

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
HONDURAS
RAPID RESPONSE
DROUGHT 2015**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

With the objective to maximize learning from CERF's projects implementation an After Action Review (AAR) was conducted on 26 May 2016. The main actors involved in the AAR were UN agencies: OCHA, PAHO-WHO, WFP, UNICEF and the office of Resident Coordinator (OCR), NGOs partners: ADRA, Action Aid/South in Action, Child Fund, Save the Children, World Vision; NGOs invited: ASONOG, GOAL, OXFAM, TROCAIRE and Government (COPECO). The after action review (AAR) was structured to review and analysing what happened, why it happened, and how it can be done better in the implementation of CERF's projects.

During the period of CERF's implementation UN agencies have kept different meetings with their partners to review the advances and the results obtained for every cluster. Also, two coordinate field visits between (OCHA, PAHO-WHO, WFP and UNICEF) were developed to interact with beneficiaries' families, local authorities and communities.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

The results obtained were analysed by sector leaders together with its partners. Among the actors existed a high level of satisfaction, because the achieved results exceeded the results planned in the four sectors: Food Security, Health, Nutrition and WASH.

The Resident Coordinator since the beginning of the implementation of CERF's projects was involved in monitoring the progress, and was available to any requested to contribute the achievement of project objectives. The last version of the final report was shared with the agencies for comments.

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The final CERF report was prepared in close consultation with the recipient agencies and their implementing partners as well as from OCHA. The report will be shared with the National Disaster Risk Reduction Commission (COPECO), National Food Security and Nutrition Technical Unit (UTSAN), the Ministry of Health and the Humanitarian Country Team.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 44.2 millions		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,187,908
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral)	8,580,837
	TOTAL	10,768,744

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 28-Oct-15			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-127	Water, Sanitation and Hygiene	300,028
UNICEF	15-RR-CEF-128	Nutrition	107,244
WFP	15-RR-WFP-073	Food Aid	1,345,382
WFP	15-RR-WFP-074	Nutrition	120,244
WHO	15-RR-WHO-048	Health	315,010
TOTAL			2,187,908

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,795,019
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	383,160
Funds forwarded to government partners	9,729
TOTAL	2,187,908

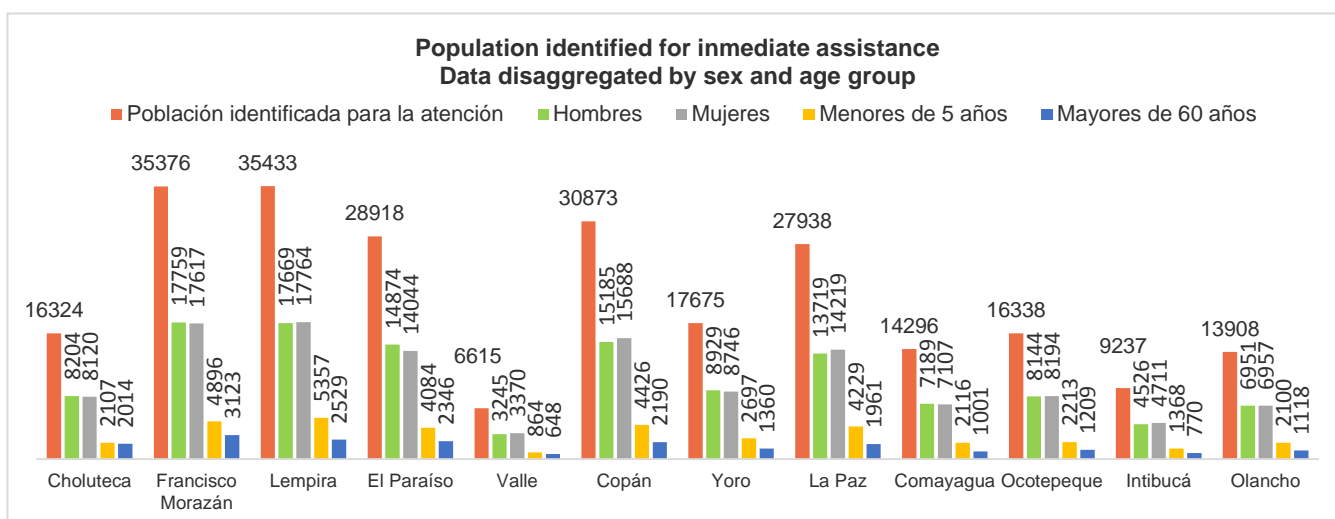
HUMANITARIAN NEEDS

Honduras faced one of the most severe droughts in its history¹, surpassing in size and impact that faced in 2014 whose effects were transferred until 2015 not allowing the development of an effective resilience in the communities. More than 1.35 million people (270,734 families - 169,000 children under five) in 146 municipalities were in a situation of food insecurity from moderate to severe. 98 per cent of families were implementing emergency strategies for survival, aggravating chronic malnutrition problems, and health vulnerabilities. The drought in 2015 was associated with the presence of El Niño, which caused an irregularity and an almost non-existent presence of rains and historical temperature records across the country and especially in the departments affected by drought with temperatures that have reached 40.6°C.

More than 250 thousand people (50,586 families) were in need of immediate humanitarian assistance. Particularly concerning was the impact of the drought on malnutrition rates for children under five (3.4 per cent of acute malnutrition), nutritional support was required to prevent a risk for an increase in acute malnutrition due to the exacerbation of the food crisis. The crisis was accentuated by the limited access to water, sanitation and hygiene. The impact of drought was also reflected in the population demands for greater health services due to increasing cases of diseases like dengue, Chikungunya and diarrhoea. Extremely vulnerable population groups were pregnant / lactating women, children under five and elderly.

The drought affected 146 municipalities in twelve provinces according to the following distribution: Comayagua (9 municipalities), Copán (9 municipalities), Choluteca (15 municipalities), El Paraíso (12 municipalities), Francisco Morazán (19 municipalities), Intibucá (8 municipalities), La Paz (17 municipalities) Lempira (22 municipalities) Ocotepeque (15 municipalities) Olancho (8 municipalities), Valle (7 municipalities).

The profile of the population affected was characterized by low income, limited access to land for cultivation, limited access to basic health services, water and sanitation, child protection and education, high levels of chronic malnutrition, reduction of the purchasing power of essential services and difficulties in obtaining basic food basket. It consists of small producers of basic grains, mostly for subsistence (very few of them with a surplus for sale), laborers, landless farmers and female heads of household. Households headed by women (which mean that the woman is the only responsible adult) reach an average of 25.5 per cent. The average income of small producers of basic grains was US \$ 72 a month. If the contributions of the other family members were included, the average of incomes added was US \$ 122 per month.



¹ compared in magnitude to that of 1997-1998

II. FOCUS AREAS AND PRIORITIZATION

An Emergency Food Security Assessment (EFSA) was carried out by Humanitarian Country Team (HCT) and the government on August 2015. The EFSA showed a significant deterioration in the humanitarian situation. According to the EFSA 220,148 households were in moderate food insecurity and 50,585 households in severe food insecurity. It meant a 40 per cent increase in the number of families in severe food insecurity in relation to 2014. In 2014, 30,871 families (154,355 people) were severely affected by drought and, with very limited capacities to recover and whose effects was transferred until 2015 not allowing the development of an effective resilience in the communities. In 2015, 98 per cent of small producers were affected by drought, representing an estimated loss in agricultural production of 81 per cent. This situation was particularly dramatic for farmers whose livelihoods depend on agricultural harvest from their plots and their labour on plots of medium producers. Food access and income of more than 80 per cent of households in the Dry Corridor depend on the agricultural sector: the main source of income for 61 per cent of households was subsistence farming, while 18 per cent of households generate its income selling unskilled agricultural labour. Associated with this, there was an increase in the prices of basic goods from 6 to 28 per cent in areas affected by drought.

The EFSA identified that 18 per cent of the population did not have acceptable food consumption (7 per cent poor and 11 per cent limited consumption). The diversity of the household diet was low for 27 per cent and 40 per cent moderate of households. Household survival strategies were being implemented to make significant changes in the quality and quantity of the diet through the combination of different strategies. 69 per cent of households were consuming less preferred or cheaper foods, 40 per cent reduced the number of meals and 52 per cent reduced the size of the portions. Also, in 38 per cent of households, adults had reduced the amount of food consumed to favour small children and 18 per cent of households had borrowed food or had help from other families and friends.

Particularly concerning was the impact of the drought on malnutrition rates for children under five. In the municipalities affected there was a 3.4 per cent of acute malnutrition (0.4 per cent severe acute, and 3.0 per cent moderate acute), three times more the national average (1.4 per cent DHS 2012). These in turn have serious levels of chronic malnutrition (stunting) reaching 48 per cent in this age group in the affected geographical areas. The high risk for an increase in acute malnutrition (especially moderate), due to the exacerbation of the food crisis required nutritional support to prevent a major nutritional crisis with serious consequences for the lives of children under five.

The EFSA found that while 68 per cent of rural population had coverage of household water services for human consumption, about 2 in 10 persons were supplied by wells or community faucets, and 8 per cent from streams and water sources. Rural areas did not have a steady daily water supply, which jeopardized the quality of the water supplied. Added to this, the population was forced to make greater water storage in the home, which was not always safe, encouraging the creation of mosquito breeding sites. 32 per cent of households that did not have water in the house, invested on average more than 25 minutes for their supply activity that in 24 per cent of cases was done by women. The low water availability also applies to healthcare centers which generate the risk of nosocomial infections and schools as well.

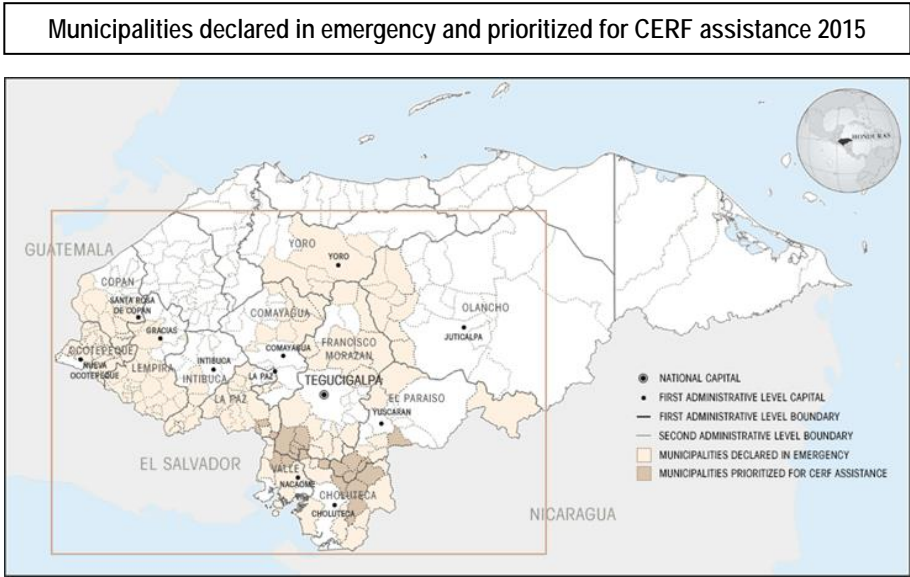
The impact of drought was also reflected in the population demands for greater health services due to increasing cases of diseases like dengue, Chikungunya and diarrhoea. 75 per cent of the households indicate that received less amount of water than the previous period. 80 per cent of families were reporting deficiencies in access to water through storing water in barrels and batteries, while 11 per cent did not have any storage mechanism, enhancing the threat of outbreak of water and vector borne diseases.

Associated with these levels of vulnerability in the affected areas, the EFSA identified that 17 per cent of households report the migration of a member of their family in 2015. The main reasons for migration were directly related to: 8 per cent crop losses, 3 per cent non-availability of water, and 79 per cent reduction in employment. Migration destinations were 3 per cent to Central America, 33 per cent outside Central America, 25 per cent to the capital city, 17 per cent other departments.

The CERF funding was approved to support lifesaving actions to preserve the lives of 4,743 families (approximately 23,717 individuals) who were affected due to the prolonged and cumulative effects of two consecutive droughts. Of the severe food insecure 50,586 families, the targeted 4,743 families represented the most in urgent need that had already depleted their food reserves and were already engaged in negative coping mechanisms with high threats for their lives.

The selection of 21 municipalities considered in CERF proposals were based using a combination of vulnerability indicators which helps to determinate the 4,743 households. The indicators used are: municipal population; staple food production (corn, beans and sorghum) and the available reserve at level of households; households incomes; Human Development Index; Economically Active Population; families with access to water; families with access to education; households overcrowding; and Land covered with forest.

The added value of the CERF funds in Honduras was that they allow for a multi-sectoral response that complements the nominal funding provided by other donors to a limited number of partners or sectors. The HCT aims to utilize the CERF funds to ensure an equitable response across priority sectors.



III. CERF PROCESS

In 2014, the capacities of Humanitarian Country Team (HCT) were strengthened by two emergencies faced: Unaccompanied migrant children and drought, the lessons learned generated in response to these emergencies were considered to response to this emergency with a comprehensive approach. The HCT had been involved in the CERF process through the cluster approach. The clusters were involved since the design of Humanitarian Response Plan and they kept working for the developing of this CERF. There were meetings under leadership of every agency: WFP, PAHO-WHO and UNICEF with the partners to identify goals and activities.

The critical indicator to prioritize the response was, based on the EFSA which found 13 per cent of persons with severe food insecurity and unacceptable food consumption level. This was applied to the total population in the 146 prioritized municipalities. Prioritization of geographic areas, clusters and activities for the CERF proposal was made in a participative consultation process. Cluster leads had a critical role in this process and made possible the consensus with all the participant organizations. Partnerships both with the government and the NGOs were reinforced in the process.

The activities were in line with the activities identified in the Humanitarian Response Plan, which was elaborated and launched together the government on September 2015 to the International Community in Honduras. UN's AFP had the implementation capacity that allowed achieving the planning results of CERF's proposals in the time of 6 months. Its partners NGOs (ADRA, Action Aid/South in Action, Caritas, Child Fund, Save the Children, and World Vision) are present in the area and were capable to implement planned activities. An advantage in the implementation of activities with NGOs partners was that they have experience and knowledge, since they were the implementing partner of CERF in 2014.

The response strategy actively involves communities based on an active and equal participation of men and women incorporating their vision, interests and needs differentially, local governments and the central government through COPECO, SESAL (Secretary of Health), and National Service of Water and Sewage System (SANAA), and others.

The number of beneficiaries by component was determined as follows: a. the communities and families whose food insecurity, nutritional, and health vulnerability increased due to drought represent the target group; b. The communities in each municipality to be assisted with CERF is going to be selected by municipal committees, composed of the municipal corporation, NGOs, the Secretary of Health among others; and c. The beneficiaries will be selected among the same affected people based on their vulnerability.

Gender policy of PAHO-WHO, WFP and UNICEF was taken in consideration in the identification of activities and population targeted. These agencies have a gender policy which is implemented in all its programs and projects and also requests to the partner institutions to implement that policy. Therefore, since the beginning of the CERF projects the participation of men and women in the planning, implementation and evaluation of all activities was considered. Also, the focus on human rights, diversity and protection was considered in all the actions of the response based on the principle of avoiding collateral damages to those affected by the undertake actions. The issue of security was part of the response strategy to prevent and avoid situations that endanger humanitarian workers and people in the communities, especially in places where there are "local gangs "engaged in theft and assault that endanger the lives of people.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 1,3 million (50,585 households requiring immediate humanitarian assistance)									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	7,054	6,224	13,278	6,832	3,831	10,663	13,886	10,055	23,941
Health	2,977	9,586	12,563	2,887	6,925	9,812	5,864	16,511	22,375
Nutrition	7,673	1,717	9,390	7,372	411	7,783	15,045	2,128	17,173
Water, Sanitation and Hygiene	2,816	3,101	5,917	2,822	2,561	5,383	5,638	5,662	11,300

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

In general the direct beneficiaries were over the planned in all the sectors: food aid, health, nutrition and wash. In the case of food aid, the exchange rate for the US Dollar against the Lempira (local currency), as well as the low commissions charged by the financial institutions that worked with WFP on the cash transfers, allowed to increase the number of beneficiary in 224 people. In health, 22,375 beneficiaries were achieved, it means an increase of 79 per cent of the target population due to the active involve of beneficiaries and local organizations and coordinated actions among agencies in the field.

In nutrition de number of children under five was overreached in 300 per cent, due to a good working relationship between UNICEF, WFP and the Ministry of Health at the departmental, municipal and local level. In the 21 municipalities target of CERF, the nutritional surveillance increase from 40 per cent to 83 per cent in 107 health centres; reaching 17,084 children under five. These was possible through an exhaustive in situ training process to health personal (230), the reactivation of the participation of local health volunteers (562) and the 1,336 mother and caregivers.

In relation to wash, the number of beneficiaries increased from 8,850 to 11,300 people. This is due to the strong commitment not only of the municipal authorities, but also the enthusiasm and cooperation of community-based organizations and beneficiary people. Additionally, it is important to mention that some of the NGOs obtained some funds, which allowed reaching a larger number of communities; 64 communities originally were planned to be supported, nevertheless 71 were reached, with the improvement of their wells and the provision of filters.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ²			
	Children (< 18)	Adults (≥ 18)	Total
Female	7,673	9,586	17,259
Male	7,372	6,925	14,257
Total individuals (Female and male)	15,045	16,511	31,556

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding this should, as best possible, exclude significant overlaps and double counting between the sectors.

To avoid a double counting every sector identified its planned and reached direct beneficiaries through CERF funding. The beneficiaries for every sector are presented in the next table:

	WFP (Food Aid)		UNICEF (WASH)		PAHO-WHO (Health)		UNICEF; PMA (Nutrition)	
	Planned	Reached	Planned	Reached	Planned	Reached	Planned	Reached
Female	13,154	13,886	3,979	5,638	6,375	5,864	2,931	9,390
Male	10,563	10,055	4,871	5,662	6,125	16,511	2,817	7,783
Total Individuals	23,717	23,941	8,850	11,300	12,500	22,375	5,748	17,173

CERF RESULTS

PAHO-WHO, WFP and UNICEF closely coordinated with national and local authorities to effectively optimize and focus CERF funded actions. The main CERF results listed by implementing agency include:

Food Aid (WFP)

- Food Assistance through cash-based transfers was delivered to assist 4,788 families (23,941 individuals) for three months. Three deliveries of US\$ 75 were made per family, one monthly, to meet their minimum food requirements.
- Food Consumption Score (FCS): improved partially considering that the assistance covered 90 days. Nonetheless, results show the following improvements: (20 percent reduction in the share of households with borderline FCS; 3 percent reduction in the share of households with poor FCS; Share of households with acceptable FCS raised from 82 percent to 85 percent).
- The Diet Diversity Score (DDS): thanks to CBT, beneficiaries had access to a wider range of food commodities, which contributed to improve the DDS beyond the target set, as follows: (49 percent increase in the share of households that have a high DDS, it passed from 33.2 percent to 49.5 percent; 64 percent reduction in the share of households that have a low DDS, it passed from 26.9 percent to 9.7 percent);
- CBT allowed 95 per cent beneficiaries to avoid adopting emergency coping strategies as selling productive assets (agricultural working tools); selling/abandoning their land; selling reproductive female animals.

Health (PAHO-WHO)

- 56 health units and 200 communities in 15 municipalities have been strengthened the emergency response capabilities to ensure timely detection, treatment and quality management of affected population with deteriorated health condition due to the effects of drought.
- The rate of diarrhea was reduced in 39 per cent in the area of influence of the project as a result of provision and distribution of medicines for waterborne diseases and nutritional surveillance for pregnant women and infants (zinc and oral rehydration salts).
- 136 facilitators of Health Secretary and NGOs and 1,180 community leaders trained in disease vector control, monitoring water quality, healthy environment, hygiene and health.
- 4,470 families received supplies and were trained on how to treat drinking water: 65 communities with water safety plans; 21 chlorine production equipment in situ installed with their respective booth; 18 dosing chlorine for disinfection of drinking water installed and running chlorine in water systems and water boards trained in their use; 100 kits and reagents for analysis of free chlorine for water disinfection. 28 guidelines of PSA; 850 sheets of PSA; 317 guidelines for surveillance of water quality and 300 friendly guidelines for PSA were distributed.
- 1,200 posters and 320 healthy environment manuals were printed to promote healthy environments.

Nutrition (UNICEF - WFP)

- 15,045 children under five screened (segregated by sex and age) for acute malnutrition in 21 affected municipalities. This was made possible through an exhaustive in situ training process to health personal (230), the participation of local health volunteers (562) and the 1,336 mother and caregivers.
- 629 children identified were assisted in timely manner through using therapeutic food (Plumpy Nut), which was being supplied by health officials at the local level. The identification of these children was possible by a nutritional assessment, using WHO growth standards, carried out by UNICEF/ WFP and SESAL (Health Secretary)
- 107 health units have improved its capacity through the provision of equipment to with essential stationery for care registration of children and children served, and anthropometric equipment (scales and wood height rods). Additionally 3 rooms of Nutritional Recovery (SRN) of regional hospitals in Choluteca, Valle and La Paz were supplied with therapeutic food (Plumpy Nut).

Water, Sanitation and Hygiene (UNICEF)

- 11,300 people affected by the drought have improved sanitary conditions of through increased access to secure water and rapid training of good hygiene practices, at home and community level: 73 communities count on improved 74 community wells and 21 domestic wells.
- 1,691 filters were distributed among the families. It was an increased from 1,482 to 1,691, the main reason for it was that World Vision and Action Aid in agree with the communities decided to support the families with ceramic filters instead of sawyer filters, the price of the ceramic filter is cheaper than the other. Additionally, it is important to mention the strong commitment not only of the municipal authorities, but also the enthusiasm and cooperation of community-based organizations and beneficiary people.
- 1,155 of volunteers in the communities trained to follow up in the good hygiene practices particularly hand washing and water treatment for human consumption.

CERF fund helped to respond to time critical needs of the population affected by drought, families immediately have the opportunity to access financial and technical resources; this includes the purchase of equipment, materials and supplies as well as to training.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

UN's agencies and NGOs partners (ADRA, Action Aid, CARITAS, Child Fund, Save the Children, and World Vision) worked in a coordinated way for planning in basis of short - term results, so the CERF reached the beneficiaries in a fast way. Important to remark that the knowledge and commitment of the NGOs and their previous work in the selected municipalities were important factors to achieve well result in a short period.

For example, it was possible to WFP to start immediately the operations funded by the CERF in coordination with cooperating partners and local counterparts (such as municipal authorities, CODEMs and CODELS), given the already existing platform of food assistance in place and the existing expertise in the implementation of Cash Based Transfer (CBT) modality.

A tangible added value in humanitarian response was the integration of the different actors, allowing a better understanding of the role of local governments in the organization and defining response actions, while also allowing for the adequate focus on the most vulnerable populations. Of note is the role of civil society, especially the network of health volunteers, who expanded the monitoring network at the community and family level.

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

YES PARTIALLY NO

CERF funds allowed WFP and its partners to deliver assistance to affected families during a very critical time for drought - when food reserves were depleted or had seriously diminished -. Moreover cash transfers encouraged people to work in the rehabilitation and/or creation of assets at the community and household level which eventually contributed to strengthen people's livelihoods.

The CERF within the Cluster of Nutrition allowed timely and appropriate support to the needs of the population affected by malnutrition and nutritional risk. This was done by combining systematically assistance through a preventive approach and the consistent provision of fortified complementary food, which allowed preventing the occurrence of new cases of children affected by acute malnutrition. Responsiveness of the health units was also improved, while the response capacity of the system was expanded in the second level of care (hospital level) and was strengthened.

Indeed, CERF funds contributed for providing safe water to the beneficiary people in order to satisfy their needs and protect their health; previously they were consuming water of poor quality, not appropriate for human consumption. CERF helped them to assure safe water for their needs. Even though the short period of execution, staff from health centers in the municipalities indicated that the number of diarrhoea cases has decreased. This can be attributed to the access of safe water, distribution of medicines for waterborne diseases and to the rapid hygiene training session carried out for the volunteers to the beneficiaries. During the training sessions a special emphasis was given to: washing hands, treatment of the water for human consumption and cleanliness of the house.

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

YES PARTIALLY NO

WFP managed to mobilize additional resources to assist drought – affected people in the Dry Corridor against the response plan that was worked out between UN and the government. From December 2015 when CERF funds were received till now, additional \$8.4M were mobilized. This has allowed WFP to extend the coverage up to 150,000 drought –affected people in 53 municipalities in the Dry Corridor.

² Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

Through the in kind support to WFP of 170 TM of CSB+ (Supercereal plus) from USAID with a value of US\$ 170,000, WFP increased the number of children assisted from 5,748 to 15,045. Additionally, UNICEF allocates additional resources for 10,836.66 to support three additional months of a nutritionist.

d) **Did CERF improve coordination amongst the humanitarian community?**

YES PARTIALLY NO

The project has substantially contributed to improve coordination at all levels: among UN agencies, local NGOs, Government, local authorities, health centers and other stakeholders at community level. To work within the CERF framework has fostered positive coordination and information exchange dynamics such as periodic meetings and roundtables, workshops, etc. Coordination on the ground has been also promoted through participative and inclusive processes which have called for partners' engagement and compromise.

The good coordination established has been a key factor for the execution of the activities and consequently for reaching the planned goal, not only in terms of the selected beneficiaries but also during the training sessions.

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

Through CERF it has been possible to give an integrated and multi-sectorial response to the drought emergency, encompassing food security, nutrition, water and sanitation, and health. This has eventually contributed to promote a higher and more sustainable impact. CERF has also served to position UN humanitarian principle in the response and provision of assistance (international standards in the food ration, quality of water, etc.).

The Inter-Agency coordination and the partners' commitment during the implementation were important factors to ensure a prompt response to the affected population, and the experience obtained will allow working together for future actions during emergency situations. In addition the participation of the Executive level was relevant, in terms of their recommendations to achieve the goals.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Greater flexibility is needed in the guidelines of CERF to support the design of the proposal of projects.	The protocols to be followed during times of emergency must be different from those followed in development processes.	CERF Secretariat
Continuous coordination among the United Nations Agencies and NGO partners, during the preparation of the CERF proposal was relevant in order to deliver an integrated response to the affected population to satisfy their critical needs.	Good practice that must be always considered for future actions. CERF Secretariat's guidelines could highlight it.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
It is important to have a baseline, at the beginning of the project, consistent with the indicators and	Inter-agency meeting to define a comprehensive baseline. (A common tool should be designed among all stakeholders to collect baseline data. UNETE M&E team should coordinate the	All implementing agencies

activities.	elaboration of this multi-sectoral tool to be ready for any emergency settings).	
Having data on timely from EFSA and EDAN (Water and Sanitation) were good tools to decide the municipalities to be benefitted for being supported	In the country the lack of information it is one the main difficulty at the moment to prepare project proposals, not only during emergency situations but also for development; although the United Nation could support government for having data through appropriate instances; this is a responsibility for the Government authority.	Government/ UN Agencies/HCT
The key for this type of projects is the socialization with national and local authorities.	Greater socialization of the project before its formulation and implementation with national and regional authorities involved.	All implementing agencies
Information don't flow easily among different Government's institutions, above all at the higher official level, which inhibit a follow-up on actions and achievements at lower level, especially in the areas of education, health and nutrition.	A feedback mechanism should be established at different levels to promote information exchange Likewise, a national monitoring strategy, with institutional participation, should be strengthened to assess the impact and promote the sustainability of results	Government institutions, UN agencies and Cooperating Partners (NGOs)
Stronger focus on improving the local economy through cash transfers	CBT has proved to be effective and efficient and needs to be continued and enlarged as modality of food assistance in the context of Honduras. In view of the potential multiplier effects of the CBT modality a much stronger emphasis on creating a link with local markets should be promoted.	WFP, Cooperating partners, Local Government
In future nutrition interventions should include financial resources for the development of educational activities aimed at the target population, since within the variables that influence nutrition education has an important weight.	To promote budgets/mobilization of resources to strengthen the capacities of local and community level.	UN's agencies, Cooperating partners, Local Government
Need for a review and evaluation of the project's overall performance led by UN agencies	If the budget allows, review and evaluation exercise should be undertaken by UN agencies, which will be useful in the design future interventions.	All implementing agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	01/11/2015 – 30/04/2016		
2. CERF project code:	15-RR-WFP-073		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Drought emergency food assistance for food insecure people in the Southern Region of Honduras.					
7. Funding	a. Total funding requirements ³ :	US\$ 30,350,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁴ :	US\$ 9,745,382	▪ NGO partners and Red Cross/Crescent:		US\$ 33,808	
	c. Amount received from CERF:	US\$ 1,345,382	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	7,193	6,768	13,961	7,054	6,832	13,886
<i>Adults (≥ 18)</i>	5,961	3,795	9,756	6,224	3,831	10,055
Total	13,154	10,563	23,717	13,278	10,663	23,941
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>			23,717	23,941		
Total (same as in 8a)			23,717	23,941		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Due to favorable USD/Lps exchange rates it has been possible to increase the number of beneficiaries assisted to 23,941. According to beneficiaries lists it can be stated that 13,278 women and 10,663 men have been assisted.					

³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁴ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	To attend the immediate foods needs of most vulnerable population affected by drought.		
10. Outcome statement	Stabilized or Improved food consumption over assistance of 23,717 affected people (4,743 households) in 21 targeted municipalities of the dry corridor.		
11. Outputs			
Output 1	Food assistance through cash-based transfers distributed to 23,717 affected people for a period of 90 days in a timely manner		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of beneficiaries receiving food assistance through cash-based transfers, disaggregated by gender, as percentage of planned distribution	23,717	23,941
Indicator 1.2	Percentage of household with poor Food Consumption Score	3%	6.9% (1,652 people)
Indicator 1.3	Percentage of household with a poor Dietary Diversity (Less than 4 food group)	15%	9.7% (3,591 people)
Indicator 1.4	Percentage of households with reduced/stabilized of Coping Strategy Index	80%	95%(22,744 people)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Sign agreements between WFP and NGO's	WFP Honduras	WFP Honduras NGOs (ADRA, Action Aid/South in Action, CARITAS, Child Fund, World Vision)
Activity 1.2	Training of NGOs and Government staff	WFP Honduras	WFP Honduras
Activity 1.3	Targeting of beneficiaries and registration process	WFP, NGOs and local committees	WFP, NGOs and local committees
Activity 1.4	Distribution of Cash-based transfers	WFP Honduras and suppliers	WFP Honduras and Financial Service Providers (FSPs)
Activity 1.5	Monitoring of activities and post-distribution monitoring	WFP Honduras, NGOs and local Committees	WFP Honduras, NGOs and local Committees.
Activity 1.6	Accountability process	WFP, Municipal Committee and NGOs	WFP, FSPs, Municipal Committee and NGOs
Activity 1.7	Evaluation and final report	WFP Honduras and NGOs	WFP Honduras and NGOs

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

In June 2016, WFP in coordination with the Latin American Faculty of Social Sciences (FLACSO) of the National Autonomous University of Honduras (UNAH) carried out a Post Distribution Monitoring (PDM) to assess the outcomes achieved through the CERF – funded project.

Comparing baseline data collected in August 2015 to the results of the PDM, it can be highlighted the CERF financed project contributed to the achievement of major improvements on food security outcomes considering the short duration of the food assistance. In particular:

Food Consumption Score (FCS): improved partially considering that the assistance covered 90 days. Nonetheless, results show the following improvements:

- 20 percent reduction in the share of households with borderline FCS;
- 3 percent reduction in the share of households with poor FCS;
- Share of households with acceptable FCS raised from 82 percent to 85 percent.

The Diet Diversity Score (DDS): thanks to CBT, beneficiaries had access to a wider range of food commodities, which contributed to improve the DDS beyond the target set, as follows:

- 49 percent increase in the share of households that have a high DDS, it passed from 33.2 percent to 49.5 percent.;
- 64 percent reduction in the share of households that have a low DDS, it passed from 26.9 percent to 9.7 percent;

Coping Strategies Index (CSI): CBT allowed 95 per cent beneficiaries to avoid adopting emergency coping strategies as selling productive assets (agricultural working tools); selling/abandoning their land; selling reproductive female animals.

Moreover, the activities and processes implemented within the CERF - funded project have contributed to the achievement of the following outcomes:

- NGOs staff (10 people) and local Government staff (126 people) have been exposed to cash based transfer modalities;
- Stronger communities' organization, cohesion and empowerment;
- Community's assets and infrastructures rehabilitated such as roads, schools, health centers; etc.
- Capacities and infrastructures related to agriculture and production created and/or rehabilitated such as community lands, small irrigations schemes, wells, family and community gardens, etc.
- Improved living conditions thanks to rehabilitation and/or creation of basic infrastructures at household level (such homes, latrines, etc.);
- Strengthen of local market economy thanks to use of local financial institutions and injection of cash transfers in local shops and markets;
- Promotion of food security, nutrition and health good practices resulted on nutritional diverse diets with inclusion of vegetable and animal proteins;
- Strengthened women participation and empowerment in decision – making processes at municipal, local and household level;

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

To guarantee AAP, WFP in coordination with cooperating partners and local authorities has fostered the implementation of a specific protocol which consists of the following:

- Re- activation or establishment of municipal and local committees, CODEMs and CODELs, with representatives from the health, education, municipal transparency/human rights focal point, representatives from the Municipal Women Office (Oficina Municipal de la Mujer OMM) and NGOs partners;
- Training of CODEMs, CODELs and NGOs in communities and beneficiaries' selection and protection, gender issues related to modalities of interventions;
- Collection of data conducted through cooperation between CODEMs, CODELs and NGOs;
- Beneficiaries' selection and community targeting done throughout the local committees;
- Engagement and empowerment of CODEMs, CODELs and NGOs throughout the whole project's cycle, including problem/context analysis, community-based planning, cash distributions/transfers organization, social audit and implementation of activities.

- Continuous monitoring through WFP monitors and NGOs at all stages of the process
- Enhanced communication channels with beneficiaries through flyers, radio messages, posters.
- Established feedback system from beneficiaries through phone line.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
Post – distribution monitoring/final evaluation has been carried in June and results presented in section 12.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	Pan American Health Organization/ World Health Organization PAHO - WHO	5. CERF grant period:	11/16/2015 – 05/15/2016
2. CERF project code:	15-RR-WHO-048	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Strengthening the health response to face drought emergency		
7. Funding	a. Total funding requirements ⁵ :	US\$ 2,080,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received ⁶ :	US\$315,010	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 85,055
	c. Amount received from CERF:	US\$ 315,010	▪ <i>Government Partners:</i> US\$ 9,729

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 5)	1,148	1,102	2,250	2,977	2,887	5,864
Adults (≥ 5)	5,227	5,023	10,250	9,586	6,925	16,511
Total	6,375	6,125	12,500	12,563	9,812	22,375
Pregnant women and nursing mothers (PLWs)	875			2,108		
Families	2,500			4,475		

⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁶ This should include both funding received from CERF and from other donors.

8b. Beneficiary Profile		
Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population		
Other affected people	12,500	22,375
Total (same as in 8a)	12,500	22,375
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	This increase of 79 per cent of the target population was achieved by the sum of communities and coordinated actions among agencies that occurred in the field. High participation of beneficiaries and local organizations. Efficient use of resources by implementing partners.	

CERF Result Framework			
9. Project objective	Strengthen the response of health services in 15 municipalities affected by drought in the departments of Francisco Morazán, Choluteca, Valle, El Paraíso and La Paz, in the Dry Corridor of Honduras, in the care of children under five, pregnant and lactating women affected due to lack of food and drinking water as a result of the current drought emergency.		
10. Outcome statement	30 health facilities units have capacity to respond and provide adequate management to avoid dehydration due to diarrhoea, dengue and chikungunya to 2,250 expected children under five years old, 875 pregnant women and lactating women and develop water quality surveillance in priorities communities affected by drought emergency.		
11. Outputs			
Output 1	30 health facilities units adequately equipped to ensure timely detection, treatment and quality management of affected population with deteriorated health condition due to the effects of drought.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage reduction of diarrhoea cases in selected communities according to surveillance data of health facilities units, which is consolidated at the municipal level.	15%	39%
Indicator 1.2	Percentage of health facilities units (30) in the intervention area have the supplies needed to improve care for those affected during the current emergency.	30 health facilities units (100%)	56 health facilities units (187 %).
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of supplies and materials: Provide essential medicines and health supplies to health facilities for early treatment of communicable diseases (diarrhoea, dengue, chikungunya) affecting vulnerable populations.	PAHO	PAHO
Activity 1.2	Printing of rapid training materials	PAHO, NGO	PAHO, NGOs (Action Aid/South in Action, ADRA,

			Child Fund Honduras, World Vision) and La Paz Health Region.
Activity 1.3	Rapid training of families, health technicians and community agents of affected areas.	NGO, MoH	NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision) and La Paz Health Region.
Activity 1.4	Distribution of supplies and materials to health facilities.	PAHO, NGO	PAHO, NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision) and La Paz Health Region.
Activity 1.5	Visits to the communities	NGO, MoH	NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision) and La Paz Health Region.

Activity 1.6	Visits of monitoring and evaluation	PAHO, UNICEF, NGO, MoH, Other local partners	PAHO, UNICEF, WFP, OCHA, NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision) and La Paz Health Region.
Output 2	2,250 families have supplies to treat water and are trained for proper use		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentages of selected families receive supplies and are trained on how to treat drinking water	2,500 families	4,470 families (179 %)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of supplies and materials: Provide basic kit of equipment and supplies (health units, municipalities, community workers and NGOs) to conduct epidemiological surveillance and water quality.	PAHO	PAHO
Activity 2.2	Rapid training of 30 environmental health technicians and community agents (water management boards) of affected areas on tools for implementing water quality surveillance	NGO, MoH	NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision), MoH and La Paz Health Region.
Activity 2.3	Printing of rapid training materials	PAHO, NGO	PAHO, NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision) and La Paz Health Region.
Activity 2.4	Distribution of supplies and materials to health facilities	PAHO, NGO	PAHO, NGOs (Action Aid/South in Action, ADRA,

			Child Fund Honduras, World Vision) and La Paz Health Region.
Activity 2.5	Monitoring water quality	NGO, MoH	NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision), SESAL and La Paz Health Region.
Activity 2.6	Visits to the communities	NGO, MoH	NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision), SESAL and La Paz, Health Region.
Activity 2.7	Visits of monitoring and evaluation	PAHO, UNICEF, NGO, MoH, Otros socios locales	PAHO, UNICEF, WFP, OCHA, NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision), SESAL and La Paz Health Region.

Output 3	Risk of vector borne disease, such as dengue, chikungunya is reduced in selected		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Percentage of municipalities that implement vector borne disease control measures (eradication and treatment of mosquito breeding). For this intervention is planned to develop in 15 priority municipalities	15 municipalities	15 municipalities (100 %)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of supplies for prevention and control of vectors	PAHO	PAHO
Activity 3.2	Rapid training to environmental health technicians of 30 health facilities units and community agents of affected areas on tools for implementing vector borne diseases control.	NGO, MoH	NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision), SESAL and La Paz Health Region La Paz.
Activity 3.3	Printing of rapid training materials	PAHO, NGO	PAHO, NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision) and La Paz Health Region.
Activity 3.4	Distribution of supplies and materials to health facilities	PAHO, NGO	PAHO, NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision) and La Paz Health Region.
Activity 3.5	Intensify local actions for vector control: detection and elimination and/or treatment vector breeding sites and adequate practices of water storage to prevent illnesses transmitted by mosquitoes (dengue,	NGO, SESAL	NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision) SESAL and La Paz Health Region La Paz.

	chikungunya)		
Activity 3.6	Visits to the communities	NGO, SESAL	NGO (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision), SESAL and La Paz Health Region.
Activity 3.7	Visits of monitoring and evaluation	PAHO, UNICEF, NGO, SESAL, others local partners.	PAHO, UNICEF, WFP, OCHA, NGOs (Action Aid/South in Action, ADRA, Child Fund Honduras, World Vision), SESAL and La Paz Health Region.

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

39 per cent reduction of diarrhea cases in the area (260 per cent). One of the determining factors that explain this percentage is the joint work at health units' level and municipalities in treatment actions, monitoring water quality and a healthy environment.

56 health facilities units (187 per cent). This percentage increased by including additional communities to the project. The additional health services also were attended and timely provided with medical supplies.

Essential medicines and health supplies to health facilities were provided for early treatment of communicable diseases (diarrhea, dengue, chikungunya): oral rehydration salts, prenatal, inputs for vector control and surveillance and treatment of the water.

1,200 posters and 320 healthy environment manuals were printed to promote healthy environments. Additionally was developed a rapid training on the management of diarrheal diseases, dengue and chikungunya to 136 facilitators of Health Secretary and NGOs and 1,180 community leaders.

4,470 families received supplies and were trained on how to treat drinking water: 65 communities with water safety plans; 21 chlorine production equipment in situ installed with their respective booth; 18 dosing chlorine for disinfection of drinking water installed and running chlorine in water systems and water boards trained in their use; 100 kits and reagents for analysis of free chlorine for water disinfection. 28 guidelines of PSA; 850 sheets of PSA; 317 guidelines for surveillance of water quality and 300 friendly guidelines for PSA were distributed.

15 municipalities' implemented vector borne disease control measures (eradication and treatment of mosquito breeding): 38 thermo-fogger pumps and distribution of supplies and materials to health facilities: BTI 40 Bottles of 500 gr; Abate 43 bags of 25 kg; Aqua reslin 51 liters; Deltra Metrina 15 Bottles de 2.5 liters; 1250 gloves, 3,250 masks and 45 bottles of HTH.

At the request of the Secretary of Health (SESAL) made some adjustments in the purchase of medicines and supplies vector control: therefore had sufficient existence in the central store of oral rehydration salts, micronutrients and zinc, was purchased prenatal vitamins and; Also at the request of the SESAL, instead of inputs for vector control, thermal fogger pumps were purchased and distribution was made locally.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

PAHO used the assigned funds with transparency since the design of the project, in order to ensure the proper accountability. The communities were selected according to criteria defined by the implementing agencies according to the population to benefit. Municipalities, communities and families were selected after the analysis of the baseline where NGOs, SESAL, Municipalities, CODEMs, water boards and health units participated.

All supplies, equipment and materials were delivered by PAHO to NGOs and previously were registered by the health regions of the SESAL and local health units for subsequent delivery to beneficiaries. The final beneficiaries signed Transfer Act, according to PAHO administrative procedures.

PAHO contracted providers for the construction of booths for the installation of chlorine production equipment in situ and dosing chlorine for disinfection of drinking water. The providers worked together with beneficiaries who signed Transfer Acts. A PAHO consultant supervised the installation and functioning of the equipment provided to beneficiaries. Finally, all Transfer Acts were delivered to PAHO. This process was also supervised by the PAHO consultant.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>The project was evaluated and finalized. There is a report (only in Spanish) that evidence the compliance of the objectives, activities, indicators and expected outcomes: Main results:</p> <ul style="list-style-type: none"> • Reduced the rate of diarrhea by 39 per cent in the area of influence of the project • 254 technicians and leaders or community health workers trained in disease vector control, monitoring water quality, healthy environment, hygiene and health. • 65 communities with water safety plans. • 21 chlorine production equipment in situ installed with their respective booth. • 18 dosing chlorine for disinfection of drinking water installed and running chlorine in water systems and water boards trained in their use. • 38 thermo-fogger pumps and distribution of supplies for vector control. • 100 kits and reagents for analysis of free chlorine for water disinfection. 	<p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF WFP		5. CERF grant period:	16/11/2015 – 16/05/2016		
2. CERF project code:	15-RR-CEF-128 15-RR-WFP-074		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Nutrition Response for the treatment and prevention of acute malnutrition in boys and girls under-five in 21 municipalities of the Dry Corridor Area of Honduras					
7. Funding	a. Total funding requirements ⁷ :	US\$ 3,200,000.00	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁸ :	US\$ 408,324.66	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	c. Amount received from CERF:	US\$ 227,488				
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	2,931	2,817	5,748	7,673	7,372	15,045
Adults (≥ 18)				1,717	411	2,128
Total	2,931	2,817	5,748	9,390	7,783	17,173
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population						
Other affected people			5,748	17,173		
Total (same as in 8a)			5,748	17,173		

⁷ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁸ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The working relationship between UNICEF, WFP and the Ministry of Health at the departmental, municipal and local level, has been instrumental in securing achievements. In the 21 municipalities, the nutritional surveillance increase from 40 per cent to 83 per cent in 107 health centres; reaching 15,045 children under five. These was possible through an exhaustive in situ training process to health personal (230), the reactivation of the participation of local health volunteers (562) and the 1,336 mother and caregivers. Additionally the WFP raised the beneficiaries in 9,297 (161 per cent), thanks to the in kind support from USAID with Supercereal Plus.
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CERF Result Framework			
9. Project objective	To save lives and prevent further nutrition deterioration of boys and girls under 5 in 21 municipalities of the Dry Corridor of Honduras		
10. Outcome statement	Decrease in incidence of acute malnutrition among under 5 children		
11. Outputs			
Output 1	Health Centers provide life-saving therapeutic feeding services and supplies to 600 girls and boys under-5 with acute malnutrition		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children screened (segregated by sex and age) for acute malnutrition in 21 affected municipalities	5,748 (100%)	15,045 (261%)
Indicator 1.2	Number of cases with severe acute malnutrition receiving treatment	600 (100%)	629 (105%)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identify children with acute malnutrition in health units and communities	UNICEF / Health Centres (60)	UNICEF / Health Centres (107) / Health Volunteers (562)
Activity 1.2	Procure of RTUFs and anthropometric tools for the screening and management of acute malnutrition	UNICEF (750 Box RUTF, 60 Height measure, 60 scales, 60 Training and surveillance materials)	UNICEF (750 Box RUTF, 248 Height measure, 97 scales, 107 training and surveillance materials)
Activity 1.3	Nutritional care of children with acute malnutrition and referral for severe cases to more complex health facilities.	UNICEF / Health Centres	Health Centres/Health Volunteers
Output 2	5748 girls and boys receive highly fortified supplementary food (CSB++) and a systematic nutritional surveillance		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Proportion of eligible population who participate in programme (coverage)	5748 (100%)	15,045 (261%)
Indicator 2.2	Proportion of target population participating in an adequate number of distributions	(100%)	105%

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

According to information provided by the staff of the Health Units, the estimated number of children under five in the 21 targeted municipalities is a total population of 20,625 children. Of the 20,625 children, 17,084 were evaluated with measurement of weight and height. This evaluation represented current nutritional surveillance coverage of 83 per cent, worth mentioning that this percentage increased by 43 points, since at the beginning of the CERF it was 40 per cent. This was made possible through an exhaustive in situ training process to health personal (230), the participation of local health volunteers (562) and the 1,336 mother and caregivers.

Through the in kind support to WFP of 170 TM of CSB+ (Superceral plus) from USAID, WFP increased the number of children assisted from 5,748 to 15,045 (9,297, 161 per cent).

The response strategy of nutrition cluster UNICEF/ WFP and SESAL (Health Secretary) was to conduct a nutritional assessment using WHO growth standards. This has allowed for the identification and treatment in timely manner of 629 children, using therapeutic food (Plumpy Nut), which is being supplied by health officials at the local level.

Capacity building has improved substantially the skills of health personnel in nutritional surveillance and identifies multi-sectoral coordination mechanisms with the other components of the CERF. A key aspect that has complemented this process was the capacity building that has been developed through the provision of equipment to 107 health units with essential stationery for care registration of children and children served, and anthropometric equipment (scales and wood height rods). Additionally 3 rooms of Nutritional Recovery (SRN) of regional hospitals in Choluteca, Valle and La Paz were supplied with therapeutic food (Plumpy Nut).

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Accountability actions initiated since the targeting process, involved community health and nutrition committees, volunteers in health and nutrition, health technicians and municipal authorities. This was reinforced by prioritizing families with children suffering from undernutrition with comprehensive care with all the CERF actions (Health, WASH and Food Assistance). The delivery of supplementary food and therapeutic food was regulated by local health and nutrition committees, supported by health volunteers and a strict surveillance process by the health personnel.

<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>The project implementation period did not allow establishing an evaluation process. Despite the above, UNICEF maintain a nutritionist to follow up the technical assistance for three more months.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	16/11/2015 – 15/05/2016		
2. CERF project code:	15-RR-CEF-127		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Joint Humanitarian response to water, sanitation and hygiene needs in communities affected by the drought					
7. Funding	a. Total funding requirements ⁹ :	US\$ 3,750,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁰ :	US\$ 300,028	▪ NGO partners and Red Cross/Crescent:		US\$ 264,297	
	c. Amount received from CERF:	US\$ 300,028	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	1,962	2,017	3,979	2,816	2,822	5,638
Adults (≥ 18)	2,390	2,481	4,871	3,101	2,561	5,662
Total	4,352	4,498	8,850	5,917	5,383	11,300
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	8,850			11,300		
Total (same as in 8a)	8,850			11,300		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of beneficiaries increased from 8.850 to 11.300 people. This is due to the strong commitment not only of the municipal authorities, but also the enthusiasm and cooperation of community-based organizations and beneficiary people. Additionally, it is important to mention that some of the NGOs obtained some funds, which allowed reaching a larger number of communities; 64 communities originally were planned to be supported, nevertheless 73 were reached, with the improvement of their wells and the provision of filters.					

⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁰ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Improve sanitary conditions of 8,850 of the most vulnerable people affected by the drought in ten (10) prioritized municipalities through increased access to secure water and rapid training of good hygiene practices, at home and community level.		
10. Outcome statement	Affected population, particularly children and women provided with safe water and protected in their health conditions.		
11. Outputs			
Output 1	Approximately 8550 people, among them circa 3979 children, 2,390 women and 2,481 men living in 64 communities in 10 municipalities affected by the drought in Honduras are supported with domestic filters, as well as improvement of existing wells to ensure access to safe water.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of families count on domestic filters to ensure safe water consumption	1,482 families count on domestic filters	1691 families count on domestic filters
Indicator 1.2	Number of communities count on improved community wells or improved domestic wells	64 communities count on 71 community wells and 8 domestic wells	73 communities count on 74 community wells and 21 domestic wells
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Agreement Cooperation signed among UNICEF and NGO Partner	UNICEF and NGO partners	UNICEF and NGO partners (ADRA, Action Aid/south in Action, Child Fund, Save the Children, and World Vision)
Activity 1.2	Organization and Community training	NGO partners	NGO partners
Activity 1.3	Provision of filter to ensure the quality of the water	NGO partners	NGO partners
Activity 1.4	Improvement of community and domestic wells	NGO partners	NGO partners
Activity 1.5	Follow up of the activities in the field	UNICEF and NGO partners	UNICEF and NGO partners
Output 2	Nearly 64 communities including approximately 8,850 people, among them circa 3,979 children, 2,390 women and 2,481 men living in the rural zones affected by the drought in Honduras are actively involved in hygiene training activities, which facilitate improvement of two keys practices; hand washing and treatment of the water.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of communities, involve in hygiene training activities, which facilitate adoption of good hygiene practices:	64 communities	73 communities
Indicator 2.2	Numbers of volunteers trained to follow up in the good hygiene practices, particularly hand washing and water treatment for human consumption.	1,020 volunteers	1,155 volunteers

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Training of 1020 volunteers	NGO Partners	UNICEF and NGO partners
Activity 2.2	Nearly 64 communities including approximately 8850 people living in the rural zones affected involved in hygiene activities, which facilitate improvement of hygiene habits, an adequate use of water and the improvement of sanitary conditions at household and community level.	NGO Partners	NGO Partners

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

An explanation has been given in section 8a in relation with number of beneficiaries.

However it is also important to mention that the amount of filters distributed among the families has increased from 1482 to 1691, the main reason is that NGO partners as World Vision and Action Aid, decided to support the families with ceramic filters instead of sawyer filters, the price of the ceramic filter is cheaper than the other.

The number of domestic wells has also increased, because as it was mentioned previously, the beneficiaries were enthusiastic and highly cooperative, and their participation with hand labour and some local material made possible the improvement of more domestic wells.

Finally, another important fact is the willingness of the people to participate as volunteers in order to support their communities, so far, instead of 1050 volunteers originally foreseen, a total of 1155 persons were involved in hygiene activities trainings.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Along the whole process of the project, it can be stated how the affected population has played his accountability role through different actions. For example, the Local Development Committees (members of the community), with municipalities and health authorities were involved for the selection of the benefitted families; it can be also mentioned that for the maintenance of the improved wells a Committee has been organized in order to take care of its good functioning.

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

EVALUATION CARRIED OUT

At present time an evaluation has not been done; but UNICEF Honduras is considering the possibility of carrying out an evaluation in 3 months in order to have information about the sustainability of the actions. For example, UNICEF would like to have information about the use of the filters after the execution period of CERF activities.

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-WFP-073	Food Assistance	WFP	INGO	\$1,144
15-RR-WFP-073	Food Assistance	WFP	NNGO	\$7,840
15-RR-WFP-073	Food Assistance	WFP	INGO	\$12,824
15-RR-WFP-073	Food Assistance	WFP	NNGO	\$3,952
15-RR-WFP-073	Food Assistance	WFP	INGO	\$8,048
15-RR-WHO-048	Health	WHO	INGO	\$10,023
15-RR-WHO-048	Health	WHO	NNGO	\$25,008
15-RR-WHO-048	Health	WHO	INGO	\$20,024
15-RR-WHO-048	Health	WHO	INGO	\$30,000
15-RR-WHO-048	Health	WHO	GOV	\$9,729
15-RR-CEF-127	Water, Sanitation and Hygiene	UNICEF	INGO	\$42,836
15-RR-CEF-127	Water, Sanitation and Hygiene	UNICEF	NNGO	\$57,314
15-RR-CEF-127	Water, Sanitation and Hygiene	UNICEF	INGO	\$54,839
15-RR-CEF-127	Water, Sanitation and Hygiene	UNICEF	INGO	\$55,110
15-RR-CEF-127	Water, Sanitation and Hygiene	UNICEF	INGO	\$54,199

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development and Relief Agency
CERF	Central Emergency Response Fund
CODELS	Local Emergency Committees
CODEM	Municipal Emergency Committees
COPECO	National Contingency Commission
EDAN	Damages Assessment and Needs Analysis
EFSA	Emergency Food Security Assessment
FNS	Food and Nutrition Security
FSP	Financial Service Provider
NGO	Non-governmental Organization
PAHO	Pan American Health Organization
SESAL	Secretary of Health
UNICEF	United Nations Children Fund
WFP	World Food Programme