

Women's Peace and Humanitarian Fund

ANNUAL PROGRESS REPORT

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #D9E1F2;">Country</td> </tr> <tr> <td>Haiti</td> </tr> <tr> <td style="background-color: #D9E1F2;">MPTF Project Number</td> </tr> <tr> <td>00122551</td> </tr> <tr> <td style="background-color: #D9E1F2;">Reporting Period</td> </tr> <tr> <td>January-December 2021</td> </tr> <tr> <td style="background-color: #D9E1F2;">Funding Call <i>Select all that apply</i></td> </tr> <tr> <td> <input type="checkbox"/> Regular Funding Cycle <i>Specify Call (Round 1, 2, 3, etc.) _____</i> <input type="checkbox"/> Spotlight WPHF Partnership <i>Specify Call (Round 1, 2, 3, etc.) _____</i> <input checked="" type="checkbox"/> COVID-19 Emergency Response Window </td> </tr> <tr> <td style="background-color: #D9E1F2;">WPHF Outcomes² to which report contributes for reporting period</td> </tr> <tr> <td> <i>Select all that apply</i> <input type="checkbox"/> Outcome 1: Enabling environment for implementation of WPS commitments <input type="checkbox"/> Outcome 2: Conflict prevention <input checked="" type="checkbox"/> Outcome 3: Humanitarian response <input type="checkbox"/> Outcome 4: Conflict resolution <input type="checkbox"/> Outcome 5: Protection <input type="checkbox"/> Outcome 6: Peacebuilding and recovery </td> </tr> <tr> <td style="background-color: #D9E1F2;">Programme Start Date</td> </tr> <tr> <td>01/08/2020</td> </tr> <tr> <td style="background-color: #D9E1F2;">Programme End Date</td> </tr> <tr> <td>28/02/2022</td> </tr> </table>	Country	Haiti	MPTF Project Number	00122551	Reporting Period	January-December 2021	Funding Call <i>Select all that apply</i>	<input type="checkbox"/> Regular Funding Cycle <i>Specify Call (Round 1, 2, 3, etc.) _____</i> <input type="checkbox"/> Spotlight WPHF Partnership <i>Specify Call (Round 1, 2, 3, etc.) _____</i> <input checked="" type="checkbox"/> COVID-19 Emergency Response Window	WPHF Outcomes² to which report contributes for reporting period	<i>Select all that apply</i> <input type="checkbox"/> Outcome 1: Enabling environment for implementation of WPS commitments <input type="checkbox"/> Outcome 2: Conflict prevention <input checked="" type="checkbox"/> Outcome 3: Humanitarian response <input type="checkbox"/> Outcome 4: Conflict resolution <input type="checkbox"/> Outcome 5: Protection <input type="checkbox"/> Outcome 6: Peacebuilding and recovery	Programme Start Date	01/08/2020	Programme End Date	28/02/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #D9E1F2;">Submitted by PUNO(s) UN Women or NUNO(s)¹</td> </tr> <tr> <td> Name of Entity: United Nations Entity for Gender Equality and Women Empowerment (UN Women Haiti) Name of Representative: Marie Goretti NDUWAYO </td> </tr> <tr> <td style="background-color: #D9E1F2;">Implementing Partners</td> </tr> <tr> <td> <ol style="list-style-type: none"> 1. Fondation pour la Santé Reproductrice et l'Education Familiale (FOSREF) <ul style="list-style-type: none"> ○ REFUGE (co-implementer) 2. Union des Femmes à Mobilité Réduite d'Haïti (UFMORH) </td> </tr> <tr> <td style="background-color: #D9E1F2;">Project Locations</td> </tr> <tr> <td> <ol style="list-style-type: none"> 1. Metropolitan region of the main city Port-au-Prince in the West department 2. Departements of West, Gran'Anse and North </td> </tr> <tr> <td style="background-color: #D9E1F2;">Total Approved Budget (USD)</td> </tr> <tr> <td>USD 361,589</td> </tr> <tr> <td style="background-color: #D9E1F2;">Amount Transferred (USD)</td> </tr> <tr> <td>USD 179,388</td> </tr> </table>	Submitted by PUNO(s) UN Women or NUNO(s)¹	Name of Entity: United Nations Entity for Gender Equality and Women Empowerment (UN Women Haiti) Name of Representative: Marie Goretti NDUWAYO	Implementing Partners	<ol style="list-style-type: none"> 1. Fondation pour la Santé Reproductrice et l'Education Familiale (FOSREF) <ul style="list-style-type: none"> ○ REFUGE (co-implementer) 2. Union des Femmes à Mobilité Réduite d'Haïti (UFMORH) 	Project Locations	<ol style="list-style-type: none"> 1. Metropolitan region of the main city Port-au-Prince in the West department 2. Departements of West, Gran'Anse and North 	Total Approved Budget (USD)	USD 361,589	Amount Transferred (USD)	USD 179,388
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¹ Non-UN Organization. Applicable to Rapid Response Window for Peace Processes

² As per WPHF results framework nested model, WPHF outcome areas are equivalent to the impact level for grantees

Executive Summary



The WPHF COVID-19 Emergency Response window launched in April 2020 through a WPHF global call for proposals. Funding was allocated by the WPHF Funding Board, following recommendations from the UN Women Country office and UN Resident Coordinator to two local Haitian women's organizations to become more involved in the planning of the humanitarian response to prevent and respond to gendered impacts of COVID-19 (WPHF Impact Area 3: Humanitarian Response - Programmatic Funding). This report therefore covers the last year of implementation of the programme and aims to highlight the various achievements and impact of the programme in Haiti.

The interventions of the projects began in August 2020, in a context marked by political crisis coupled with health, security and of economic crises. However, considerable results have been achieved by partner organizations at different areas of intervention of the program using strategies adapted to the context and involving the different key stakeholders in the implementation.

A total of **414,154 people** (including 9280 girls, 260,482 women, 6,754 boys and 137,638 men) benefited from the programme's actions through various intervention components. The interventions covered contributed to:

Strengthening the resilience of women and girls to the humanitarian crisis and COVID-19:

- **500 women living with disabilities across different departments have been able to meet some basic needs through financial support received.** The women most affected economically by the COVID-19 crisis were mainly targeted during this process. A survey questionnaire was developed to better identify the vulnerability criteria and the direct beneficiaries. 76% of beneficiaries testified to the usefulness of these funds. For ex: i) a woman living with an intellectual disability confirmed to have used her funds to access medical services in the hospital after months of suffering from pain ii) Another woman with a physical disability used her funds to start an income-generating activity.
- **1586 women strengthened their economic resilience and capacity (cash and material support) through the assistance provided** by the project. Stakeholders were selected based on their vulnerability, with a well-defined list of Criteria: (i) Women living in marginalized areas; (ii) Women living with HIV; (ii) Pregnant women without work (iii) Women/Girls with children; (iv) Women with disabilities etc. The subsidy received was used to open small individual or group businesses and they also used them to support family activities. This intervention helped in strengthening the self-esteem of women stakeholders and has reduced vulnerability through their small, short- and long-term investment projects.
- **514 people** (Peer Educators) including 438 women, 70 elderly women and 6 adolescent girls **acquired new knowledge** in Communication Techniques; Self-esteem; COVID prevention; aspects related to the fight against GBV; Gender equality; women's rights etc.

Strengthening the capacity of local women's organizations to enable them to participate in the humanitarian response planning process related to the COVID-19 pandemic.

- **21 women's organizations were sensitized, trained on the prevention of Covid-19, disability inclusion and integrated gender-based violence (GBV) and protection of survivors of gender-based violence.** Five (5) of these organization (including 3 disabled women organizations) received support for their institutional strengthening. **On a practical level, these organizations also contributed directly in the implementation of the projects according** to their respective expertise area such as disability inclusion, inclusive health care etc. Above all, they have been able **to carry out cascading activities during troubled periods preventing displacement.** This reinforces their role as actors as well as their presence and influence in their areas of intervention.

Strengthening the population's access to information on the pandemic, disability, gender, GBV and etc. in order to enhance gender-sensitive prevention and response to the impacts of Covid-19, in particular for women from marginalized groups.

Executive Summary

- **247,184,606 people including men and women understand the key techniques for covid-19 prevention and acquired new knowledge on promoting effective practices to successfully prevent the spread of the virus within their communities.** People (men and women of different vulnerability groups, mostly women beneficiaries) have been sensitized and informed directly on the prevention of COVID19 and received integrated messages on the Prevention of gender-based violence and the protection of victims of gender-based violence. Many communication interventions have been realized through Community-Radios and live sessions on social media focusing on all key aspects of gendered impacts of COVID19 (GBV, COVID-19 prevention, access to Sexual & reproductive health services to women and girls, etc.).
- **10 key messages, interventions, and provisions of the government on COVID-19 were repeated in easy, adapted,** and understandable language and in sign language to facilitate the understanding of people with intellectual and sensory disabilities.
- Two (2) awareness campaigns, reaching around 2,000 people (including 1500 men and 500 women), were organized in two public places in Port-au-Prince around social standards that consider all vulnerable groups including people living with a disability. Material such as brochures, shirts bearing awareness messages were developed and distributed for the occasion.

Increasing access to sexual and reproductive health, maternal health and GBV services for women and girls including women with disabilities, women with HIV/AIDS, sex workers etc.

- **Access to services has been strengthened for 1722 women** who received sexual/reproductive/maternal health services (455 women), family planning (220 women), maternal health and GBV care.

For FOSREF: The project has brought important changes among beneficiaries. Indeed, 94% of women (aged 25 and over) who participated in the project's direct awareness-raising activities, and those who were trained by the project as well as the project's support beneficiaries, have demonstrated (after pre- and post-test undergone) a better understanding of COVID-19 preventive measures and have confirmed their readiness to adopt better attitudes and behaviors towards COVID 19 prevention. They also testify to their high level of motivation to raise awareness among other women and members of their communities, which they confirmed they regularly did. The girls served by these project activities (More than 85% of young girls) testify to the same changes in attitudes and behaviors, based on the new knowledge acquired.

As per the reproductive health and GBV component, all the direct participants in the activities testify that from the new knowledge in the field of Reproductive Health, they are more alert and more in the interest of seeking reproductive health and GBV prevention services.

The economic support to vulnerable women enabled more than 275 women living with HIV who had status in the treatment sites "Perdues de Vue" the communes of Port au prince – Delmas – Croix des bouquets to return to care. Indeed, economic problems are one of the major causes of the loss of patients enrolled in care in our clinics, thanks to the economic support component for vulnerable women these patients have been found and have been able to reintegrate the chain of care. The project, through this large network of women/youth/community leaders who have been very active stakeholders in the project, has substantially addressed issues related to general violence in the country, promoting peace while carrying out monumental work to promote gender equality.

For UFMORH: Women with disabilities and others sensitized around the seriousness of the global scourge have taken much more precaution and 83% have promised to better protect people with disabilities from those around them in order not to catch COVID 19. 67% of the women beneficiaries of the Moncash transfer have created income-generating activities. They say that it is an opportunity for them to become self-sufficient and no longer focus on the income of a third person to support themselves.

Men and many others who are aware of men's involvement in housework have become aware that it is quite normal for household chores to be shared between men and women. The UFMORH has found that there are some who have already changed their lifestyles, as to get involved in a normal way in domestic work. A positive change in the times of the pandemic, to support women from within the home.

These program outcomes will help strengthen networks of women and girls every day who can become KEY actors in decision-making and leaders active in planning humanitarian responses in Haiti.

Executive Summary

Following the earthquake in August 2021, WPHF has allocated additional funding to Haiti for a new Call for Proposal to support women's rights organizations and their responses in the three affected regions. The Call for Proposal was launched in December 2021. Selection of projects will take place in 2022.

1. Project Profile for Reporting Period

Funding CFP ³	Lead Organization Name	Type of Organization ⁴	Coverage/Level of Organization ⁵	WPHF Outcome/ Impact Area ⁶	Project Location (State, Province or Region)	Name of Implementing Partner(s) and type of Organisation ⁷	Project Start and End Date ⁸	Total Approved Budget (USD)
COVID-19 Emergency response	FOSREF (Fondation pour la Sante Reproductrice et l'Education Familiale)	Women's rights/led	National	3	West - Haiti	Refuge des Femmes d'Haiti (women's rights/led)	27 October 2020 — 31 st August 2021 Ext. February 28 th , 2022	187,934 USD
COVID-19 Emergency response	UFMORH (Union des Femmes à Mobilité Réduite en Haïti)	Women's rights/led	National	3	West, South, North and Grand'Anse - Haiti	NA	9 November 2020 — 11 August 2021 Ext. February 28 th , 2022	150,000 USD

³ For each grant, indicate if it is Country Cfp 1; Cfp 2; Cfp 3, etc.; Spotlight WPHF Partnership; COVID-19 Emergency Response

⁴ Type of organizations are: i) Women's Led; ii) Women's Rights; iii) Both Women-led and Women's Rights; iv) Women and Youth Rights; v) Youth-rights/led; or vi) Other as identified by the CSO.

⁵ Please select from: i) International; ii) National; iii) Sub-National/Regional; or iv) Community-based (local) for each grant. International organizations operate in more than one country. National organizations have a nationwide coverage. Sub-National are organizations that work across multiple provinces/states/regions, but do not cover all provinces/states/regions in the country. Local organizations focus their work at the community level and do not have a sub-national/regional or national scope.

⁶ WPHF Outcomes are Outcome 1: Enabling environment for the implementation of WPS commitments; Outcome 2: Conflict prevention; Outcome 3: Humanitarian response; Outcome 4: Conflict resolution; Outcome 5: Protection; Outcome 6: Peacebuilding and recovery. As per WPHF results framework nested model, WPHF outcome areas are equivalent to the impact level for grantees

⁷ For each implementing partner (those on cover page and who received a transfer), state if they are i) Women's Led; ii) Women's Rights; iii) Both Women-led and Women's Rights; iv) Youth-led/focused; or v) Other.

⁸ Use the official PCA for start and end dates. If the project received an extension, please note this.

2. Beneficiaries and Reach (Consolidated)

	CURRENT REPORTING YEAR			CUMULATIVE		
	Direct Beneficiaries for Year	Indirect Beneficiaries	Number of CSOs, CBOs, women's groups supported	Direct Beneficiaries	Indirect Beneficiaries	Number of CSOs, CBOs, women's groups supported
Girls (0-17)	9280			9280		
Women (18+)	260482			259982		
Boys (0-17)	6754			6754		
Men (18+)	137638			136138		
Total	414154	165785	21	414154	233000	21
<i>Select all that apply</i>						
<input checked="" type="checkbox"/> Refugees/IDPs <input checked="" type="checkbox"/> People/Women living with disabilities <input checked="" type="checkbox"/> Survivors of SGBV <input checked="" type="checkbox"/> Child/Single Mothers <input checked="" type="checkbox"/> Widows <input checked="" type="checkbox"/> Youth/Adolescents <input checked="" type="checkbox"/> Others, please specify: Female sex workers, women living with HIV/AIDS, LGBT community						

3. Context/New Developments

The political context has continued to have a considerable impact on the program's actions and slowed down its pace during the whole reporting period in 2021. Haiti was characterized by many challenges the past two years due to sanitary and humanitarian crisis. The country's socio-political instability is linked to a high level of insecurity, including the assassination of the elected President of the Republic, Mr. Jovenel Moïse, and the continued report of cases of kidnapping and rapes along with blockings of main roads that are used to facilitate goods/merchandise transportation between the different cities.

The economic and social fabric is unravelling day by day and is even more fragile by political instability, insecurity, governance problems, health and environmental constraints. The south region of the country was recently hit by a terrible earthquake of magnitude 7.2 resulting in enormous damage to human life and losses of all kinds. The impacts of this earthquake have greatly affected 4 of the partner organizations operating in the area destroying their structure, offices, agricultural resources, and families as well as access to social services. These organizations and the rest of the population have also faced fuel scarcity hampering economic activities in communities as well as access for women, girls, and other vulnerable groups in the humanitarian planning process in response to the earthquake or even benefiting equitably. These different elements have a considerable impact on the functioning of the rule of law and reinforce gender disparities in terms of access to basic services and representation/participation women in decision-making spaces.

Women, Peace and Security (WPS)

The weakness of governance structures in these gang-affected areas has a direct impact on the increase in cases of gender-based violence and a decrease in reporting cases. In these periods of conflict, women are exposed to a multi-faceted spectrum of violence (Systemic and Institutional, Physical and Psychological Related to Insecurity and Socio-Political) increasing the risk of mental disorders, such as trauma, and depression. This situation reduces the ability of women and girls to participate actively in prevention and mediation initiatives for peace in their communities and in consultative processes that tend to diminish in these periods. Women and girls living in gang-governed and/or displaced neighbourhoods not only have to respond to their daily lives, but also face discrimination based on their gender. It is therefore with a double alienation that they face poverty, the need for specific health care, social disadvantages or the need for psychosocial support.

Women and girls in the humanitarian response planning process

Haiti is prone to catastrophes and successive crises are making women and girls more vulnerable than ever. Deaths, injuries, displacement and the resulting destruction of infrastructure and institutions are felt in entire communities. At each moment of crisis women have become more dependent and exposed to violence of all forms. The 2020 RGA conducted by UN Women reported 23.8% of women employment reduction (more than

on men). For 53.6% of women and 45% of men, access to healthcare remains a major challenge. More than 94% of children are deprived of education services during the pandemic. Water and food remain a major concern. Gender Based Violence (GBV) cases increased from 5% to 40% when only 5.7% of women are aware of the service structures in their areas. This aggravates the intensity of deprivation estimated, by UNDP, at 48.4% in the calculation of the Multidimensional Poverty Index (MPI) 2020.

The devastating effects of the 14 August earthquake on the country's southern peninsula have exacerbated the extremely difficult living conditions of the population, let alone those of women and girls in the affected areas.

An estimated 4.4 million Haitians, or nearly 46 per cent of the population, are food insecure, and about 3.5 million people also face multidimensional vulnerabilities. The Humanitarian Needs Overview (HNO) 2021 for Haiti identified more than 610,000 people in the three most affected departments – Grand 'Anse, Nippes and Sud – as needing humanitarian assistance before the earthquake. Pregnant and lactating women, single mothers, women at risk of sexual violence, sex workers, women with disabilities, school-age and younger children, people with disabilities, the elderly and displaced persons are among the most vulnerable groups.

In addition to the increased risks of violence and sexual abuse caused by the massive and ongoing displacement of homeless women, the recent Gender Rapid Assessment (RGA) conducted by UN Women and Care highlighted the following elements on how the earthquake affected women and girls:

- Health: The situation regarding access to health services is even more critical because 40% on average of health facilities have been damaged. The disruption of essential services carries deadly risks such as increased maternal and infant deaths due to lack of care during childbirth, increased chronic diseases and increased risks for pregnant women.
- Water and sanitation: 60% of communities in the three departments were left without access to this service.
- Economy: The interruption of economic activities was reported by more women (16%) than men (13%) as one of the impacts of the earthquake on their economic lives. This loss also has an impact on food shortages. For girls and boys, this situation represents 33% and 28% respectively as a problem derived from the earthquake.
- Communications, rural life and education: The earthquake also highlighted and exacerbated gender inequalities in communication. Only 7 per cent of women and girls living in rural areas have access to the Internet. Limited access to the means of communication interrupts the links between women and their families and limits them in mobilizing livelihoods and generating income, especially if they live in rural areas.
- Women's role in humanitarian response: In addition, the limited participation of women in decision-making on humanitarian response or crisis management and the lack of emphasis on gender equality in the distribution of humanitarian assistance increase the vulnerability of women and girls. According to the survey responses of this study, 79% of the population believes that women participate in a large part of the response process, but 22% note that their presence in decision-making is lower.

The ability of the State to address inequalities have exacerbated an already complicated situation for Haitian women, who have also experienced frequent fuel shortages and increased prices of basic food items. Women and girls are not helpless victims. Their humanitarian efforts have contributed a lot in the preparation of responses, but they are unrecognized. There are many initiatives in Haiti to support the humanitarian response but few target strengthening the recovery of women and girls as well as the roles of women's organizations in the response planning.

Economic recovery and access to resources

In Haiti, women play a major role in the economy representing 51% of the overall population, 48% of the economically active population, and 82% of the informal sector. The results of the latest Rapid Gender Analysis

coordinated by UN Women and Care revealed that “30% of women and 34% of men surveyed saw the loss of productive capital”. Women have become increasingly dependent on their spouses who themselves have lost their productive resources, jobs, and assets, thus weakening the ability of households to promote and invest in education and in the basic needs of their families.

4a. Overall Results (Impact and Outcomes) Achieved

The actions of both projects have strengthened women’s leadership and participation in COVID-19 prevention, response, and improved awareness within their communities. They have also economically supported the most vulnerable women who were impacted by COVID-19, including women living with HIV/AIDS, people from the LGBT community and people with disabilities. Thanks to this intervention, a **total of 21 community CSOs** as well as **269762 women and girls from vulnerable groups** and communities are now sensitized and have benefited from the advocacy efforts made by UFMORH and FOSREF. They can participate more meaningfully in humanitarian planning to ensure that the specific social protection needs of women and girls are considered during the COVID-19 response. The integration and combination of COVID-19 prevention activities with GBV prevention activities are an excellent strategy that makes it possible to address a package of integrated services to women and girls.

Fondation pour la Santé Reproductrice et l’Education Familiale (FOSREF)

Impact area: Enhanced inclusive and gender responsive humanitarian/crisis planning, frameworks, and programming

Progress under this impact area could not really be captured at this stage of the preparation of this technical report. However, significant progress has been made through FOSREF’s intervention leading to a better inclusive and gender responsive humanitarian/crisis planning, frameworks, and programming. Thanks to the WPHF support, FOSREF were able to strengthen the capacities of sixteen (16) Civil Society Organization (CSOs)’s contributing to effectively respond to the crisis. Indeed, 1586 women have received a financial support for their health care services as well as COVID protection kits. 514 peer educators directly trained and gained new skills in leadership, mobilization, and coordination of protective actions against COVID-19 as well as GBV as one of the direct consequences of the COVID lockdown. Moreover, they are better equipped and trained and can better participate in humanitarian planning to ensure that the specific social protection needs of women and girls are considered during the COVID-19 response and to address a package of integrated services to women and girls.

Outcome 1: Improved knowledge on COVID19 prevention and prevention of violence against women and girls

The FOSREF project has contributed to the creation of an environment that facilitates access to specific health services for 1,722 women and girls in the regions of intervention. This is a short-term and long-term achievement, as the service sites have established collaborative partnerships with these networks of Project Organizations and their educational peers, for the continuity of services. In 2021, 411,544 people desegregated in 259,433 women, 136,104 men, 9,253 adolescent girls, and 6,754 adolescent boys had access to essential information about COVID19 and means/products/equipment to protect against COVID-19.

FOSREF also strengthened the economic resilience of 1,586 women beneficiaries through financial support (cash distribution). Training sessions were organized for more than 500 women, increasing their leadership skills. Once trained, these women went to launch awareness-raising actions in their communities reaching about 100,000 women. They are key stakeholders in the implementation of all phases of the interventions and the training sessions gave them the necessary baggage and knowledge to be able to contribute actively. For example, they carried out all awareness activities in the community on COVID and GBV. They carried out sensitization interventions at the community radios; they carried out activities for the distribution of COVID prevention and GBV awareness materials; they carried out community meeting sessions with community leaders on GBV and COVID-19. They have brought about major changes in attitudes and behaviors, among women and girls and with communities. Being members of women's organizations/associations and OCBs, they will be able to continue to

4a. Overall Results (Impact and Outcomes) Achieved

serve women and girls within their organizations and communities even beyond the funding of the project (Sustainability of activities).

Union des Femmes à Mobilité Réduite d'Haïti (UFMORH)

Impact area: Enhanced inclusive and gender responsive humanitarian/crisis planning, frameworks, and programming.

During the reporting period, several progresses were noted contributing to show early change under this impact area. Through UFMORH's action, women, girls, and men were able to improve people's behavior from different community in terms of mitigating measures or good practice preventing Covid-19. Indeed, 2610 people (27 adolescent girls, 1049 women and 1534 men) including people leaving with disabilities benefited from COVID-19 prevention and response initiatives carried out by UFMORH and 5 CSOs partners.

- **Outcome 1:** *Women's organizations at the targeted local community level are mobilized to ensure that public health messages are delivered to all women, especially those living with disabilities*
- **Outcome 2:** *Women economically affected by the crisis benefit from monetary support*
- **Outcome 3:** *Campaigns to promote social norms aimed at engaging men in domestic work and combating domestic violence, especially in relation to people with disabilities, influence behaviors for an egalitarian and inclusive society.*

UFMORH has been able to contribute to strengthening the resilience of more than 500 women with disabilities through financial support allowing them to create income-generating activities and response to some basic needs. The beneficiaries used this financial support to modestly meet certain daily needs, for medical follow-ups (for example, one of the beneficiaries confirmed that she had used her grant for medical follow-ups related to a breast problem) and others created modest income-generating activities such as the sale of sweets.

UFMORH has also contributed to strengthening the knowledge of 2,000 people (1500 men and 500 women) on the social norms related to gender and on the sharing of household chores for a best practice related to disability, gender and in connection with the humanitarian response. Through its interventions, UFMORH has also been able to contribute to the strengthening of 5 local organizations of women with disabilities through training workshops on topics of associative life and by making a fund available for their institutional strengthening.

With the interventions of UFMORH and FOSREF, thanks to the support of the WPHF, the planning and programming of the COVID-19 response, including raising awareness on gender-related social norms as well as addressing gender-based violence in excluded communities, are more gender-sensitive and addresses the specific gender and disability needs of women and girls.

4b. Outputs and Activities Completed

Fondation pour la Santé Reproductrice et l'Éducation Familiale (FOSREF)

Output 1: Women / Girls are trained as Pairs Educators: At the end of several training sessions and pedagogical techniques carried out, 514 people (Peer Educators) including 438 women, 70 elderly women and 6 adolescent girls acquired new knowledge in Communication Techniques; Self-esteem; COVID prevention; aspects related to the fight against GBV; Gender equality; women's rights etc. The workshops lasted 3 days on average and the beneficiaries were identified and selected directly by the leaders of the grassroots associations in the respective communities (women's association – leaders and leaders in marginalized areas... etc.). These are the same people who have contributed to the implementation of the project at all levels, which is a participatory and practical capacity building process.

4b. Outputs and Activities Completed

Output 2: People sensitized and informed on the prevention of COVID-19 and received integrated messages on the Prevention of gender-based violence and the protection of victims. 411,544 people (259,433 women, 9253 adolescent girls 6704 boys 136104 men, participated in organized advocacy actions by the project and were sensitized on the prevention of COVID-19. Different formats and methodologies were used to convey the messages and reach the target audience, such as: door to door, open talk, distribution of communication materials, gathering in small numbers etc. From the awareness/information sessions, the project was able to reach hundreds of thousands of people (Communities: Women/girls most at risk and marginalized; men; community leaders from marginal areas of the different neighborhoods of the Metropolitan Region).

Output 3: Financial assistance is provided to vulnerable women: 1,586 women through 16 CBOs strengthened their economic resilience and capacity (cash and material support) through the assistance provided by the project. Stakeholders were selected based on their vulnerability, with a well-defined list of Criteria: (i) Women living in marginalized areas; (ii) Women living with HIV (ii) Gender workers; (iii) Pregnant women without work (iv) Women/Girls with children; (v) Women with disabilities. The subsidy received was used to open small individual or group businesses and they also used them to support family activities. All activities have been completed for this output. This intervention helped in strengthening the self-esteem of women stakeholders and has reduced vulnerability through their small, short- and long-term investment projects.

Output 4: Women and girls requiring SRHR, MNCH and GBV services have access to these services: Access to services has been strengthened for 1,722 women who received sexual/reproductive/maternal health services: i) 455 women: family planning; ii) 220 women: maternal health and GBV care; iii) 1,047 women: counselling/psychological assistance/medical care services through etc. The referencing methodology established and used is based on Peer Educators, who at the community level, ensured the identification of all women/ girls requiring these services, and ensured the accompaniment of these women / girls to FOSREF service sites. All activities have been completed for this output. This intervention is crucial because it allows women in need of essential SRHR, MNCH and GBV services, as part of the project, to have access to quality services.

Output 5: Women and girls received materials / products / Supplies, consumables for COVID19 prevention: 4,212 women and girls have received materials/products/supplies, consumables for COVID19 prevention and are sensitized on protective measures. The materials were distributed in the most marginalized areas of the municipalities of the Metropolitan Region of Port au Prince (Department of the West), and more particularly in: Pétion-Ville, Croix des Bouquets-Port au Prince-Carrefour, Delmas, Tabarre. The distributions were carried out by the female peer educators who identified the beneficiaries from the vulnerability to COVID in the different neighborhoods. All activities have been completed for this output. This intervention was very relevant because it allowed communities to be sensitized to covid-19 protection, through the women leaders in these areas, and this intervention led to changes in community behaviors in the short and long term around COVID-19 protection.

[Union des Femmes à Mobilité Réduite d'Haïti \(UFMORH\)](#)

Output 1.1, 1.2: Women's Organizations are sensitized around the severity of covid-19: 2610 people (27 filles, 1049 Femmes, 1534 hommes and 5 organizations were sensitized around the seriousness, symptoms, and prevention of COVID-19 through various mediums (see output 1.2).

Output 1.3: Key messages from government/health authorities reproduced in an easy, adapted, and comprehensive language.

10 key messages have been designed for awareness spots on the seriousness of the COVID 19 crisis and have been taken up in an inclusive language adapted to the reality of deaf people, i.e., they are translated into sign language. The design and development of messages and awareness spots relate to the measures taken by the Haitian government in the face of this pandemic, and which are included in an easy, adapted, and

4b. Outputs and Activities Completed

understandable language: Translation of all messages designed for signs language spots / Videos in sign language broadcast on social networks etc. Messages and images referring to the coronavirus disease were printed on a Billboard, 3 Oriflammes and 3 Banners for the areas of intervention of the project namely the 4 departments, west, north, south and Grand'anse. With the rise of the COVID-19 pandemic in the country, the government had sent other messages related to COVID-19 to raise awareness among the population to take more precautions but also to be vaccinated because of the new variants of coronavirus (Delta and Mu) detected in the country in recent days. As a result, UFMORH had recruited an organization of sign language interpreters (OJIFHAD) to produce several short videos that will give a summary of the messages of the authorities related to the coronavirus disease. These messages are spread on social networks and have reached more than 1,000 people.

Output 2.1: Mothers economically affected by the crisis benefited from a cash transfer: 500 women with disabilities have increased their resilience and financial independence. They have benefited from a cash transfer that has enabled them either to meet certain needs of daily life or to create a modest generative activity. Various steps were followed in identifying stakeholders including: (i) Development of a survey questionnaire; (ii) Training of female investigators; (iii) Verification and analysis of the data collected; (iv) Drafting of the investigation report; creation of the list of stakeholders (numbers and names of the persons selected for the transfer); (v) contact and transfer of funds. This activity has enabled UFMORH not only to contribute to responding to some basic of some women with disabilities and to strengthen its role alongside them.

Output 3.1: The population is sensitized on gender-related social norms: More than 2,000 people have taken part and are sensitized on social norms that consider all vulnerable groups including people living with disabilities and that encourage the active participation of men in the work of the house. These people were reached through two awareness campaigns carried out respectively on March 25 and 31, 2021 on the Place Saint Pierre de Péition Ville and that of Hugo Chavez in Maïs Gâté by the members of the UFMORH with the collaboration of organizations of people with disabilities and non-disabled people under the musical animation of DJ Kemissa. Both days were covered by the media and police officers who provided security during the 2nd day of the campaign. This campaign was complemented by the dissemination of brochures, jerseys bearing awareness messages on domestic violence. During these 2 days, UFMORH sensitized not only the people who were in the squares but also those in the surrounding areas. The majority of those who took part in the sessions did not hesitate to express their satisfaction with such an initiative. However, some disagree. We can take the example of a man who told us: "I am not here to do household chores because I was not raised for it".

Output 3.2: Referral institutions are strengthened in the fight against gender-based violence to ensure that women and girls living with disabilities are considered. UFMORH contributed to the organizational strengthening of 5 women's organizations. The choice of these organizations was made based on the work they have done during their lives despite their limited means. A memorandum of understanding was signed between the UFMORH and these organizations and an amount of 100,000.00 gourdes (about 1000 USD) was granted for their institutional strengthening. 4 awareness days (From 20 to 23 September 2021) around the seriousness, symptoms and prevention of coronavirus were also carried out with women's rights organizations, organizations of women with disabilities, and with people with and without disabilities who are not part of an organization.

Output 3.3: State institutions are contributing to ensure better handling of complaints initiated by people living with disabilities: UFMORH has undertaken discussions with the Ministry for the Status of Women and Women's Rights for better handling of complaints so that care services are inclusive. The Ministry incorporated disability-related elements into the last budget and invited organizations of women with disabilities to participate in the preparation.

5. Unintended Results

N/A

6. A Specific Story



Figure 1: Communication @Team Ref-Haiti

REF-HAITI, A PERFORMANCE MODEL IN TERMS OF COLLABORATION AND TEAMWORK

The project was executed by FOSREF, with its co-implementing partner REFUGES DES FEMMES D'HAITI (REF-HAITI), and which is considered by the FOSREF team, as a Model of Performance in terms of collaboration (Success Story).

REF-HAITI has achieved the strengthening of leadership and meaningful participation of 875 women and girls in all areas related to COVID-19 prevention (with the integration of themes on the Fight against Violence against Women and Girls)."

They carried out the Mobilization of women's organizations at the level of local communities in all the municipalities of the Metropolitan Region of Port au Prince to raise awareness and inform people (women, girls, community groups etc. ...) on the prevention of COVID-19 integrated into

the Prevention of gender-based violence and protection of victims (through Awareness Sessions / information at the Community level, community dialogue sessions/talks, community radio broadcasts on COVID-19 prevention integrated with GBV prevention, and distribution of awareness/communication materials containing messages about COVID / by peer educator networks and women's associations in the community). REF-Haiti has also assisted women who are most economically affected by the crisis, particularly those who perform small daily jobs, street vendors, sex workers and in general all vulnerable women working in the informal sectors. REF-Haiti also referred and accompanied several women and girls to FOSREF centers in the Metropolitan Region for sexual and reproductive health services, including pre- and post-natal care, family planning, HIV services and GBV services.

REF-Haiti's networks of women members and its trained educational pairs also distributed materials/products/supplies, consumables for COVID19 prevention to the most vulnerable women and girls in disadvantaged neighborhoods. REF-Haiti has been a model partner in this project, as it has achieved all the results/objectives set for it and it has enabled several thousand women and girls to benefit from all the interventions/ and services of the project.

REF-Haiti, as President of FEDOFEDH (The Federation of Women's Organizations for Human Rights Equality) which has more than 300 women's organizations across the country, has allowed several women's organizations, members of FEDOFEDH in the West Department, to be integrated into the activities of the project; This has given an extraordinary extension of the project's activities in very marginalized areas of the Metropolitan Area.

REF-Haiti has prioritized activities and services to the most vulnerable women and girls, and more specifically: Women living in marginalized areas, women sex workers, pregnant women without work, women / girls with children and small merchants in the informal sector.

REF-Haiti gave full visibility to the FOSREF-WPHF- project in social media, and in the most media station, through several interventions made by the Leader of REFHAITI, President of FEDOFEDH on the interventions of the project. REF-Haiti has allowed the FOSREF - WPHF project with technical support from UN WOMEN, to have full coverage in the Metropolitan Region and even to expand to other departments through the indirect beneficiaries of the project which are the dozens of women's organizations, members of FEDOFEDH, who have benefited from the project most activities and during the regular meetings of FEDOFEDH.

7. Knowledge Products and Communications/Visibility

The projects had several communication activities that used several communication materials on COVID-19 prevention (Materials developed by the MSPP) and several communication materials on GBV prevention. These materials were distributed by the Partner Organizations, and by the Peer Educators of the project in all the municipalities of intervention of the program. The projects also had community dialogue/talk activities, awareness-raising sessions at the level of Community Radios, dissemination of communication materials etc. These activities had a high visibility for FOSREF, UFMORH, UN WOMEN and WPHF, as well as face-to-face awareness-raising activities, in small groups, mass activities. The project also strongly prioritized social networks/media and the project partners had to create sites, some of which are listed here:

FOSREF :

- 1) <https://web.facebook.com/search/top/?q=AREV-Haiti%20>
- 2) <https://web.facebook.com/refugedesfemmesdhaiti/posts/932862830572345>
- 3) <https://web.facebook.com/refhai>
- 4) <https://web.facebook.com/ofehaiti>
- 5) [Matériels de sensibilisation](#)
- 6) [MATERIEL COMMUNICATION 3 COVID19.pdf](#)
- 7) [MATERIEL COMMUNICATION 1- COVID19.pdf](#)
- 8) [MATERIEL COMMUNICATION 2 - COVID19.pdf](#)

UFMORH

- 1) <https://www.facebook.com/1727326660891555/posts/2780645132226364/>
- 2) <https://www.facebook.com/1727326660891555/posts/2781318965492314/>
- 3) <https://www.facebook.com/1727326660891555/posts/2889818247975718/>
- 4) <https://www.facebook.com/1727326660891555/posts/2782639988693545/>
- 5) <https://fb.watch/bEEgilkCK/>
- 6) <https://www.facebook.com/1727326660891555/posts/2785007405123470/>
- 7) https://fb.watch/bEEz_jCMoF/
- 8) <https://www.facebook.com/1727326660891555/posts/2806052456352298/>
- 9) <https://fb.watch/bEECOwq6Bq/>
- 10) <https://www.facebook.com/1727326660891555/posts/2869917993299077/>
- 11) <https://www.facebook.com/1727326660891555/posts/2872080399749503/>
- 12) <https://www.facebook.com/1727326660891555/posts/2873300209627522/>
- 13) <https://www.facebook.com/1727326660891555/posts/2880170042273872/>
- 14) <https://fb.watch/bEFrssOJPb/>
- 15) <https://www.facebook.com/UFMORH.org/videos/369058821601070/>
- 16) <https://fb.watch/bEFtv76sPM/>
- 17) <https://www.facebook.com/1727326660891555/posts/2658137937810418/>
- 18) <https://www.facebook.com/1727326660891555/posts/2657106204580258/>
- 19) <https://www.facebook.com/1727326660891555/posts/2653967064894172/>
- 20) <https://www.facebook.com/1727326660891555/posts/2653908088233403/>
- 21) <https://www.facebook.com/1727326660891555/posts/2653901748234037/>
- 22) <https://twitter.com/HCl ht/status/1376585401452871680/>
- 23) <https://facebook.com/ufmorh.org/>

8. Capacity Building of CSOs by UNW Country Office/Management Entity

Throughout the year, considerable coaching was conducted by the office to both implementing partners to support their implementation phases. The coaching sessions were individual and tailored to the needs of each organization. Through these coaching sessions, the partners learned the key techniques of preparation of technical and financial reports, writing success stories and communicating on the actions of the organization. On average, the organizations received 20 hours of coaching per quarter on these technical subjects allowing a good structuring of the organization. Improvements were demonstrated during the submission of the last reports

8. Capacity Building of CSOs by UNW Country Office/Management Entity

submitted during the two last quarters. Very few comments were issued to these organizations on their technical and financial reports submitted.

In terms of coordination, the office set up during the first six months of the project weekly follow-up meetings with UFMORH to help in the implementation process. Through these meetings, the office discussed with UFMORH the progress made, the difficulties and gave some orientations if needed.

In addition to the efforts of the country office, the capacities of the partners have been strengthened through the WPHF Global Community of Practice. Through this platform, several training sessions and discussions were organized globally by the WPHF Secretariat aimed at improving the knowledge and skills of civil society partners in cross-cutting areas useful for the institutional development of their organizations. The partners acquired new knowledge in the following areas:

- Organizational level risk management with a focus on fraud and corruption.
- Preventing and responding to sexual exploitation, abuse, and harassment in CSOs building peace and responding to crises.
- WPHF Monitoring and Evaluation Guide Training.

The partners took part in the following discussions:

- WPS: Investing in Local Women Leaders on the Front Lines, Accelerating a Global Movement for Inclusive Peace & Humanitarian Action (WPHF Advocacy event on the sidelines of the UNSC Open Debate on WPS).
- WPHF and Spotlight Initiative Joint Peer Exchange Coalition Building on the Front Lines: Advocating for Women's Rights and Ending Violence Against Women and Girls.
- WPHF Community of Practice (CoP) Live Help Desk.

9. Risks and Mitigation

<i>Risk Area</i> (contextual, programmatic, institutionally, describe) briefly	<i>Risk Level</i> 4=Very High 3=High 2=Medium 1=Low	<i>Likelihood</i> 5=Very High 4=Likely 3=Possible 2=Unlikely 1=Rare	<i>Impact</i> 5=Extreme 4=Major 3=Moderate 2=Minor 1=Insignificant	<i>Mitigation</i> Mitigating measures undertaken during the reporting period to address the risk
Contextual: Continued spread of the pandemic worsening the health context while reducing the possibilities for action by partners.	3	4	4	<ul style="list-style-type: none"> - Strict compliance with the application of measures - Barriers recommended by health authorities - Information of partners on prevention and barrier measures - Use of masks, gels and hand washing points in partner premises during activities - Respect for social distancing during activities open to the public
Contextual: High insecurity, exchange rate fluctuation and unstable socio-economic situation reducing partners' margins of action as well as their	4	5	5	<ul style="list-style-type: none"> - Compliance with security instructions given by the government and the United Nations - Decrease in frequentation of the so-called "red" zones - Purchase online and grouped - Travel in groups - Respect of established curfews

9. Risks and Mitigation				
<i>consumption and acquisition capacities.</i>				<ul style="list-style-type: none"> - Recruitment of partner staff at the local level (who master the field and local languages) - Where appropriate, use of local transport (public transport, carts, motorbikes, rental, and local vehicles)
Environmental <i>Earthquake of August 14 causing the destruction of bridges, weakening the autonomy of households in the South region and raised a humanitarian crisis</i>	4	5	5	<ul style="list-style-type: none"> - Raising awareness and training on human and property protection measures - Rapid gender analysis conducted by UN Women and Care - Assessment of the impact and the needs of the affected communities - Participation of partners in the clusters - Make operational the VBG consultation tables
Programmatic & institutional Lack of internet access in remote areas, low access and poor quality of the telephone network, electricity problem, lack of capacity to use technology by partners, causing delays in implementation and communication	4	5	5	<ul style="list-style-type: none"> - Purchase of IT equipment by partners when provided for in their budgets. - Use of public transport for the transmission of original supporting documents for reports when necessary. - Cascading information in certain areas - Communication through the WhatsApp group created by UN Women or by SMS when possible.
Contextual The scarcity of fuel on the Haitian market causing the rise in prices of necessities and a restriction of travel	4	5	5	<ul style="list-style-type: none"> - Prioritization of telework - Organization of meetings via virtual platforms (Zoom, Teams, Google meet etc.) - Budget revision of partners to strengthen the budget line corresponding to administrative costs under the authorization of the WPHF secretariat.
Contextual The movement of beneficiaries from conflict areas is limited and dangerous, which causes some beneficiaries to miss a few activities.				<ul style="list-style-type: none"> - Include time for remedial activities in the project action plan. - Valorization of the knowledge chain sharing method - Group travel of beneficiaries

10. Delays and Adaptations/Revisions
<p>During the first months of the project, contingency measures had led to revisions in the action plan of both projects due to restrictions related to the number of people for collective activities. During semester 2, with the easing of contingency measures in relation to the Corona virus the possibility of meeting with larger groups made it possible to achieve more quickly its objectives in terms of the number of people trained, the number of people sensitized.</p>

10. Delays and Adaptations/Revisions

Some project interventions in certain high-risk areas had to be postponed during certain periods, which were marked by very difficult situations in the West Department in connection with the socio-political crisis. In difficult areas related to insecurity, FOSREF had to deploy Contingency plans that made it possible to carry out activities despite the difficult situations. The project, thanks to its strong collaboration with the state authorities, the MSPP, at the communal and departmental level, was still able to carry out the activities in synergy with the Ministry of Health (MSPP) health sites, and the community agents of the MSPP (Relais interventions) in these difficult areas. The project also had a perfect collaboration with the local entities of the state: ASEC, CASEC, and the town halls; this made it possible to benefit from the expertise and availability of these authorities for the realization of activities despite the troubled socio-political situation, marked by the increase in cases of violence and kidnapping, in very marginalized areas served by the project. UFMORH for its part has called on the police forces to cover certain activities open to the public including awareness campaigns on social norms.

Exchange rate fluctuations have created difficulties in carrying out some of the activities of both projects. Unfortunately, there are budget lines that were no longer suitable for the planned activities because of the fluctuation. As a result, the UFMORH had to revise the budget lines of its project to be able to carry out the planned activities. FOSREF for its part has carried out certain cascading activities to circumvent travel costs.

Reporting and disbursement: Under the partnership agreement with the CSOs, they must submit their technical and financial reports on a quarterly basis to receive their disbursement on time. Under the program, most disbursements were made between 4 to 6 months because the verification of the report may take longer than expected given the quality of the report submitted by the partner. This most of the time requires a lot of back and forth with the partner to complete the missing parts of the report (financial in particular). This process can therefore cause a lot of delay in the implementation since a new disbursement cannot be made without the partner having justified 70% of the initial amount received. To remedy this, the office provided coaching session based on need of each partner. In addition to coaching, the office will set up a practical session on reporting that partners will need to take on a regular basis.

Monitoring and evaluation: Due to recurrent political crises in the country, the movement of United Nations personnel was very limited in provincial areas. This made it difficult to plan a follow-up programmatic visit to the programme implementation areas. The possible solution is to work with organizations based in each of the regions of intervention that will be able, on a regular basis, to carry out programmatic follow-up visits and provide support to partners on the field as needed.

Socio-political and economic context: The socio-political crisis, fuel shortage, communication problems caused a lot of delay in the implementation and communication of the project. A virtual approach has been prioritized through regular follow-up meetings to learn about the progress, difficulties encountered by partners and support as needed.

11. Lessons Learned

Identify Challenge/Describe	What are the factors/reasons contributing to this challenge?	How was the challenge addressed? What was done differently, or what will be done to address the challenge?	Key Lesson Learned
Difficulties communicating with partners on progress and obstacles to implementation	The political crisis has diminished actions on the field; the fuel crisis has intensified communications problems preventing partners from seeking help to better adapt their intervention to the context.	UN Women CO kept in touch with partners through the WhatsApp group as well as one-on-one coaching meetings and follow-up group meetings to provide the necessary technical support in a timely manner.	It is important to have regular collective meetings with partners to strengthen them and give them a space to share with others. This will help strengthen their actions on

11. Lessons Learned			
			the field and intensify advocacy actions.
Partners' difficulties in meeting WPHF standards and UNW standards and reporting procedures (capacity assessments).	Complying with certain financial procedures could be more complicated for organizations in remote areas given the scarcity and level of standardization of suppliers in the areas. For example: it can be difficult to find 3 suppliers or 3 proformas for the same service in a remote area or to find a standard invoice.	Guidance is therefore given to the partners on a regular basis by the program technical focal point and the program assistant. Explanations are given by phone on some key documents required. Sometimes, depending on the influence of the IP in the area, it may encourage a provider to standardize its services to be following the procedures. This is a plus for this specific area.	After the assessment of the capacities of the partners, it is important to develop a capacity building plan that considers the context of the partner's region of intervention and to remain in constant coordination with the partner. It is not enough to give the procedures and let the partners interpret them.
Harm to CSOs due to institutional weaknesses (Lesson from UFMORH)	Most participants in training organized by UFMORH confused the work of the latter with that of the Haitian State. During the training sessions carried out, some wanted to get their claims across, asking for work, money, housing, to name but a few, saying that it is their duty to meet these needs of the population.	UFMORH had to take a few minutes to explain to them the difference between these 2 entities.	It is important to continue to build the capacity of other disabled people's organizations by encouraging them to train more so that they are better imbued with institutional roles.

12. Innovations and Best Practices
<p>a) Innovations: Many elements can be noted as an innovative strategy for this reporting period:</p> <ul style="list-style-type: none"> - The integration and combination of COVID-19 prevention activities with GBV prevention activities is an excellent strategy that makes it possible to address a package of integrated services to women and girls. - The implementation partnership strategy with the most vulnerable women/girl organizations is excellent as it serves the most at-risk young girls and women. - The training of women and young women as Peer educators of the project, to carry out most of the activities of the project is an innovative strategy which should be used by other organizations; it ensures the sustainability of the project activities, because these women/girls educator pairs trained by the project, are part of women's organizations; they were identified directly by the heads of women's associations – leaders and managers in marginalized areas. They were stakeholders in all project interventions in the same way as women's associations/organizations. <p>b) Best Practices:</p> <p>The work synergy developed between the different actors is one of the good practices to be put forward within the framework of this program for this reporting period. This has made it possible to avoid duplication in interventions and to have a greater impact on beneficiaries.</p> <ul style="list-style-type: none"> - FOSREF: The project had a total synergy with the women's / girls' associations, which were the main actors of the project with FOSREF; the synergy was also established in these women's organizations with the SS/SR/FP projects of the other partners: UNFPA for example; there was also a strong synergy with the GBV control programs (UNFPA, HSD etc.) ; there has also been a very good synergy with the World Bank's

12. Innovations and Best Practices

community COVID19 communication program (FOSREF and UNICEF). The project collaborated with PEPFAR and ECP2 care and treatment projects and helped patients who were lost to care. The project operated in full coordination and collaboration with several entities and other projects addressing the prevention of COVID 19, the fight against GBV and the promotion of Reproductive Health services for women and girls.

- **UFMORH:** on the International Day of Violence against Women, the UFMORH carried out a mobile clinic in partnership with ZANTRAY'O which is one of the 5 women's organizations benefiting from the capacity building support provided by UFMORH as part of this program. This activity was carried out with the aim of enabling members of the UFMORH and other associations of people with disabilities to benefit from the health care services of competent doctors and nurses. The organization not only carried out the free consultations but also gave medicines to patients free of charge.

13. Auditing and Financial Management

N/A

14. Next Steps and Priority Actions

- Final capacity assessment of the two projects
- Inventory of materials acquired with project support
- Official closure of projects for the COVID-19 Emergency Window
- National Steering Committee meeting for the selection of new WPHF grantees under the Call for Proposals responding to the earthquake impacts on women and girls
- Onboarding of the new WPHF grantees and project implementation

ANNEX A: Results Framework

Results Framework from the Project Document

Expected Results	Indicators ⁹	Baseline (if applicable)	Planned Target (if applicable)	Results/Progress (Against Each Indicator ¹⁰)	Reason for Variance against planned target (if any)
CSO Name : Fondation pour la Sante Reproductrice et l'Education Familiale (FOSREF)					
Impact Enhanced inclusive and gender responsive humanitarian/crisis planning, frameworks, and programming	Indicator 1: Number of people who have been directly trained in COVID-19 prevention	N/A	500	514 peer educators	The strong community commitment allowed the project to mobilize a wider audience than was initially planned.
	Indicator 2: Number of people sensitized and informed about COVID19 prevention and prevention of gender-based violence and protection of survivors of gender-based violence	N/A	455,600	411,544 people (259,433 women, 9253 adolescent girls 6704 boys 136104 men)	The fluctuation of the exchange rate did not allow the project to reach all the targeted beneficiaries considering the decrease in consumption capacity on the local market.
	Indicator 3: Number of local women's organizations (CSOs) that have directly received support or funding to develop their skills to respond effectively to the crisis.	N/A	10	16 CBOs (with 1586 Women receiving support)	The strong community commitment allowed the project to mobilize a wider audience than was initially planned.
Outcome 1: Improved knowledge on COVID19 prevention and prevention of violence against women and girls	Indicator 4: Number/percentage of people with new knowledge about COVID-19 prevention and violence prevention	N/A	455,600	411,544	The fluctuation of the exchange rate did not allow the project to reach all the targeted beneficiaries considering the decrease in consumption capacity on the local market.
CSO Name : Union des femmes à Mobilité Réduite d'Haïti (UFMORH)					
Impact: Enhanced inclusive and gender responsive humanitarian/crisis planning, frameworks, and programming	Number of direct beneficiaries of the project (disaggregated by sex, age group and disabled/non-disabled).	N/A	N/A	2610 (27 girls, 1049 women, 1547 men)	N/A

⁹ Use the indicators from the project document's results framework, ensuring that the disaggregation of the indicator is also included.

¹⁰ Report on the progress made against each indicator, highlighting the indicator value for the reporting period and any cumulative results. These results should align with the narrative in Section 4a and/or 4b.

Expected Results	Indicators ⁹	Baseline (if applicable)	Planned Target (if applicable)	Results/Progress (Against Each Indicator ¹⁰)	Reason for Variance against planned target (if any)
Outcome 1: Women's organizations at the targeted local community level are mobilized to ensure that public health messages are delivered to all women, especially those living with disabilities	Number and type of public health messages delivered to all women, including those living with disabilities in the context of COVID-19 crisis management	N/A	N/A	10	N/A
Outcome 2: Women economically affected by the crisis benefit from particularly monetary support	Number of women who receive subsidies to meet their basic needs	N/A	N/A	500 women with disabilities	N/A
Outcome 3: Campaigns to promote social norms aimed at engaging men in domestic work and combating domestic violence, especially in relation to people with disabilities, influence behaviors for an egalitarian and inclusive society	Number of men who are sensitized on the importance of their involvement in domestic work and the fight against domestic violence, especially in relation to people living with disabilities	N/A	N/A	2000 (including 1500 men and 500 women)	N/A