affected by the earthquake through hot-meals in field hospitals in Les Cayes and Jérémie		World Central Kitchen		
Activity 1.3	Monitoring of beneficiaries		WFP		
Activity 1.4	Reporting		WFP		

<sup>13</sup> Numbers indicated are estimates

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Output 2	Humanitarian air services provided through one UNHAS helicopter ensuring access to common services for a rapid and effective response during the emergency			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Common Services - Humanitarian Air Services			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	CS.1 Total volume of cargo (m3) transported by land, sea or air	17	WFP is unable to provide the total volume of cargo transported as what is mainly measured is the weight of the cargo (MT) rather than the volume (m3).	UNHAS Reports
Indicator 2.2	Percentage of cargo transported against requested	>70	>70%	UNHAS Reports
Indicator 2.3	CS.4 Number of passengers transported	650	3,221	UNHAS Reports
Explanation of output and indicators variance:		[Fill in]		
Activities	Description	Implemented by		
Activity 2.1	Provide humanitarian air services to partners	UNHAS		

Output 3	N/A			
Was the planned output changed through a reprogramming after the application stage?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster				
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Prepop	Prepop	[Fill in]	[Fill in]
Explanation of output and indicators variance:		[Fill in]		
Activities	Description		Implemented by	
Activity 1.1	Prepop		[Fill in]	

Output 4	N/A			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster				
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Prepop	Prepop	[Fill in]	[Fill in]
Explanation of output and indicators variance:		[Fill in]		

\* 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.

Activities	Description	Implemented by
Activity 1.1	Prepop	[Fill in]

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>14</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>15</sup>:

WFP's first accountability is to food insecure people who are the primary actors in their own survival and protection. Through an AAP approach, WFP ensured that delivery strategies were safe for those most at risk based on their gender, age a. While minimizing the level of data collected from beneficiaries to the essential to operate, WFP also instituted appropriate beneficiary data protection practices, including requesting consent of beneficiaries prior to collection of their data, providing clear explanations of how the data will be used, who the data will be shared with, and ensure encrypted storage practices.

### b. AAP Feedback and Complaint Mechanisms:

During the earthquake response, WFP made accessible the means for affected people to voice their complaints and provide feedback on areas relevant to operations in a safe and dignified manner. WFP reinforced CFM in an integrated dynamic with the cooperating partners by switching from a national hotline from a long to a short number (8811) in a configuration that allows affected populations to reach WFP free of charge from the two operational networks in the country. Through the hotline, beneficiaries were able to log complaints safely and anonymously, while each case was either treated and closed by the operator or forwarded to the relevant focal point for timely follow-up. WFP also ensured that throughout distribution sites, awareness materials were properly displayed and distributed to encourage the use of the hotline by beneficiaries.

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

Throughout this intervention, WFP made sure that mechanisms were in place to received PSEA reports through different means to ensure accessibility and a timely response: hotline, SMS, Whatsapp, and Email. WFP diffused key PSEA messages through posters and audio messages/radio at the hospitals and health centres where distributions took place. WFP staff had also been sensitised to the PSEA policy and on how to apply the procedures to do the appropriate follow-up on a PSEA report. The process is swift, confidential and with a clear victim-centred approach.

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

The gender policy is connected to all of WFP's other policies and programmes. Within its mandate, WFP uses food assistance to promote gender equality and women's empowerment while delivering results for the women, men, girls and boys it serves. WFP also trained its field staff on gender approaches and assistance routes in cases of GBV, to ensure timely assistance when identifying a case of gender-based violence.

<sup>14</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. 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](#).

<sup>15</sup> 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](#).

\* 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.



#### e. People with disabilities (PwD):

Disability was one of the criteria for targeting the beneficiaries. In the information gathering phase of this project, gender, age, and disability variables were included to identify and mitigate gaps. As this project took place mainly in health centres and hospitals, the assistance reached people who had been hurt during the earthquake and required immediate assistance. Additionally, awareness sessions on disability issues were conducted with the project team. Reasonable adjustments were implemented to guarantee the participation with independence and dignity of people with disabilities in the project activities.

#### f. Protection:

Vulnerability to food insecurity is often linked to vulnerability to protection risks. The most food insecure are frequently those affected by shocks. Other severe protection risks include threats relating to sexual exploitation and gender-based violence within affected populations. WFP provided food assistance to people affected by those risks but also sensitized beneficiaries on their rights and the protection risks they may face, while also providing avenues to report/share grievances.

#### g. Education:

N/A

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

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.

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.

[Fill in]

### 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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

**Guidance (to be deleted):** Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

\* 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.

Title	Weblink
Tweet on earthquake response	<a href="https://twitter.com/WFP_Haiti/status/1442573426800177155?s=20&amp;t=3gLEQQecEtlm2Wv5cxnOBQ">https://twitter.com/WFP_Haiti/status/1442573426800177155?s=20&amp;t=3gLEQQecEtlm2Wv5cxnOBQ</a>
Thank you tweet mentioning CERF	<a href="https://twitter.com/WFP_Haiti/status/1516161523307225097?s=20&amp;t=ERXbVaraoC4kHSJx2vuPag">https://twitter.com/WFP_Haiti/status/1516161523307225097?s=20&amp;t=ERXbVaraoC4kHSJx2vuPag</a>
Tweet on assistance in hospitals and health centers	<a href="https://twitter.com/WFP_Haiti/status/1446853583073337345?s=20&amp;t=WauYzs-505JeatP8c5OTnQ">https://twitter.com/WFP_Haiti/status/1446853583073337345?s=20&amp;t=WauYzs-505JeatP8c5OTnQ</a>

\* 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.

### 3.7 Project Report 21-RR-WFP-032

#### 1. Project Information

<b>Agency:</b>	WFP	<b>Country:</b>	Haiti
<b>Sector/cluster:</b>	Common Services - Humanitarian Air Services Common Services - Logistics	<b>CERF project code:</b>	21-RR-WFP-032
<b>Project title:</b>	Common Services for transport by sea, road and by air for the emergency response to the 14th of August Earthquake in Haiti		
<b>Start date:</b>	22/09/2021	<b>End date:</b>	21/03/2022
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 5,800,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 4,100,000</b>
	<b>Amount received from CERF:</b>	<b>US\$ 500,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 0</b>
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 0
	Red Cross/Crescent Organisation	US\$ 0

#### 2. Project Results Summary/Overall Performance

##### United Nations Humanitarian Air Service (UNHAS)

For this award and during this reporting period, UNHAS was able to acquire a second asset and provide humanitarian air service with a fixed wing aircraft that ensured faster access to hard-to-reach affected areas, reduced travel time between cities to provide a rapid and effective response during the emergency and responded to increasing demand from the Humanitarian community due to access constraints in Martissant. As such, WFP transported 4,199 passengers and 3,816MT worth of cargo with its fixed wing aircraft. UNHAS operated on a weekly flight schedule mainly to the South and occasionally to the North and remote landing zones with the helicopter where the fixed wing could not land.

##### Bilateral Service Provision

Common services were offered through this award particularly with regards to sea and road transport, ensuring access to the South in a coordinated and effective manner. To bypass insecurity in Martissant, WFP performed 173 maritime voyages linking Port-au-Prince to the Haitian Coast Guards wharf in Carrefour, transporting a total of 245 vehicles and trucks for 20 different humanitarian organizations, including I/NGOs, UN Agencies and Governmental counterparts. WFP provided transport solutions to support the partners in their

\* 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.

response to the earthquake. Throughout this period, WFP was also able to organize and carry out 17 convoys to the Greater South, of which 120 vehicles participated. This service was used by 17 organisations.

### **3. Changes and Amendments**

#### **Bilateral Service Provision (BSP)**

During the implementing period, the activities for BSP which included a maritime service and convoy services which were organized with the Directorate General of Civil Protection (DGPC of its French Acronym) and OCHA, were mostly on track. WFP experienced several challenges particularly regarding organizing and carrying out the convoys meant to pass through Martissant, where gang violence prevented access to the Great South by road. In addition, it was difficult to reach the terminal (port) of Port-au-Prince by road for some time. This was also an access constraint to reach the terminal and use the maritime service. Lastly, a fuel crisis deeply affected the entire country for weeks, from mid-October to mid-November 2021, affecting humanitarian operations.

\* 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.

#### 4. Number of People Directly Assisted with CERF Funding\*

<b>Sector/cluster</b>	Common Services - Logistics									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Host communities	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Other affected people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>[Fill in]</b>	<b>[Fill in]</b>	<b>[Fill in]</b>	<b>[Fill in]</b>	<b>[Fill in]</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
<b>Sector/cluster</b>	Common Services - Humanitarian Air Services									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Host communities	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Other affected people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>[Fill in]</b>	<b>[Fill in]</b>	<b>[Fill in]</b>	<b>[Fill in]</b>	<b>[Fill in]</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]

\* 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

This project financed UNHAS's fixed wing and WFP's ability to provide other bilateral services such as convoys and maritime services. These services directly supported the humanitarian community and its ability to deliver aid in a safe and quick manner, bypassing dangerous neighbourhoods and reaching areas where roads were damaged due to the Earthquake. Affected populations, particularly in remote areas who would have had to travel long distance or wait for assistance, indirectly benefitted from this funding as it facilitated access to hard-to-reach communities.

## 6. CERF Results Framework

<b>Project objective</b>	Expanding WFP's common services capacity that will include transport by sea, by road and by air (UNHAS' new fixed wing aircraft)) for an effective and rapid response during the emergency in the areas most affected by the earthquake in Haiti			
<b>Output 1</b>	Humanitarian air services provided through UNHAS with a second asset, a fixed wing aircraft that will ensure faster access to reach affected areas, will reduce travel time between cities in order to provide a rapid and effective response during the emergency			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Common Services - Humanitarian Air Services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Percentage of destinations requested served	>90%	>90%	UNHAS Reports
Indicator 1.2	Number of passengers transported throughout the implementation period	1,400	4,199	UNHAS Reports
<b>Explanation of output and indicators variance:</b>		[Fill in]		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provide humanitarian air services to partners through a new fixed wing aircraft	UNHAS		
Activity 1.2	Reporting	UNHAS		
<b>Output 2</b>	Common services offered with regards to sea and road transport, ensuring access to the South in a coordinated and effective manner			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Common Services - Logistics			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Percentage of request served against requested	90%	100%	WFP
Indicator 2.2	Total of number of convoys coordinated to go to the affected areas throughout the implementation period	20	17	WFP

<b>Explanation of output and indicators variance:</b>		The ability to carry out convoys was contingent on the security situation and was affected by long period of fuel shortages.
Activities	Description	Implemented by
Activity 2.1	Provide Bilateral Services Provisions for free to users	WFP
Activity 2.2	Reporting	WFP

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>16</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>17</sup>:

WFP's first accountability is to food insecure people who are the primary actors in their own survival and protection. Through an AAP approach, WFP ensured delivery strategies that were safe for those most at risk based on their gender, age and place of residence. In this regard, with the use of bilateral services and UNHAS, WFP ensured that humanitarian actors were able to access to hard-to-reach areas bypassing structural damage from the earthquake.

### b. AAP Feedback and Complaint Mechanisms:

During the earthquake response, WFP has made accessible the means for affected people to voice their complaints and provide feedback on areas relevant to operations in a safe and dignified manner. WFP reinforced CFM in an integrated dynamic by: Switching from a national hotline from a long to a short number (8811) in a configuration that allows affected populations to reach WFP free of charge from the two operational networks. The hotline's information was displayed in UNHAS's assets, to make sure that users were aware of the hotline and how to access it.

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

PSEA remains at the forefront of WFP's activities. All WFP staff have been sensitised to the PSEA policy and on how to apply the procedures. WFP Haiti displayed its hotline's information on the UNHAS helicopter and fixed wing where users are encouraged to call in case of SEA or other complaints. The process is swift, confidential and with a clear victim-centred approach and WFP staff is trained to appropriately respond should a report be.

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

N/A

### e. People with disabilities (PwD):

<sup>16</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. 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](#).

<sup>17</sup> 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](#).

N/A

**f. Protection:**

N/A

**g. Education:**

N/A

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

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.

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.

[Fill in]

### 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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
Tweet on use of UNHAS in Earthquake Response	<a href="https://twitter.com/WFP_Haiti/status/1471863298698227712?s=20&amp;t=rc84sJYfuUMQleB4f9MisA">https://twitter.com/WFP_Haiti/status/1471863298698227712?s=20&amp;t=rc84sJYfuUMQleB4f9MisA</a>
Thank you tweet for CERF on UNHAS & BSP funding	<a href="https://twitter.com/WFP_Haiti/status/1451182016263766018?s=20&amp;t=rc84sJYfuUMQleB4f9MisA">https://twitter.com/WFP_Haiti/status/1451182016263766018?s=20&amp;t=rc84sJYfuUMQleB4f9MisA</a>
WFP responds to tremors caused by the security crisis in Haiti	<a href="https://www.wfp.org/stories/wfp-responds-tremors-caused-gang-violence-haiti">https://www.wfp.org/stories/wfp-responds-tremors-caused-gang-violence-haiti</a>



### 3.8 Project Report 21-RR-WHO-024

1. Project Information							
Agency:		WHO		Country:		Haiti	
Sector/cluster:		Health		CERF project code:		21-RR-WHO-024	
Project title:		Emergency health assistance to earthquake victims in Southwestern Haiti					
Start date:		14/08/2021		End date:		13/02/2022	
Project revisions:		No-cost extension <input checked="" type="checkbox"/>		Redeployment of funds <input checked="" type="checkbox"/>		Reprogramming <input type="checkbox"/>	
Funding	Total requirement for agency’s sector response to current emergency:					US\$ 8,600,000	
	Total funding received for agency’s sector response to current emergency:					US\$ 1,750,000	
	Amount received from CERF:					US\$ 1,750,000	
	Total CERF funds sub-granted to implementing partners:					US\$ 0	
	Government Partners					US\$ 0	
	International NGOs					US\$ 0	
	National NGOs					US\$ 0	
	Red Cross/Crescent Organisation					US\$ 0	

## 2. Project Results Summary/Overall Performance

Through this CERF grant, along with funds from other donors, PAHO/WHO was able to support the Ministry of Public Health and Population (MSPP) to rapidly save lives and coordinate the overall health response through the following interventions: the provision of over 80 tons of essential and specialized medical and health supplies and equipment for emergency obstetrical and neonatal care, trauma care, surgical care and orthopaedic treatment and rehabilitation of injured patients to 73 hospitals and health centres involved in the response, benefitting at least 12,763 wounded people, and 49 maternity wards and health facilities that provide prenatal consultations and childbirth services in the affected area, supporting 20,434 pregnant women; the support to the National Ambulance Center (CAN) allowed the safe and quick transfer of 453 people to Port-au-Prince to ensure adequate care; the deployment and coordination of 18 Emergency Medical Teams that supported the response and provided specialized and essential health services to 35,608 people in the affected areas.

By request of the MSPP, lab reagents and materials were purchased by this contribution to support the National Blood Bank for 3 months and ensure blood testing and the continuation of blood donations.

To support the continuation of health services in the affected departments, rapid repairs were provided to 9 health facilities and WASH evaluations were conducted to 26 health facilities, following which, WaSH materials (sprayers, gloves, trashcans, safety boxes, aprons, among others) were provided to 44 health facilities (10 in the Grand'Anse, 12 in Nippes, 22 in Sud).

Additionally, a trainer of trainers was conducted by an expert from PAHO headquarters to PAHO/WHO personnel and staff from the Department of Epidemiology, Laboratories, and Research (DELR) to allow implementation of EWARS on the field. The EWARS Program was implemented in the three affected departments of Grand-Anse, Nippes and Sud. About 106 events/phenomena under surveillance were reported, including fever, acute watery diarrhoea, acute bloody diarrhoea, acute flaccid paralysis, and influenza, among others. 3,527 people benefitted from this activity (alerts investigated concern around 636 people, 1,410 people sampled for COVID, and 1,481 people

sampled for diarrheal diseases). Furthermore, 3 additional labo-moto nurses were recruited and trained to collect specimens for COVID-19, diarrheal disease, and malaria in the affected departments, including shelters, and a total of 1,410 specimens for COVID and 1,481 diarrheal samples for culture were collected and transferred to laboratories for testing. 10,000 Pan bio rapid tests were distributed to 3 departments using PAHO contingency stocks, 9,000 additional nasopharyngeal Panbio COVID-19 rapid tests were procured and distributed, and 2,600 GeneXpert cartridges for PCR testing, an ultra-low freezer for specimen storage, and a Sterilmatic autoclave were procured and delivered to the National Laboratory of Public Health to increase the MSPP laboratory testing capacity.

Furthermore, this grant supported the reproduction and dissemination of information, education, and communication materials on mental health and psychosocial support (MHPSS) and blood donation; the elaboration of training materials for psychological first aid (PFA), used during a training of trainers in October 2021 and February 2022, benefitting 40 healthcare workers and 1,237 community health workers (ASCP) in the 3 affected departments. In addition, 60 midwives and 200 school directors and teachers were trained to provide PFA in the Sud department; 20 staff responsible of 9 assembly points for the displaced populations in the Grand'Anse were trained on PFA; and a training of trainers in mental health global action plan (mhGAP) in emergency response was conducted with the participation of 44 healthcare providers (16 GA, 16 Sud and 12 Nippes) benefitting 91 healthcare centres (63 in the Sud, 16 in the GA and 12 in the Nippes). This grant also facilitated the supervision of mental health activities by the departmental mental health focal points in 33 sites in the affected departments (23 in Sud, 6 in GA and 4 in Nippes) leading to the reporting of 216 cases of mental health distress for various causes. The CERF also supported the training and induction of 150 ASCP, 18 polyvalent assistant nurses (AIP) and 2 polyvalent nurses (IP) to conduct the census of families in the communities they serve in the Sud in April; and the coordination of different organizations providing mental health interventions in the 3 affected departments (2 in the Nippes, 13 in the GA and 11 in the Sud).

Overall, 122 health facilities and an estimated 72,332 people, including internally displaced people and pregnant women, benefitted from the actions supported by this grant through sustained care delivery and access to information and critical services for the victims of the earthquake.

### 3. Changes and Amendments

Although the project's technical implementation had been progressing satisfactorily, and many of the targeted objectives had already been reached by December 2021, a series of concomitant external factors contributed to delays in the completion of activities. The delivery of health humanitarian assistance following the earthquake was challenging given the complexity of the operational and political context in Haiti, further compounded by the continued impact of the COVID-19 pandemic, and the security situation in the country and a severe fuel crisis that became critical in October 2021, hindering operational capacities and activities on the field and at central level, not only for PAHO/WHO but by all the actors involved in the response (MSPP, partners, etc.). The COVID-19 pandemic also brought important disruptions in the global supply chain and international availability of medicines and medical supplies, resulting in global shortages of critical medical commodities and important delays in deliveries of internationally procured items. As a result, the procurement and distribution of specialized orthopaedic equipment and other essential medical equipment have been severely delayed due to the lack of availability of these items in the international.

Another major challenge came in late December, when Humanité et Inclusion (HI), our implementing partner, informed PAHO/WHO that they would no longer be accepting this contribution as they did not feel they would have enough time to implement the proposed activities, even if a no-cost extension was requested and granted. Therefore, PAHO/WHO needed more time to implement the activities and funds originally planned to be allocated to HI. In parallel, the needs in the departments, mainly concerning health facilities rapid repairs and the mental health and psychosocial support needed by healthcare personnel and the local population were underestimated. Therefore, the funds initially earmarked to be transferred to HI were redeployed to provide additional support in these essential areas, through activities already carried out directly by PAHO/WHO.

In this context, in December 2021, PAHO requested and was granted a three-month no-cost extension and reprogramming of funds for the project implementation period until 13 May 2022 to facilitate the proper completion of pending activities.

#### 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	1,834	1,693	0	0	3,527
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	20,986	9,961	10,074	5,339	46,360	40,830	15,849	8,183	3,943	68,805
<b>Total</b>	<b>20,986</b>	<b>9,961</b>	<b>10,074</b>	<b>5,339</b>	<b>46,360</b>	<b>42,664</b>	<b>17,542</b>	<b>8,183</b>	<b>3,943</b>	<b>72,332</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	18	30	2	4	54

\* 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

Based on the interventions carried out under this CERF project aimed at recuperating and rapidly scaling-up surveillance networks and care delivery capacity to provide lifesaving assistance to the victims of the earthquake and mitigate the negative impact of the seism on the affected community members, it is considered that the population of the 3 departments affected by the earthquake, 1,658,424 people, indirectly benefited from the activities carried out under this project. The training received by community health workers on psychological first aid provided means to continue addressing mental health issues, support rapid detected and followed up; rapid repairs to health facilities allowed for the overall population of these communities to continue receiving health services from damaged health facilities, the support and expansion of surveillance system in affected communities after the earthquake strengthened the capacity of departmental epidemiologists to rapidly detect and alert on events under surveillance to support outbreak detection, management and control.

## 6. CERF Results Framework

Project objective	Save lives and mitigate the public health impact of the 7.2 magnitude earthquake on the Haitian population through the timely and well-coordinated provision of health emergency assistance to vulnerable populations located in the communities most affected by the earthquake.			
Output 1	Children, girls, adolescents, men and women living in areas affected by the earthquake and in need of urgent medical care are provided with timely emergency care assistance			
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	H.7 Number of functional health facilities supported (health facilities receiving medicines, medical and health supplies)	56	122	Donation receipts and Distribution lists
Indicator 1.2	Number of victims attended by local health facilities or medically evacuated by the CAN to a functioning health facility (at least 80% of injured people)	9,600	68,805	Wounded people treated by health facilities, pregnant women treated in maternity wards, people treated by EMT's and people transferred by CAN reported.
Indicator 1.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (community health agents sensitized about mental health consequences of disasters and trained to provide psychologist first aid)	20,000	18,080	Training reports, supervision, and coordination meeting reports
Indicator 1.4	H.7 Number of functional health facilities supported (Number of damaged health facilities benefitting from rapid repairs)	5	9	Completion certificates, reports, photos.
Explanation of output and indicators variance:		[Fill in]		
Activities	Description		Implemented by	

Activity 1.1	Procurement of medicines, medical and health supplies and equipment for trauma care, surgical care and orthopaedic treatment and rehabilitation of injured patients	PAHO/WHO
Activity 1.2	Temporary storage, transportation and distribution of medicines, medical and health humanitarian supplies and equipment	PAHO/WHO, Departmental Health Directorates
Activity 1.3	Logistics and operational support to the CAN for the transfer of severely injured and other critically ill patients	PAHO/WHO, CAN
Activity 1.4	Reproduction and dissemination of information, education, and communication (IEC) materials on MHPSS and blood donation	PAHO/WHO, Departmental Health Directorates, National Program for Blood Safety (PNST) and Departmental Emergency Operation Centres
Activity 1.5	Rapid refresher of community health agents in psychosocial first aid for support and in referral of cases	PAHO/WHO, Health Directorate Focal points for mental health and the MSPP Mental Health Unit.
Activity 1.6	Operational and logistic support to the deployment of surge medical and public health professionals to affected areas	PAHO/WHO, MSPP
Activity 1.7	Implement rapid repairs in damaged health facilities starting with the recovery of vital lines (electricity, water supply, sanitation and critical services (emergency rooms, operating rooms, etc.)	PAHO/WHO, Departmental Health Directorates and Directorate for the Organization of Health Services of MSPP (DOSS)

Output 2	Disease surveillance and outbreak control interventions intensified to prevent transmission of epidemic-prone diseases in affected areas			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of displaced people with COVID-19 symptoms in shelters that were sampled	2,000	1,410	Report EWARS DELR/MSPP
Indicator 2.2	Number of epidemic alerts with a completed field investigation	60	106	Report EWARS DELR/MSPP
Indicator 2.3	Number of individuals in shelters or temporary settlement camps with diarrheal disease who are sampled in the 6 months project at the community level	350	1,481	Report EWARS DELR/MSPP
Explanation of output and indicators variance:		Shelters were closed before reaching the targets previewed		
Activities	Description	Implemented by		
Activity 2.1	Implementation of syndromic surveillance system (EWARS) in displaced people shelters to monitor epidemic diseases and outbreaks.	PAHO/WHO, DELR/MSPP, DEPARTMENTAL HEALTH DIRECTORATES		
Activity 2.2	Procure and apply by Labo-moto nurses COVID-19, diarrheal disease and malaria tests in mass gathering areas in quake-affected areas at increased risk of	PAHO/WHO, DELR		

	disease outbreak in post-earthquake deteriorated living conditions (shelters, temporary settlements, etc)	
Activity 2.3	Increase lab diagnosis capacity through the purchase of reagents and materials needed for the collection, transportation and lab testing of samples from suspected COVID-19 cases	PAHO/WHO, DELR/MSPP, LNSP/MSPP

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>18</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>19</sup>:

Following the humanitarian principles, PAHO strictly adheres to the Do no harm principle by designing and implementing strategies that are culturally and context sensitive to avoid exposing people to additional risks throughout actions. PAHO remains politically neutral, and exercise transparency and accountability to its Member States and target populations. Actions in the field are implemented recognizing the potential negative effects of interventions and assessment processes are followed to take them into consideration. This principle is also one of the standards of the EMT initiative to ensure ethical and appropriate care adapted to the local norms and culture of the country receiving EMTs.

### b. AAP Feedback and Complaint Mechanisms:

PAHO operates an online helpline through which individuals can report complaints or wrongdoing. These reports are anonymous and reviewed by PAHO's independent investigation office. Beyond its helpline, PAHO does not have a direct decentralized complaints procedure for use by beneficiaries receiving aid at country level, due to the nature of PAHO's work which normally implies direct coordination with and support to the local governmental entities or other humanitarian organizations, through which feedback and complaints are received. However, PAHO and its co-partners promote the strengthening of community communication and feedback channels that allow to evaluate the relevance of the assistance provided and to improve the development and implementation of the proposed actions from a gender, age, and ethnic perspective; evidencing the negative effects of the context that can be identified and mitigated.

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

PAHO is part of the PSEA task force as a UN agency and has put in place a mechanism for the prevention of sexual abuse and exploitation before and during the deployment of all the staff who were to intervene either in the field or remotely (PSEA mandatory training that has to be completed by all PAHO/WHO staff and consultants and an additional ad hoc PSEA sensitization training that was conducted with the help of headquarters after the earthquake to all staff and consultants). PAHO/WHO also reproduced 5,000 flyers and posters that were disseminated in the 3 affected departments (in the community, in the displaced sites, in health facilities that benefited from

<sup>18</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. 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](#).

<sup>19</sup> 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](#).

PAHO/WHO's support, and in the 3 Departmental Health Directorates and District Health Units (UAS) of the affected departments to communicate and raise awareness about PSEA and gender-based violence.

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

The project aimed to improve the capacity of healthcare facilities to provide comprehensive maternal health services including Gender Based Violence (GBV) through the training of healthcare providers and by providing medical equipment to maternity wards. All training prioritized female healthcare providers, community health workers, and community leaders to ensure that women in the communities served are empowered enough to advocate for women's health in rural and remote areas affected by the earthquake. Ensuring psychology first aid in the community by people from the community is a great added value for the protection of vulnerable people in general but notably for women and girls as well sexual and gender minorities.

**e. People with disabilities (PwD):**

Although not funded through this CERF Grant, wheelchairs and other mobility aids were donated to health facilities through in kind donations received from other donors, to ensure accessibility for people with disabilities.

**f. Protection:**

Citizen protection officers as well as community health workers (ASCP) and community voluntaries (ColVol) were trained in PFA and equipped to inform the affected population about the availability of mental health support if needed. These community health workers were also habilitated to provide a first response and to detect the risk and refer for appropriate support and/or treatment. Additionally, ASCP were trained and equipped to disseminate health messages in their community and to conduct a demographic survey of the population they serve to be able to protect them in case of an event.

**g. Education:**

Although no specific education activities were previewed through this CERF Grant, capacity building on psychosocial first aid (PFA) was conducted for at least 40 healthcare personnel, 1,273 community health workers and 60 midwives to support the psychosocial interventions proposed in this intervention. Furthermore, 200 school directors and teachers were trained to provide PFA in the Sud department to children.

## **8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	No	N/A

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.

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.

Based on PAHO's mandate and the proposed humanitarian response interventions in Haiti, Cash and Voucher Assistance were not considered relevant to address the urgent health response needs in the targeted areas of intervention. Health interventions under this sector will support institutional capacity of healthcare facilities in areas most impacted by the earthquake to provide an agile response to the growing health needs of the affected communities, starting with lifesaving surgical and trauma care. The proposed interventions do not require financial incentive to modify or support behaviour or remuneration for work to be performed.

**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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
Réponse post-séisme : L'OPS/OMS apporte son appui au relèvement des populations et du système de santé en Haïti	<a href="https://www.paho.org/fr/histoires/reponse-post-seisme-lopsoms-apporte-son-appui-au-relevement-des-populations-et-du-systeme">https://www.paho.org/fr/histoires/reponse-post-seisme-lopsoms-apporte-son-appui-au-relevement-des-populations-et-du-systeme</a>
Evaluations WASH à Camp-Perrin	<a href="https://www.facebook.com/OPSOMSHaiti/posts/4523845450970225">https://www.facebook.com/OPSOMSHaiti/posts/4523845450970225</a>
Visite représentants UN zone affectée	<a href="https://www.facebook.com/OPSOMSHaiti/posts/4508824039139033">https://www.facebook.com/OPSOMSHaiti/posts/4508824039139033</a>
Lutte COVID dans la réponse au séisme	<a href="https://www.facebook.com/OPSOMSHaiti/posts/4493031420718295">https://www.facebook.com/OPSOMSHaiti/posts/4493031420718295</a>
Distribution des médicaments HUP	<a href="https://www.facebook.com/OPSOMSHaiti/posts/4489977234357047">https://www.facebook.com/OPSOMSHaiti/posts/4489977234357047</a>
Distribution des médicaments Grand Sud	<a href="https://www.facebook.com/OPSOMSHaiti/posts/4476534339034670">https://www.facebook.com/OPSOMSHaiti/posts/4476534339034670</a>
Mise en place EWARS Grand Sud	<a href="https://www.facebook.com/OPSOMSHaiti/posts/4476504279037676">https://www.facebook.com/OPSOMSHaiti/posts/4476504279037676</a>
Evacuation de victimes	<a href="https://www.facebook.com/watch/?v=970728917040479">https://www.facebook.com/watch/?v=970728917040479</a>
Déploiement des équipes OPS/OMS	<a href="https://www.facebook.com/OPSOMSHaiti/posts/4438293692858735">https://www.facebook.com/OPSOMSHaiti/posts/4438293692858735</a>



### 3.9 Project Report 21-RR-UDP-005

1. Project Information			
Agency:	UNDP		Country: Haiti
Sector/cluster:	Common Services - Safety and Security	CERF project code:	21-RR-UDP-005
Project title:	Additional security support for expansion of the humanitarian operations in specific area in Haiti		
Start date:	08/10/2021	End date:	07/04/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 0
	Total funding received for agency's sector response to current emergency:		US\$ 211,303
	Amount received from CERF:		US\$ 211,303
	Total CERF funds sub-granted to implementing partners:		US\$ [0]
	Government Partners		US\$ [0]
	International NGOs		US\$ [0]
	National NGOs		US\$ [0]
Red Cross/Crescent Organisation		US\$ [0]	

## 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNDSS and its partners provided materials and equipment to support the establishment of a radio network for security communications in Jérémie and les Cayes which helped in the assistance of approximately 19,000 people women and children. The support from UNDSS contributed to the improvement of security communications in the south region where approximately 39 humanitarian partners. 18 convoys from 36 partners consisting of 213 vehicles were involved in the transportation of humanitarian aid to Les Cayes

[https://www.etcluster.org/sites/default/files/documents/ETC%20Haiti%20Sitrep%205\\_20\\_September\\_2021.pdf](https://www.etcluster.org/sites/default/files/documents/ETC%20Haiti%20Sitrep%205_20_September_2021.pdf)

From September to November 2021, the project allowed UNDSS to work with ETC and other UN agencies on the ground to ensure the implementation of security communications services are in line with UN security communications standards and requirements. This was achieved during the period of increased insecurity on the national road to the South which exceeded any previous planning figures.

## 3. Changes and Amendments

No Amendment was approved by CERF. The activities or targets remained the same as defined in the original allocations. With the current security situation in Haiti especially Port -au-Prince, which is under Security Level 4, the UN Security assets are already over stretched. The redeployment and engagement of large members of the Haitian National Police Force to provide security to the Humanitarian Response also means less capacity in the capital. It can be anticipated that criminal gangs operating in Port Au Prince will exploit this situation and increase their activities. In addition, many additional UN Staff deployed for the surge will remain in Port-au-

Prince and others will frequently travel through Port-au-Prince. The risk exposure to UN Staff is significant and requires the presence of adequate UN Security resources in Port-au-Prince. Haiti is still facing a high-level of deterioration of the socio-economic, political and security context. This has led to situations of human capital leaving the country and to recurrent security problems, robberies and kidnapping. Challenges include access to the sites due to security and fuel issues, lack of technical capacities to be hired due to human capital leaving the country to go abroad.

These key challenges have caused some delays:

- Fuel shortage crisis has impacted the operation of offices and operational capacities
- Qualification level of potential candidate is quite low and does not meet the basic profile requirement
- The only one candidate that succeeded through the recruitment process turned down the salary offer

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Common Services - Safety and Security									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Host communities	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Other affected people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>[Fill in]</b>	<b>[Fill in]</b>	<b>[Fill in]</b>	<b>[Fill in]</b>	<b>[Fill in]</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]

\* 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

Support on security strengthening has been provided to approximately 39 humanitarian partners. 18 convoys from 36 partners consisting of 213 vehicles that have transported humanitarian aid to Les Cayes.

## 6. CERF Results Framework

Project objective	Create an appropriate security structure which will meet the security requirements of the humanitarian operation, enabling effective delivery of vital assistance.			
Output 1	Ensure the implementation of people-centered SRM approaches whereby security assessments and resultant security measures and procedures are guided by a nuanced evaluation of specific threats or vulnerabilities of personnel supporting diversity and inclusion.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Common Services - Safety and Security			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	CS.6 Number of Security Risk Assessments conducted	6	3	Reported to CSA office
Indicator 1.2	CS.7 Number of security updates and/or reports shared with HCT (24 weekly analytical reports and advisories issued)	24	14	Reported to CSA office
Indicator 1.3	Increase security information sharing and cooperation on security issues through regular security briefings at UN Security Cell and INGOs meetings in the Saving Life together framework.	24 - weekly briefings provided at Security Cell and INGO meetings	12	Reported to CSA office
Indicator 1.4	Number of ASMT conducted (on bi weekly basis)	12	None	Reported to CSA office
Indicator 1.5	Number of AS-Cell conducted (on weekly basis)	24	11	Reported to CSA office
Explanation of output and indicators variance:		Negative variance due to impossibility to recruit planned personnel (P4 and 2 LSA during the period) figures reflect what has been implemented by the single Existing DSS LSA already in place in Las Cayes.		
Activities	Description		Implemented by	
Activity 1.1	Undertake the SRM and RSM process for all locations in the area where personnel employed by UNSMS organizations and their eligible family members are present.		Existing DSS LSA Les cayes	
Activity 1.2	Prepare, maintain and update area-specific security plans and security listings of personnel employed by organizations of the United Nations system and their eligible family members.		Existing DSS LSA Les cayes	
Activity 1.3	Adviser to, and support the Areas Security Coordinator (ASC) /ASMT on all aspects of security management,		Not implemented as the ASC structure has not been in place due to lack of personnel	

	crisis readiness and preparedness and in the execution of their responsibilities with regard to the security of UNSMS personnel.	
Activity 1.4	Establish and hold unforeseen/ last minute and security support briefings and security coordination at UN/INGO/ HoG meetings – built effective security cooperation through networking with relevant actors and national authorities.	Existing DSS LSA Les cayes
Activity 1.5	Establish effective security information collection and reporting mechanisms rather than the regular ones. Compile and share last minute situation reports, and/or or any other tool (radio/SMS/Signal/mail/eTA) to assist last minute demands and/or unpredictable incidents/demands.	Existing DSS LSA Les cayes

Output 2	Ensure security awareness of all staff coming in the area and tracking of movements in the area.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Common Services - Safety and Security			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of UN missions carried out with the support of the FSCOs/ LSAs from agencies in the area (assessment, implementation and monitoring phase)	75% as per humanitarian priorities.	50%	Reported to CSA office
Indicator 2.2	# number of road assessment missions implemented	at least 12 (two per month)-	8	Reported to CSA office
Indicator 2.3	# number of meeting with local authorities on the ground	At least 24 (weekly basis) in the security concern of UN presence/ missions in South Area.	18	Reported to CSA office
Explanation of output and indicators variance:		Negative variance due to impossibility to recruit planned personnel (P4 and 2 LSA during the period) figures reflect what has been implemented by the single Existing DSS LSA already in place in Las Cayes.		
Activities	Description	Implemented by		
Activity 2.1	Liaison with the local authorities and key stakeholders.	Existing DSS LSA Les cayes		
Activity 2.2	Participation in UN missions and roads assessment	Existing DSS LSA Les cayes		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>20</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

**a. Accountability to Affected People (AAP)<sup>21</sup>:**

With the current security situation in Haiti especially Port-au-Prince, which is under Security Level 4, the UN Security assets are already over stretched. The redeployment and engagement of large members of the Haitian National Police Force to provide security to the Humanitarian Response also means less capacity in the capital. It can be anticipated that criminal gangs operating in Port Au Prince will exploit this situation and increase their activities. In addition, many additional UN Staff deployed for the surge will remain in Port-au-Prince and others will frequently travel through Port-au-Prince. The risk exposure to UN Staff is significant and requires the presence of adequate UN Security resources in Port-au-Prince

**b. AAP Feedback and Complaint Mechanisms:**

Green line has been made available for Complaints from targeted groups during the project implementation.

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

In the aftermath of the quake, health and protection interventions must ensure access to critical services for sexual and reproductive health (SRH) and protection against sexual exploitation and abuse (PSEA) as well as sexual and gender-based violence (SGBV). Preliminary rapid gender assessments have highlighted a rise in incidents and risks of SGBV, as assembly points sheltering displaced people lack electricity, showers and toilets as well as adequate health infrastructure, while health centres and hospitals providing services for GBV survivors in affected areas have been severely damaged. Streamlining gender considerations is pivotal to ensuring an accountable, well-targeted, transparent and gender-sensitive response effort that addresses the differentiated needs of the most vulnerable groups. Coordinated efforts continue on the establishment of system-wide collective community feedback and gender-sensitive complaint mechanisms that properly handle potential cases of sexual exploitation and abuse. A Zero Tolerance UN telephone line (3702-6516) and email address (Report-UN-Haiti@un.org) have already been activated but further effort is required to harmonize them other initiatives and channels, assuring all actors are using similar standard operating procedures, following up appropriately and systematically closing the feedback loop together with affected communities. <https://digitalcommons.fiu.edu/cgi/viewcontent.cgi?article=1854&context=srhreports>

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

[Fill in]

**e. People with disabilities (PwD):**

[Fill in]

**f. Protection:**

[Fill in]

<sup>20</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. 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](#).

<sup>21</sup> 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](#).

## g. Education

[Fill in]

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

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.

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.

[Fill in]

### 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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

### 3.10 Project Report 21-RR-FPA-027

1. Project Information			
Agency:	UNFPA	Country:	Haiti
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	21-RR-FPA-027
Project title:	Prevention and response to gender-based violence and incidents of sexual exploitation and abuse in the departments affected by the earthquake		
Start date:	11/10/2021	End date:	10/04/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Fun ding	Total requirement for agency's sector response to current emergency:		US\$ 9,200,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,300,000
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 190,500
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 190,500
	Red Cross/Crescent Organisation		US\$ 0

## 2. Project Results Summary/Overall Performance

UNFPA and its partners provided basic GBV services (case management, psychosocial support, clinical management of rape, etc.) to 3,000 targeted people in 4 safe spaces created and/or rehabilitated in the area affected by the earthquake. 22 frontline humanitarian workers benefited from training sessions on the IASC guidelines for the integration of GBV interventions in their humanitarian actions, 17,409 people benefited from different types of services including through the referral pathways, including 5,456 in Nippes, 7,318 in the south and 3,087 in Grand'Anse. In addition, 651 people benefited from emergency reproductive health kits (including post-rape and vaginal tear kits) and 1,000 people received menstrual hygiene management kits and dignity kits. Moreover, 600 survivors and women at risk of GBV have benefited from cash to strengthen their resilience and their economic capacity and 105 frontline humanitarian workers (including staff from implementing partners) received refresher training on prevention of sexual exploitation and abuse (PSEA). 12 community sensitization sessions have been conducted in 12 communes in the three departments on PSEA and existing complaint mechanisms.

UNFPA provided six health institutions with inter-agency reproductive health kits and strengthened the capacity of medical staff on the clinical management of violence against women and girls including sexual violence or rape with the aim to improve the quality of care.



This project has also provided technical and financial support to MCFDF to reactivate/strengthen three (3) coordination mechanisms, one in each department (Sud, Nippes and Grand'Anse), with an average participation of 15 stakeholders in each meeting<sup>22</sup>. The GBV sectoral coordination mechanisms has not only strengthened the coordination role of the MCFDF but has favoured better synergies in the actions of local and international organisations contributing to the prevention and response to GBV and PSEA. Stakeholders are from various institutions involved in GBV management at departmental level, such as UN agencies, INGO, NNGO, women-led organization, government entities and community-based organisations. In addition, UNFPA's technical team, in collaboration with the MCFDF departmental coordination and humanitarian actors, through the GBV sub sectors have developed a map of existing GBV/SEA services, which allowed us to produce and disseminate three referral pathways for GBV/SEA case management. Four (4) safe spaces have been created and rehabilitated in three departments to provide assistance to girls and women at risk of survivors of GBV. They are managed by a community-based organization who received training on Safe space management, GBV case management and the referral pathways.

These actions have reinforced the capacity of local stakeholders in prevention and response of GBV and also increased access of integrated SRH and GBV services to the population in the departments affected by the earthquake.

### **3. Changes and Amendments**

The project activities were implemented as planned in the three departments affected by the earthquake. Many crises and challenges have affected the implementation and movements of goods, supplies, essentials, drugs, and kits from the West department to the field. However, the office adapted its delivery strategy and made the decision to deploy field staff in each department to overcome challenges and therefore increase the support Implementing partners and MCFDF to ensure the achievement of results. No substantial changes to the project and the original plan were necessary, but UNFPA paid particular attention to the implementation of the project to assist beneficiaries whose basic social needs remain quite high.

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<sup>22</sup> Terms of reference of the GBV subsector and meeting minutes are in annex

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection - Gender-Based Violence									
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	6,000	220	6,700	230	13,150	7,490	3,396	6,687	537	18,110
Host communities	300	110	250	110	770	381	817	259	274	1,731
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>6,300</b>	<b>330</b>	<b>6,950</b>	<b>340</b>	<b>13,920</b>	<b>7,871</b>	<b>4,213</b>	<b>6,946</b>	<b>811</b>	<b>19,841</b>
<b>People with disabilities</b>										
<b>(PwD) out of the total</b>										
	12	5	8	5	30	63	8	10	0	81

\* 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 project indirectly reached beneficiaries through an integrated awareness campaign on SRH, STI/HIV/AIDS prevention and gender-based violence in the Nippes, South and Grand-Anse departments. Thus, a total of 15,861 people were reached by the awareness messages on the campaign's themes as well as on the existence of HIV, STI/HIV/AIDS and GBV services in health and protection institutions. From this total, 961 girls and 811 boys aged 10 to 14 years old, 2,311 adolescent girls and 1,726 adolescent boys aged 15 to 19 have been reached through sensitization directly at schools, 2, 172 females and 1, 494 males aged 20 to 24 years and 3667 women/2719 men 25 years and older have been reached during community discussion, messages dissemination and awareness from the team and partners. An increase in the level of attendance and use of services at the sites was observed, including 1,548 people who received services from institutions working in the field of protection (GADES/SOFA, Kay Fanm and Kay Lako).

## 6. CERF Results Framework

Project objective	Strengthen the coordination and availability of GBV prevention and response services as well as prevention and response to incidents of sexual violence and abuse (SEA) in the three affected departments				
Output 1	Strengthening GBV coordination at departmental level in accordance with IASC guidelines				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Gender-Based Violence				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of mechanisms strengthened to ensure key coordination functions.	3	3	Term Of Reference (TOR) of the coordination mechanisms, meeting minutes, list of members/stakeholders, photos.	
Indicator 1.2	Number of referral pathways established and regularly updated	3	3	Referral pathways documents available for each department	
Indicator 1.3	Number of people benefitting from referral pathways	6900	17409	Reports from IPs/ AREV	
Indicator 1.4	Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (people benefitting from capacity building sessions on GBV integration into the sectors and who implement an action plan)	12	22	TORs of training, training report, list of attendees and photos.	

<b>Explanation of output and indicators variance:</b>		NTR
Activities	Description	Implemented by
Activity 1.1	Recruitment and deployment of three GBV project officers in the affected departments to strengthen the coordination mechanism and the programming of GBV interventions	UNFPA
Activity 1.2	Planning of periodic coordination meetings at the departmental level	UNFPA/ MCFDF
Activity 1.3	Conduct mapping of available services, assessments, and analysis of challenges in establishing referral pathways for GBV survivors	MCFDF, UNFPA, URAMEL, SOFA, GADES
Activity 1.4	Capacity building of sector members to mainstream GBV prevention and response activities into their interventions	MCFDF, UNFPA, URAMEL

**Output 2** Strengthening integrated GBV service delivery and GBV case management

<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people benefitting from core GBV services (e.g. case management, psychosocial support, clinical management of rape and post-exposure prophylaxis, etc.)	3000	3161	Report from IPs (Kay Fanm, GADES/SOFA), health institutions in Grand-Anse, South and Nippes
Indicator 2.2	Number of safe spaces constructed or rehabilitated	3	4	Report from IPs, Launching of the safe spaces and Photos.
Indicator 2.3	Number of people benefiting from services enabled by inter-agency emergency reproductive health kits(including post-rape and vaginal tear kits)	600	651	SISNU report from the three departments affected by the earthquake.
Indicator 2.4	Number of inter-agency emergency reproductive health kits delivered (Kits #3, #5 and #9 – 3 of each)	9	9	Delivery slips

Indicator 2.5	Number of people benefiting from menstrual hygiene management kits and/or dignity kits (	1000	1000	Distribution plan and report from partners
Indicator 2.6	Number of menstrual hygiene management kits and/or dignity kits distributed	1000	1000	Distribution plan and report from partners
Indicator 2.7	Number of the most vulnerable disaggregated by sex, age and disability benefiting from cash assistance for economic empowerment	600	600	Activity report, list of beneficiaries from partner (H2H)
Indicator 2.8	Number of health institutions supported by inter-agency reproductive health kits and capacity reinforced for clinical management of sexual violence	6	6	Delivery slips

**Explanation of output and indicators variance:**

Indicator 2.2: Due to the resurgence of violence in the Grand'Anse department, decisions have been taken to maximize the resources and create 1 safe space and rehabilitate 3. This decision has allowed UNFPA to reach 4 safe space instead of 3

Activities	Description	Implemented by
Activity 2.1	Refresher training for GBV case management services, medical and psychosocial care for GBV victims in health facilities	MCFDF, UNFPA, URAMEL, SOFA, Heart to Heart, GADES, Ministry of Health
Activity 2.2	Refresher training of safe spaces members for the multi-sectoral management of GBV cases based on the standards	MCFDF, UNFPA, URAMEL, SOFA, Heart to Heart, GADES
Activity 2.3	Procurement and distribution of inter-agency reproductive health kits, including post-rape kits and kits for the management of vaginal tears	UNFPA, Ministry of Health
Activity 2.4	Procurement of basic and protective kits to support the most vulnerable people, including survivors of physical and sexual violence (dignity kits and solar lamps)	UNFPA, MCFDF
Activity 2.5	Support the most vulnerable people including survivors of physical and sexual violence with a \$120 economic empowerment package to cover their basic needs	Heart to Heart International, MCFDF

**Output 3** Strengthening of prevention and response actions to incidents of sexual exploitation and abuse

**Was the planned output changed through a reprogramming after the application stage?** Yes ☐ No ☒

<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Percentage of issues identified in feedback processes for which solutions are in process or close	100%	100%	Activity report from IP (Heart to Heart International)
Indicator 3.2	Number of awareness sessions conducted for PSEA as well as GBV	12 including 4 per department	12	Activity report from IP (Heart to Heart International)
Indicator 3.3	Percentage of affected people who state they are aware of the feedback and complaint mechanisms established for their use	70%	70%	Activity report from IP (Heart to Heart International)
Indicator 3.4	Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (humanitarian actors receiving induction/training on PSEA)	100	105	TORs of training, training report, list of attendees and photos
<b>Explanation of output and indicators variance:</b>		NTR		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Implement mechanisms to collect and respond to SEA incidents	Heart to Heart International along with all the partners		
Activity 3.2	Conduct awareness sessions for the Prevention of SEA incidents	Heart to Heart International along with all the partners		
Activity 3.3	Conduct training sessions on PSEA for humanitarian actors	Heart to Heart International along with all the partners		
Activity 3.4	Conduct review, assessment, and feedback sessions on PSEA and the use of the established mechanism	Heart to Heart International along with all the partners		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>23</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>24</sup>:

Accountability and communication to communities is a key element in all UNFPA projects. It involves communities in all stages of the projects, from needs assessments/community consultations for the project concept note, to monitoring field activities, to evaluating project outputs. Throughout the project, periodic meetings are organized through the implemented partners to share information about activities, collect feedback from the survivors and women/girls at risk of GBV including those living with disabilities and ensure a timely response.

Community-based organizations and government entities members of sub sectors were invited to share their feedback on activities implemented in the field. Discussion with stakeholders allowed UNFPA to use e-money services for the cash distribution component to decrease the risks that may affect beneficiaries. Three (3) focus groups were conducted with the IPs and the project beneficiaries to present the results of the project and collect the participant's feedback and/or complaints.

### b. AAP Feedback and Complaint Mechanisms:

Within the framework of this project, the partner institutions have carried out sensitization and training sessions on GBV, PSEA and accountability in order to collect and follow up on complaints. The institutions that have received these complaints have followed up on them to provide responses that correspond to their nature. The safe spaces that have been created and rehabilitated are able to receive complaints and forward them to the institutions responsible for follow-up. These answers are given in the respect of the confidentiality.

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

Within the framework of the project, women's grassroots community organizations were trained and informed on SEA/GBV and the mechanisms for prevention of sexual exploitation and abuse (PSEA). UNFPA and its partners have focused on training and informing communities (religious leaders, community, youth and women's associations, including people living with disabilities) about PSEA and the existing reporting and referral mechanisms for case management. This has already been an asset in identifying these cases of SEA. We shared with the community the complaint mechanisms that are available for the prevention of sexual abuse and exploitation, as well as calling \*740 (Heart to Heart) and (\*788) (IOM), going to health institutions (through suggestion boxes) as well as UNFPA partner institutions, without forgetting the social protection networks (through suggestion boxes) where victims can file complaints. The safe spaces/listening and counselling offices are also entry points for reporting cases of SEA and referral for treatment. These organizations follow up on the complaints they receive. During the sensitization sessions, communication materials related to PSEA were distributed, such as flyers, etc. The aim of this project is to create a culture of systematic reporting among vulnerable groups in order to restore the rights and dignity of GBV/SEA survivors.

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

The design of the project is based on the protection of women and girls and vulnerable, affected or marginalized people, including gender minorities, women and girls with disabilities, young girls in transactional sex situations, girl mothers, PLHIV, key populations, etc., without

<sup>23</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. 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](#).

<sup>24</sup> 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](#).

discrimination. The gender dimension is taken into account and is central to all UNFPA projects. This is also evident in the process of recruiting the staff of the implementing partners, which was intended to be inclusive because of the sensitivity of the issue. For example, women and girls are recruited as facilitators in safe spaces; however, male/female pairs are also formed to conduct activities in order to reach all targets, including people living with disabilities. The IEC communication material takes into account gender and inclusion aspects as a visual symbol.

The disaggregation of data by sex, age and disability also allows for an appreciation of the gender dimension. Out of the 17,409 people who directly benefited from the project's services, 10,659 beneficiaries (i.e., more than 61%) are women and girls, with more than 5% of people living with disabilities. They have benefited from sensitization and training sessions to strengthen their knowledge, their socio-economic resilience and their autonomy. They manage safe spaces and benefit from services provided by institutional and community partners, etc.

#### **e. People with disabilities (PwD):**

UNFPA advocates for an inclusive approach by leaving no one behind. UNFPA works closely with the Office of the Secretariat for the Integration of People with Disabilities (BSEIPH) and organization of people living with disabilities (OPH), including the Association of women living with disabilities in the South department which is one of the key partners. Through the CERF project, women and girls living with disabilities have benefited from training sessions on the prevention of sexual exploitation and abuse, the management of GBV cases and have also benefited from psychosocial support and cash transfers through the IPs. Two specific training sessions on PEAS have been conducted with BSEIPH in two departments (South and Grand'Anse). Thirty (30) people with disabilities were reached, including 20 women and girls and 10 men and boys. 40 women living with disabilities have received the cash transfers. They reported to the partners that, thanks to the project, they feel socially integrated and do not feel discriminated against.

#### **f. Protection:**

In order to properly design and develop the project, field work was carried out to take part with actors, partners, notables and members of the community to have a global understanding of the community and to be able to achieve the expected results. We proceeded with preliminary evaluations and exploratory surveys, took the opinion of the target populations to better understand their needs and to bring through the project elements of relevant solutions in relation to the identified needs, i.e. to define the actions that will be implemented. Different meetings were held to spread out the protection problems and hope to satisfy the vulnerable populations to bring an improvement in their living conditions.

#### **g. Education:**

In this project, UNFPA through its implementing partners contributed to the realisation of an awareness and training campaign for youth, women/girls, and vulnerable populations in the departments of South, Nippes and Grand-Anse. Through the pair-education strategy, young people have been targeted and involved in the mechanisms and awareness campaigns in their living spaces (schools, churches, youth clubs/networks, etc.). After the realisation of the sensitization and training campaign added to the other follow-ups on sensitization, the CERF project reached the following results: 15861 people of which 9475 are young people from 10 to 24 years old (5444 women/4031 men) which represents 60% of the reached populations. The notions, concepts and themes discussed were related to sexual and reproductive health, gender-based violence and prevention of sexual exploitation and abuse with the mechanisms of reporting and care in case of incident... These are interesting themes whose development and explanation are not done in the traditional school but which are essential for young people to know, especially those of the departments where the level of violence is higher.

## **8. Cash and Voucher Assistance (CVA)**

### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	600

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.



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.

The cash distribution of \$120 per person (MonCash or NatCash) allowed vulnerable beneficiaries to cover their priority needs and strengthen their economic resilience. We used cash assistance (cash transfer) where beneficiaries can withdraw their money from a MonCash or NatCash agent. UNFPA trained the partners on the CASH Voucher Assistance (CVA) approach in the integrated GBV/SSR case management, an approach advocated by UNFPA, and developed and validated with the partner. Tools and documents have been developed such as the confidentiality protocol, the note on targeting and selecting beneficiaries for cash and the risk matrix. E-money has been used to lower the risk for beneficiaries. The list has been shared by the institutions involved in case management as the CVA is a component of case management.

#### 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
Cash transfert	600	US\$ 120	Protection - Gender-Based Violence	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
GBV Referral pathway/Three departments affected by the earthquake	<a href="https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/circuit_de_reference_vbg_grand_sud_haiti_mars_2022.pdf">https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/circuit_de_reference_vbg_grand_sud_haiti_mars_2022.pdf</a>
[Présence opérationnelle (5W), sous groupe de travail VBG ]	<a href="https://www.humanitarianresponse.info/en/operations/haiti/infographic/ha%C3%AFti-dashboard-statique-5w-%E2%80%93-sous-groupe-vbg-et-suivi-des-indicateurs">https://www.humanitarianresponse.info/en/operations/haiti/infographic/ha%C3%AFti-dashboard-statique-5w-%E2%80%93-sous-groupe-vbg-et-suivi-des-indicateurs</a>
Dashboard sous-groupe VBG	<a href="https://www.humanitarianresponse.info/en/operations/haiti/infographic/ha%C3%AFti-dashboard-statique-5w-%E2%80%93-sous-groupe-vbg-et-suivi-des-indicateurs">https://www.humanitarianresponse.info/en/operations/haiti/infographic/ha%C3%AFti-dashboard-statique-5w-%E2%80%93-sous-groupe-vbg-et-suivi-des-indicateurs</a>
Haïti: Séisme 2021, Grand Sud-4W du sous-secteur, Janvier-Février 2022	<a href="https://www.humanitarianresponse.info/en/operations/haiti/infographic/ha%C3%AFti-s%C3%A9isme-2021-grand-sud-4w-du-sous-secteur-vbg-janvier-f%C3%A9vrier-2022">https://www.humanitarianresponse.info/en/operations/haiti/infographic/ha%C3%AFti-s%C3%A9isme-2021-grand-sud-4w-du-sous-secteur-vbg-janvier-f%C3%A9vrier-2022</a>
Haïti: Séisme 2021, Grand Sud-4W du sous-secteur, Octobre-Décembre 2021	<a href="https://www.humanitarianresponse.info/en/operations/haiti/infographic/ha%C3%AFti-s%C3%A9isme-2021-grand-sud-4w-du-sous-secteur-vbg-octobre-d%C3%A9cembre">https://www.humanitarianresponse.info/en/operations/haiti/infographic/ha%C3%AFti-s%C3%A9isme-2021-grand-sud-4w-du-sous-secteur-vbg-octobre-d%C3%A9cembre</a>

Safe Spaces Launching	<a href="https://muselles.org/kay-fanm-inaugure-un-espace-securise-pour-les-femmes-et-les-filles-violentees-dans-les-nippes/">https://muselles.org/kay-fanm-inaugure-un-espace-securise-pour-les-femmes-et-les-filles-violentees-dans-les-nippes/</a>  <a href="https://www.facebook.com/577408982602441/posts/pfbid0tpCpfmphpm7RKkJC2KnNfprSND1FNECQmpHunfHcrepTqYvvtgRhW7xYKYq2yYKRil/?sfnsn=m_o">https://www.facebook.com/577408982602441/posts/pfbid0tpCpfmphpm7RKkJC2KnNfprSND1FNECQmpHunfHcrepTqYvvtgRhW7xYKYq2yYKRil/?sfnsn=m_o</a>  <a href="https://m.facebook.com/story.php?story_fbid=pfbid033zAnKdMZ8jwVgdC9k1QCTHjtXvnaXyxnmymT5rmNBRnaBwVjPhTSeKRzypFJ15Lf&amp;id=100064539828371&amp;sfnsn=mo">https://m.facebook.com/story.php?story_fbid=pfbid033zAnKdMZ8jwVgdC9k1QCTHjtXvnaXyxnmymT5rmNBRnaBwVjPhTSeKRzypFJ15Lf&amp;id=100064539828371&amp;sfnsn=mo</a>  <a href="https://m.facebook.com/story.php?story_fbid=pfbid02oj1excXfJhFNQJCNmcCiScpRxUWtZ4x6LZDX4yq7Vxnus3CoYaZYh2q8bFozvyl&amp;id=100064539828371&amp;sfnsn=mo">https://m.facebook.com/story.php?story_fbid=pfbid02oj1excXfJhFNQJCNmcCiScpRxUWtZ4x6LZDX4yq7Vxnus3CoYaZYh2q8bFozvyl&amp;id=100064539828371&amp;sfnsn=mo</a>
Pictures related to activities during the project	<a href="https://drive.google.com/drive/folders/13dCLoprNzU2ovvb8jHFlityDEeJ5hZ86">https://drive.google.com/drive/folders/13dCLoprNzU2ovvb8jHFlityDEeJ5hZ86</a>
Dashboard dynamique (Power BI) de la 5W du Sous-Secteur VBG y inclus le monitoring des indicateurs du sous secteurs VBG (Grand-Sud) pour le HRP (Plan de Réponse Humanitaire) 2022	<a href="https://app.powerbi.com/view?r=eyJrIjojZjAxOWRjMjEtN2I4MC00MWWQzLWE1YzctMWEyYzU0Yzg4ZWZlZiwiCi6lZjOTBmNzA3LTUxYzgtNGY1ZC04MGRiLTBINTA5ZWYxZGE2MCIslmMiOjI9">https://app.powerbi.com/view?r=eyJrIjojZjAxOWRjMjEtN2I4MC00MWWQzLWE1YzctMWEyYzU0Yzg4ZWZlZiwiCi6lZjOTBmNzA3LTUxYzgtNGY1ZC04MGRiLTBINTA5ZWYxZGE2MCIslmMiOjI9</a>
some tweets	<a href="https://twitter.com/kabore8saidou/status/1503893516287549442?s=24">https://twitter.com/kabore8saidou/status/1503893516287549442?s=24</a>  <a href="https://twitter.com/kabore8saidou/status/1530502679281254402?s=24&amp;t=nAVjP-J0VYRePdwKLAX7YA">https://twitter.com/kabore8saidou/status/1530502679281254402?s=24&amp;t=nAVjP-J0VYRePdwKLAX7YA</a>  <a href="https://twitter.com/kabore8saidou/status/1503893516287549442?s=24">https://twitter.com/kabore8saidou/status/1503893516287549442?s=24</a>

## ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-CEF-022	Water, Sanitation and Hygiene	UNICEF	SOLIDARITES INTERNATIONAL	SI	Yes	INGO	\$100,125
21-RR-CEF-022	Health	UNICEF	Groupe Haïtien d'Études sur le Sarcome de Kaposi et Infections Opportunistes	GHEKIO	Yes	NNGO	\$41,031
21-RR-CEF-022	Health	UNICEF	ADVENTIST DEVELOPMENT AND RELIEF AGENCY	ADRA	No	NNGO	\$13,015
21-RR-CEF-022	Child Protection	UNICEF	Organisation des coeurs pour le changement des enfants demunis d'Haiti	(OCCED'H)	No	NNGO	\$109,322
21-RR-IOM-012	Protection	IOM	Institution Chrétienne d'Haiti	ICDH	No	GOV	\$20,000
21-RR-IOM-012	Camp Management	IOM	Organisation des Jeunes Unies	OJU	Yes	NNGO	\$19,400

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-CEF-034	Nutrition	UNICEF	ADVENTIST DEVELOPMENT AND RELIEF AGENCY	ADRA	No	NNGO	\$24,818
21-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	SOLIDARITES INTERNATIONAL	SI	Yes	INGO	\$100,125
21-RR-CEF-034	Health	UNICEF	Groupe Haïtien d'Études sur le Sarcome de Kaposi et Infections Opportunistes	GHESKIO	Yes	NNGO	\$41,031
21-RR-CEF-034	Health	UNICEF	ADVENTIST DEVELOPMENT AND RELIEF AGENCY	ADRA	No	NNGO	\$13,015
21-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	Office Regional Eau potable et Assainissement - Sud	OREPA SUD	Yes	GOV	\$126,580
21-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	Direction Nationale Eau Potable et Assainissement	DINEPA	Yes	GOV	\$352,705
21-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	INITIATIVE POUR LE DEVELOPPEMENT DES JEUNES	ID-Jeunes	No	NNGO	\$117,121
21-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	Office Regional Eau potable et Assainissement - Ouest	OREPA Ouest	Yes	GOV	\$45,383
21-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	Office Regional Eau potable et Assainissement - Sud	OREPA SUD	Yes	GOV	\$8,212
21-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	Direction Nationale Eau Potable et Assainissement	DINEPA	Yes	GOV	\$57,225
21-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	Direction Nationale Eau Potable et Assainissement	DINEPA	Yes	GOV	\$9,832
21-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	GOAL	GOAL	No	INGO	\$292,225
21-RR-CEF-034	Child Protection	UNICEF	Centre de Formation et de recherche psychosociale	CFRAPS	No	NNGO	\$246,145
21-RR-CEF-034	Child Protection	UNICEF	Fondation Zami Timoun	FZT	No	NNGO	\$190,000
21-RR-CEF-034	Child Protection	UNICEF	CARE Haiti	Care	No	INGO	\$200,000
21-RR-WFP-026	Food Assistance	WFP	World Central Kitchen	WCK	No	INGO	\$354,814

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-IOM-025	Camp Management	IOM	Mairie de Carrefour	MC	Yes	GOV	\$71,000
21-RR-IOM-025	Camp Management	IOM	Complexe Service Communautaire	COSECO	No	NNGO	\$80,000
21-RR-IOM-025	Camp Management	IOM	Mouvman Fanm Vizyone Dayiti	MOFAVIDA	No	NNGO	\$13,000
21-RR-IOM-025	Camp Management	IOM	Ligue Interscholaire pour le Droit l'Ecologie et de l'Economie	LIDEE	No	NNGO	\$30,000
21-RR-IOM-025	Camp Management	IOM	Konpayi Nanm Soley	KNS	No	NNGO	\$50,000
21-RR-FPA-027	Gender-Based Violence	UNFPA	Unité de Recherche et d'Action Medico Legal	URAMEL	Yes	NNGO	\$109,200
21-RR-FPA-027	Gender-Based Violence	UNFPA	Heart to Heart International	HHI	No	NNGO	\$81,300