

## Annex C. CI Emergency Pooled Funding Narrative Reporting

1. CARE office: CARE Haiti
2. CI Pooled funding Reference No. 22-01-HT01
3. Contact name: Martin Dickler
4. Contact position: Country Director
5. Name of the emergency: Haiti Earthquake WASH Assistance to Affected Communities and Households/CIPFHT0004
6. Duration of the proposal (years): 25 March 2022 to 28 February 2023 (addendum to initial IPIA) and report expected as of 30 March 2023.
7. Total amount contracted (\$):305.580,51 (due to fluctuation loss, from initial amount of 307.319)
8. Total amount spent (\$):296,802

### 1. Summary:

CI EPF SUMMARY	RESPONSE
<p>Did the response funded by the CI EPF address an urgent humanitarian need?</p>	<p>The earthquake of August 14, 2021 severely affected the department of Grand Anse particularly the municipalities of Pestel, Cayemittes Islands, Corail, Beaumont and Roseaux. Indeed, access to drinking water had become more difficult for households in these communities after this devastating earthquake. To help the population cope with the problems related to this shortage of drinking water, CARE-Haiti is using the CI EPF fund to implement WASH activities with communities and households most vulnerable to the risks of waterborne diseases. These response actions financed by CI EPF enhance access to safe and clean water resources, and to hygiene information on waterborne diseases prevention for earthquake-affected people.</p>
<p>Please provide the key lesson learnt and key achievement from this response.</p>	<p>The involvement of DINEPA and local authorities enabled the CARE-Haiti team to reach the most vulnerable communities and to monitor the implementation of activities related to the project. With informed and transparent participation, stakeholders and communities take ownership of different project achievements. Key achievements of this initiative include:</p> <ul style="list-style-type: none"> <li>• Desalination of brackish water in the communities of Pestel, Corail and Cayemitte Islands using the installation of 5 Water Treatment Units (UTE). With the help of these units installed in communities at risk of waterborne pathology, members of the population can easily access drinking water to ensure good health. The skills of the members of the water systems management committees are strengthened to ensure the monitoring and maintenance of the UTE.</li> <li>• Support to 102 households for the rehabilitation and/or reconstruction of family</li> </ul>

	<p>water storage tanks. Indeed, CARE-Haiti provided financial and technical support to these households to help them rehabilitate and/or rebuild their water storage tanks. The heads of households as well as masonry and framing technicians from the communities received coaching on construction standards and techniques. Furthermore, mobilization and motivation meetings were held with households to encourage them to participate and contribute to the process of rehabilitation and/or reconstruction of their cisterns.</p> <ul style="list-style-type: none"> <li>• Sensitization of 682 families for a total of 2372 men and 1144 women on good behavior to adopt in terms of hygiene and sanitation. These awareness-raising activities are carried out in conjunction with the ASCP and TEPAC of the project's intervention communes. Thus, the level of knowledge and practice of the population is strengthened in terms of hygiene and sanitation. As a result, people now have some mastery of the key messages about hygiene behaviors.</li> </ul>
Please provide the % of the EPF funds spent that were channeled to local/national partner.	N/A
What was the total number of people reached <b>with funding from the CI EPF</b> ? Please ensure your information is disaggregated by sex and age.	A total of 18,816 persons, including 9,784 women and 9,032 men, have been reach with the CI EPF funding
Please confirm that at least 80% of the budget is spent on direct programme costs.	
Is the external audit report attached?	

## 2. Narrative:

### a) Project Overview:

- Summary description of the CI EPF response

This project enhances access to safe and clean water resources, and to hygiene information on waterborne diseases prevention for earthquake-affected people in the Grand Anse Departement, particularly through the municipalities of Pestel, Corail and Cayemittes Islands. The project benefits around 35% of the earthquake affected people in the target areas. The targeted communes and community selection is based on CARE's rapid and ongoing post-earthquake assessments: food insecurity and malnutrition prevalence; severity of water and sanitation damages caused by the August 14, 2021 earthquake; most affected poor localities with high incidence of women- led families with food insecurity; persistent gaps in terms of access to post-earthquake emergency WASH assistance identified by DINEPA and the OREPA of the department of Grand Anse.

The major contents of the project include: (1) the distribution of Hygiene Kits/Vouchers to help households meet their urgent hygiene and safe and clean water needs; (2) awareness raising and sensitization on good hygiene

behaviours and practices to prevent and limit waterborne diseases and risks of community COVID-19 infection alongside the distribution of hygiene kit/voucher distributions; (3) the installation of communal safe water treatment and distribution facilities to ensure households have access to adequate supply/quantity of safe and clean water for their daily consumption needs; (4) the rehabilitation of damaged household water storage and sanitation facilities;

**b) Project Results:**

- Results against response goal and objectives



CARE's first non-food item interventions targeting affected population began on August 16, 2021. CARE's contingency stockpile enabled it to provide humanitarian assistance in the early hours of emergency to earthquake victims.

During this project implementation, 8 awareness raising campaigns aimed at promoting and popularizing hygiene and sanitation sensitive behaviors were carried out throughout the target communities in the communes of Pestel, Roseau and Beaumont. Indeed, 682 households for a total of 3516 people were reached with hygiene and protection awareness-raising messaging across the targeted communes. Community actors such as ASCP, TEPAC and

CAEPA are involved in carrying out awareness-raising activities. These community actors are part of the chain of the Ministry of Public Health and water management in communities.

The messaging campaigns focused on basic and practical hygiene practices in contexts of scarcity and lack or limited access to clean and safe water, water safety, the importance of citizen action in protecting communal water resources. The importance that peoples attach to the infrastructure built and/or rehabilitated in the project is proof that they understand the importance of drinking water and good hygiene practices in the fight against waterborne diseases.



With the support of this project, 102 households water storage were rehabilitated or reconstructed. These households now have devices enabling them to collect rainwater. Rainwater storage is the only means of water supply in most project areas. Throughout the process of rehabilitation or reconstruction of the reservoirs, beneficiary households are mobilized to contribute to the completion of the work. Indeed, they understood the need to get involved by bringing their participations to be able to carry out the rehabilitation work. The project provides both cash and voucher to the 102 families to rehabilitate and or reconstruct their individual home water reservoirs. In addition, some technical visits are organized in the selected households to advice and sensitize them on the best

practice of construction. People express their gratitude to CARE Haiti and the donor for the support provided in the rehabilitation or reconstruction of the reservoirs. These rehabilitated and/or reconstructed reservoirs at the household level can serve approximately 1300 people.

To purify brackish water, five (5) water treatment units (UTE) are installed in the Commune of Pestel more precisely in the communities of Cassavon, Ti Fon and Cayemittes Islands. The UTEs are connected to kiosks rehabilitated or built to facilitate the distribution of water to users. The devices carry out the desalination and purification of the water by filtering and reverse osmosis. As a result, more than 14,000 people can access the drinking water produced by the units. These hydraulic infrastructures are placed in highly populated and vulnerable communities lacking basic social services in their communities.

Communities benefiting from water infrastructure were facing a shortage of drinking water before the implementation of this project. Many people used brackish water as drinking water. In addition, there are communities that are marginalized because of their geographical locations.



The support provided to households for the rehabilitation and/or reconstruction of family cisterns allows men, women, boys and girls to have easier access to water for domestic and personal use. With the cisterns rehabilitated and/or rebuilt, women and girls face less risk of protection to obtain water, as they find water at home or in the neighborhood. Drinking brackish water in communities increases the risk of waterborne diseases for men, women, boys and girls. It is easier for households to find safe drinking water in communities, which is important for the well-being and health of everyone indiscriminately. In addition, management committees are equipped with skills and knowledge to enable men, women, boys and girls to enjoy equitably the water purification systems installed in the communities. The members of the management committees are sensitized on the need to create good conditions to make water accessible also to the most vulnerable groups. Moreover, awareness campaigns on good hygiene practices have been conducted among men, women, boys and girls. During these awareness sessions, measures on what to do to reduce the risk of GBV are disseminated in the communities.

There is an important disparity between of the actual needs and the emergency and early recovery assistance that goes to support the rehabilitation and or reconstruction of water facilities damaged by the earthquake. This has further exacerbated the quality and safety of water across the project target geography. Almost all conducted assessments activities revealed the lack of attention to the water and sanitation needs in most earthquake related emergency and early recovery activities. Most local stakeholders see this gap as a consequence of weak water and sanitation governance structure at local level. Hence, local authorities are not well informed, aware and mobilized to advocate for greater attention, support and integration of rehabilitation and or reconstruction of water facilities (directly affected by the 14 August 2021) interventions in emergency and or early recovery programming taking place in the department of Grand Anse. The lack of interest and ownership of the issues of wash facilities reconstruction and maintenance is surprising. The increased political instability and the ongoing cycles of emergency and short-term humanitarian aid that don't include the reconstruction of service delivery systems can contribute to explain this lack of interest.

**c) Cross-cutting themes and principles:**

- Staff and partner safety and security – were there any key issues, lessons learnt, recommendations.

The political and security situation in the country has a negative impact on our actions at the community level although there are no armed gangs in the project areas. Socio-political demonstrations in the suburbs of Jérémie sometimes force us to cancel or reschedule certain field activities. This chaotic situation that the country is experiencing in general also prevents suppliers and contracted firms from meeting the deadlines set out in the contracts signed as part of the implementation of the project. In response to this situation of insecurity and instability, the team has applied security principles more strictly in the implementation of activities. Communication and exchange with stakeholders on difficulties encountered in the planning and implementation of activities are

strengthened. This has eased tensions and reduced frustrations among beneficiaries, local authorities, elders, and community leaders over the delay in providing deliverables.

- Gender Marker and analysis. How did this inform your gender-sensitive activities and outcomes - please share an update on how you implemented the gender-specific activities & key lessons learnt.

Following the earthquake on 14 August 2021, CARE-Haiti in conjunction with UN Women conducted a rapid gender analysis to learn about and understand how gender norms affect the outcomes of emergency response. This document outlines the emergency and development responses we implement. It renews CARE-Haiti's commitment to putting gender at the heart of our programming and ensuring equitable participation and benefit-sharing between women and men, girls, and boys, to improve the quality of programs to reduce gender inequalities.

Thus, in awareness-raising activities, messages on the principles of equity and gender equality, on the protection and respect of vulnerable people were disseminated in communities to reduce the risks of protection and gender-based violence. In the implementation of activities, gender specificities were taken into account. For instance, water treatment devices are placed in spaces accessible to vulnerable people. This ensures that vulnerable groups, women, girls and minority groups can access these water infrastructures to meet their water needs safely and with human dignity.

- Working with local/national partners – in what ways did you identify and build upon existing local resources and capacities as part of the response? Did you work with national/local partners in the response: mechanisms (existing, new), if yes please explain success and challenges, if not why not?

To implement this project, local and national partners took part in the planning and implementation process. To ensure transparency and increase community ownership of the project, CARE-Haiti actively engaged targeted communities from the beginning of the project by establishing/reactivating community accountability committees across target areas to validate beneficiary lists. Each community committee consists of 10 people including 5 women.

Then, the final pre-selection of the water facilities to be supported by the project was guided by OREPA Sud, to assure alignment with the DINEPA water facility rehabilitation and/or reconstruction priorities for Grand Anse. In addition, the project team closely collaborated with local authorities from across communal sections, TEPAC representatives, community health workers (ASCP) to conduct two hygiene focused social behavior change campaigns. This frank collaboration with local and national partners contributed greatly to the success of the project. The relationship developed with local and national partners will facilitate a better appropriation of the hydraulic works rehabilitated and/or built in the project through the communities.

- Coordination and joint response – key CARE efforts and contributions, constraints & opportunities, lessons

This WASH intervention of CARE-Haiti in these communities hit by the earthquake of August 14, 2021 support DINEPA in order to meet the needs of the population in the WASH field. Indeed, the coordination of the project's activities is done in common agreement with the national, regional, departmental and local structures of DINEPA. In addition, to carry out hygiene promotion awareness activities in communities, CARE Haiti coordinated with departmental officials of the Ministry of Health to involve ASCP, they are agents who promote health at the community level on behalf of the Ministry. Members of the CARE team join them to carry out awareness and mobilization sessions on good hygiene practices and community management of community water infrastructure. In addition, the CARE Haiti team has developed close links with local authorities, notables and community leaders for better implementation and monitoring of activities on the ground. In addition, the grievances and suggestions of local and community stakeholders are considered throughout the implementation process. This has led to a better acceptance and appropriation of the works by the communities. Therefore, coordination with these different actors has enabled CARE Haiti to reach the most vulnerable people and communities, and lay the foundations for community-based monitoring of water works.

- Advocacy & communications: key outputs and outcomes

Given the magnitude of the water problem in the communities of the department of Grand Anse in particular and in the country in general, the leaders of DINEPA decided to advocate with donors to find funding to implement

water treatment units to purify brackish or salt water in other communities in the country. CARE Haiti, for its part, should also seek to mobilize funds to continue to help the Haitian state put water treatment devices in other communities. This will have significant impacts on the health of the most vulnerable and marginalized groups in the country.

#### **d) Accountability**

- Please share your success, results achievements and challenges in the application of CARE's humanitarian accountability framework. Please share examples of feedback received during the implementation.

With this project, CARE-HAITI was able to facilitate access to drinking water for more than 15,000 people in communities where the water problem was aggravating. Community members and authorities congratulated CARE-Haiti and gave good testimonials about the positive impact of this project on vulnerable families within communities. Indeed, risk factors for waterborne diseases have decreased and the self-esteem of community members has increased because before they felt ashamed drinking water in such miserable and inhumane conditions. As a result, a CASEC member<sup>1</sup> from Pestel stated that the population is about 300 years old since they used salt water as drinking water, it is thanks to this project that the water becomes soft and drinkable, and people can drink it without risk of disease. However, lack of funding prevented us from addressing other similar drinking water issues. Other neighboring communities requested water treatment units facility for their populations to have drinkable water accessible to the most vulnerable groups. Due to a lack of financial resources, CARE-Haiti cannot currently respond favorably to their requests. Therefore, helping the population solve the water problem is part of a major project for the collective well-being.

- Please share how you dealt with PSEA during this response. Any key issues or reports.

Training sessions on PSEA were conducted for all CARE- Haiti staff so as not to abuse and trample on the rights of beneficiaries in the process of aid delivery. These trainings were replicated informally in the communities during meetings with community members, local authorities, members of accountability committees, leaders, and notables for a better respect for the human person. In addition, to reduce the risk of abuse, bargaining and sexual exploitation in the areas of intervention, a feedback and complaint mechanism has been set up in the communities to allow the population to report complaints and grievances in case of eventual behavior that does not comply with humanitarian principles.

- Performance monitoring & management mechanisms in place, gaps, and next steps. Including plans for AAR/RAR.

The project is aligned with DINEPA's WASH principles and standards in Haiti. Thus, DINEPA agents at the level of the Grand Anse department regularly monitor the process of carrying out construction sites in the field. In addition, follow-up meetings between stakeholders were held to ensure the smooth running of the work and have good results. However, the demand for drinking water in the intervention areas is significantly higher than the resources available to CARE-Haiti under this project. To this end, it would be right to seek further funds in the future to extend WASH actions to other communities with drinkable water needs.

#### **F. Programme Support**

- Please share Partnership programme support provided.
- Please share Challenges and learning re-programme support during project implementation.

#### **G. Risk Management**

- Please highlight any reputational risks linked to the project implementation or any other key issues to highlight re risk management.

#### **E. Media/communication and storytelling.**

---

<sup>1</sup> Board of Directors of the Communal Section, it is the state structure that manages the communal section.  
Annex C CI Emergency Pooled Fund - Final Narrative Reporting Template

- Please provide links to key information provided during the implementation period. Please provide a few key pictures for donor reports from the project and any human-interest stories/quotes that you can share.

## **2. Budget:**

- Please clarify the final expenditure and balance of funding.
- Please provide the % of the EPF funds spent that were channelled to local or national partners.
- Please attach final financial report in format as per Annex D

## **3. Feedback:**

Please provide any comments/feedback/suggestions on the management of the CI EPF, the guidelines and proposal/reporting formats, and or support provided by CEG/CMPs to this emergency and suggestions on what could be improved.