United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS COTE D'IVOIRE RAPID RESPONSE DISPLACEMENT 2016

RESIDENT/HUMANITARIAN COORDINATOR	**Babacar Cissé**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR was carried out by OCHA on 07 March 2017 during a meeting with UNICEF, WFP and UNFPA. Discussions focused on the implementation status of CERF-funded activities, the expected dates of completion and constraints encountered. Briefings on the CERF reporting process, templates and guidelines were provided to participating agencies by OCHA.

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☐

In the absence of an HCT and Clusters, the RC/HC report was circulated among relevant UNCT/ECC heads of agencies for final comments and clearance.

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 report was shared with implementing partners (Caritas, IRC, ASAPSU and DRAO) and the Ministry of Women, Child Protection and Solidarity (Government humanitarian action focal point).

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response:1,965,416		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	1,965,416
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	
	TOTAL	**1,965,416**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 29/08/2016			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNFPA	16-RR-FPA-043	Health	187,304
UNICEF	16-RR-CEF-106	Water, Sanitation and Hygiene	550,087
WFP	16-RR-WFP-061	Food Aid	1,228,025
TOTAL			**1,965,416**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	1,641,176.43
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	316,695.99
Funds forwarded to government partners	7,543.58
TOTAL	**1,965,416**

HUMANITARIAN NEEDS

The Mont Peko national park, located in the volatile region of western Côte d'Ivoire, was illegally occupied for several decades and exploited for agricultural purposes. The illegal agricultural activities posed a considerable negative impact on the environment. In an attempt to save and restore the rainforest coverage in Côte d'Ivoire, the Government is leading a national campaign to protect classified forests and national parks from illegal activities. Despite attempts by the humanitarian community to support the Government's efforts to develop and execute a rights-based evacuation plans, the Government's interventions were mostly limited to awareness campaigns, as was the case for Mont Péko. Measures to ensure appropriate coverage of the needs of the affected populations were not fully addressed, and this led to loss of homes and livelihoods of the illegal inhabitants. In the case of Mont Peko, the affected populations were displaced among local communities living in villages and camps around the park where basic social services were already weak, and where inter-community tensions remain high. If unresolved, the longer-term implications include a deterioration of the fragile social cohesion and potential inter-community violence due to the additional burden caused by the displaced population on the weakened infrastructure and services.

The Government called upon the humanitarian community to respond to the needs of the displaced population due to limited resources for an adequate humanitarian response. The last illegal occupants of Mont Péko were evicted on 25 July 2016, a few days ahead of the Government evacuation deadline set on 30 July [2016]. According to the population count carried out by the Office for the Coordinaiton of Humanitarian Affairs (OCHA), the United Nations Children's Fund (UNICEF), the Danish Refugee Council (DRC), the International Rescue Committee (IRC), Save the Children and local Non-Governmental Organizations (NGO) in the Duekoué and Bangolo departments between 12 August and 26 August 2016, there were 25,532 illegal inhabitants located with host communities, in temporary shelters or in open spaces in multiple villages and unofficial camps around the national park.

Humanitarian actors in Côte d'Ivoire also had insufficient resources to cope with the needs of the affected population. A number of agencies had already diverted resources from regular programming between March and June 2016 to respond to the Internally Displaced People (IDP) situation in Bouna (north eastern Côte d'Ivoire) resulting from inter-community violence. On 11 August 2016, the Humanitarian Coordinator (HC) requested humanitarian actors to launch an immediate response to address the needs of the most vulnerable populations. As a result, the World Food Programme (WFP) distributed 10 metric tons (MT)of food, while UNICEF and the United Nations Population Fund (UNFPA) prepositioned and distributed hygiene and reproductive health kits. This response added up to regular programme activities in the health and Water/Sanitation/Hygiene (WASH) sectors carried out by several International NGOs (IRC, French Red Cross) in the affected areas. However, the response remained largely insufficient due to a lack of adequate resources.

The Central Emergency Response Fund (CERF) support was, therefore, crucial to mobilize additional resources to sustain life-saving activities in the food, WASH and Health sectors targeting 20,000 IDPs and to support vulnerable host community members in the affected villages in the Duekoué and Bangolo Departments where the needs were highest. These include Bagohouo, Nidrou, Michelkro (Duekoué Department) and Blenimeouin (Bangolo Department). Without CERF funding, the humanitarian and security situation in host villages and unofficial camps around Mont Péko would have rapidly deteriorated, affecting over 49,000 people (estimate of IDP's and host families). There would have been serious implications in terms of food security (lack of food availability/access), health (access to health care and reproductive health care), shelter, WASH (access to water/hygiene), and protection (Sexual and Gender Based Violence SGBV and child protection).

Table 1: IDPs and local population* affected by the Mont Péko evacuation (results of the inter-agency census, as per October 2016)

Department	Localities	Households	Men	Women	Total	Adults	Children		Tot. Children
							0-5 years	5-18 years	
DISPLACED (IDP)									
Duekoué	Bagohouo	620	2 155	1 978	**4 133**	1 484	1 170	1 281	**2 451**
	Nidrou	623	2 221	1 698	**3 919**	1 396	983	1 240	**2 223**
	Ponan Vahi	265	926	593	**1 519**	752	344	333	**677**
	Petit-Guiglo	273	832	639	**1 471**	695	431	330	**761**
	Bahe Sebon	147	566	448	**1 014**	539	82	393	**475**
	Michelkro	594	1296	824	**2 120**	787	1 004	1 266	**2 270**
Bangolo	Bangolo Tahouake	185	547	485	**1 032**	439	286	296	**582**
	Guinglo Taouake	200	902	828	**1 730**	418	381	698	**1 079**
	Dieouzon	222	587	539	**1 126**	429	226	479	**705**
	Douekpe	168	587	497	**1 084**	490	246	348	**594**
	Bouobly	75	256	193	**449**	204	137	108	**245**
	Blenimehouin	127	451	396	**847**	467	166	280	**446**
	Gbaebly	70	340	328	**668**	485	170	302	**472**
	Gloplou	227	526	530	**1056**	516	269	312	**581**
	Gouiné Taouaké	174	102	141	**243**	74	48	95	**143**
	Zaoudro	248	1042	1020	**2062**	694	383	617	**1000**
	Gohouo Zagna	100	631	428	**1059**	423	219	317	**536**
TOTAL IDP		**4318**	**13967**	**11565**	**25532**	**10292**	**5 375**	**8695**	**15240**
LOCAL POPULATION*									
Duekoué	Bagohouo	475	1 380	1 431	**2 811**	919	815	937	**1 752**
	Nidrou	424	1 384	1 393	**2 777**	988	582	1 067	**1 649**
	Ponan Vahi	77	231	212	**443**	128	82	171	**253**

	Bahe Sebon	66	306	296	**602**	301	39	130	**169**
	Michelkro	56	330	332	**662**	196	147	135	**282**
Bangolo	Guezon Tahouake	314	1 249	1 132	**2 381**	831	576	851	**1 427**
	Dieouzon	560	2 298	2 186	**4 484**	755	1 395	2 184	**3 579**
	Bouobly	173	734	692	**1 426**	606	259	427	**686**
	Diebly	1202	1 263	1 217	**2 480**	1 018	486	856	**1 342**
	Gbaebly	131	438	414	**852**	467	334	75	**409**
	Bangolo Taouaké	343	408	801	**1 209**	169	94	297	**391**
	Gouiné Taouaké	610	1711	1704	**3 415**	598	632	3995	**4627**
TOTAL LOCAL POP.		**4 431**	**11 732**	**11 810**	**23 542**	**6 976**	**5 441**	**11 125**	**16 566**
GRAND TOTAL		**8 749**	**25 699**	**23 375**	**49 074**	**17 268**	**10 816**	**19 820**	**31 806**

*Local population (riverains): this population group includes (i) host family members and (ii) localpopulation whose livelihoods depended on illegal agricultural activities within the Park.

The final estimate of people in need was revised to approximately 49,000 people, as opposed to 38,000 people estimate that was submitted in the CERF proposal. The revised figure was due to additional information that came in from a few remaining localities (Gloplou, Gouiné Taouaké, Zaoudro, Gahouo Zagna and Bangolo Taouaké) which were not available during the preparatory phase of the proposal. This change had no impact on the targeting of the most vulnerable populations for CERF funds.

II. FOCUS AREAS AND PRIORITIZATION

Within the framework of the Enlarged Coordination Committee (ECC) in Abidjan, and the regional ECC in Duekoué, humanitarian partners agreed in August 2016 on the priority sectors following initial situation reports and a census carried out by local authorities. The priority sectors for a three to four months' response timeframe were:

1) Food: Improve the food security of 20,000 vulnerable IDP's and host populations in 28 villages;
2) Shelter: Provide temporary shelter to the IDP's that lack the means to construct any form of shelter (tents and sheeting);
3) WASH: Mitigate the risk of WASH-related diseases amongst IDPs and host communities, especially for women and children;
4) Health: Reduce maternal morbidity and mortality among the IDP's and host communities and reinforce reproductive health care capacity as well as appropriate care of SGBV victims.

CERF support was needed to launch life-saving activities in the food, WASH and Health sectors targeting 20,000 IDP and host community members in affected villages in the Duekoué and Bangolo Departments where the needs were highest. These include Bagohouo, Nidrou, Michelkro (Duekoué Department) and Blenimeouin (Bangolo Department).

By the end of the intervention, partners were able to reach an estimated 33,970 beneficiaries (across the three sectors).

WFP and UNICEF were able to reach more beneficiaries than planned. UNICEF for instance, reinforced low cost and high impact activities such as dug-well chlorination and complemented the CERF response with additional supplies of chlorine. With regards to the food sector, WFP was able to assist 25,000 IDPs and vulnerable host populations, as well as 10,650 school children with emergency school feeding.

The key strategic objectives for CERF interventions:

1) Provide emergency food assistance to the most vulnerable IDP population as well as host families;
2) Mitigate the risk of WASH related diseases amongst IDPs and host communities, especially for children and women;
3) Reduce maternal morbidity and mortality among IDPs and host communities affected by the displacement, and reinforce reproductive health care capacity as well as appropriate care for SGBV victims.

These priorities were identified in close consultation with the affected population, humanitarian partners and local authorities. The response was designed on the basis of specific needs as identified by various assessments, existing response capacities in the country and impact on the local population.

Food security was identified as a top priority due to the widespread loss of assets and livelihoods resulting from the eviction from the national park. Cultivation of cash and food crops (cocoa, maize, cassava) within the national park was a primary source of food and revenue for the IDPs and the local population residing in proximity to the national park. Without immediate CERF support, beneficiaries would have suffered from extended lean season from August 2016 to July 2017, meaning seven to eight months more than usual (regular lean season is from March to July). While the host population showed great solidarity and immense support for the IDPs during the initial days of displacement, a prolonged displacement and competition for limited resources would have resulted into growing resentment and heightened tensions caused by the added burden of a large IDP concentration on an already fragile social system. The inevitable consequence - amongst others - would have been reduced access to food and an increased use of negative coping strategies, further leading to higher levels of vulnerability among women and men, girls and boys. Children and women would have had no alternatives but to illegally enter the national park in search of food, posing significant protection risks. Competition for limited resources and basic services could have increased social tensions and led to conflict among the IDPs and the local population, or possibly secondary displacement.

The risk for increased WASH-related diseases was also high. Prior to the displacement, 20 of the 32 villages of the Department of Bangolo were open defecation free (ODF). However, the massive arrival of IDPs in the host communities would have increased the risks of these villages reverting to open defecation which would compromise the results achieved over the last four years and corresponding investments in terms materials and financial and human resources. Insufficient drinking water would have led to violent conflicts at water points between IDP populations and host communities. Women would have been most affected given the traditional gender roles in which women are responsible for fetching water for domestic needs.

In terms of health, the situation in the region was already characterized by low health coverage mostly due to a lack of access to health facilities by the local population, in particular with respect to reproductive health. On average, there is one doctor for 28,000 inhabitants, and one midwife for 2,807 inhabitants. In 2015, 55 maternal mortality cases were reported in the region. The SGBV situation is of equal concern. According to local authorities, 95 cases of GBV were reported in the Duekoué district in 2015, of which 16 were of rape, three were of sexual assault and 21 were of physical abuse. The precarious pre-existing context was compounded by the population displacement from Mont Peko, with an increasing number of vulnerable populations and limited access to proper health care. In the absence of CERF, there would have been severe shortages of medical supplies (medication and equipment) and qualified staff to ensure an adequate level of medical service provision. Unaddressed, this situation would have led to increased maternal and child mortality. Furthermore, the lack of sensitization and awareness-raising on GBV among the affected population would have further exposed women to sexual violence in a background of increasing social tensions.

CERF support to these priorities was an integral part of a comprehensive multi-sector response. As a result of a lack of resources, and following consultations between main humanitarian partners (within the framework of the enlarged coordination committee), CERF funding was required to kick-start the high-impact life-saving activities along the above mentioned priorities. Meanwhile, key sectors continued to identify capacities, mobilize and pre-position existing resources to implement activities in other areas, not covered by CERF (shelter, NFI, basic health care, child protection and education).

III. CERF PROCESS

Within the framework of the Enlarged Coordination Committee (ECC), co-chaired by the Minister of Solidarity and Social Cohesion and the HC, the transition-equivalent of a Humanitarian Country Team (HCT) in Côte d'Ivoire, humanitarian actors supported the Government in developing a response plan to the Mont Peko situation entitled: "plan d'urgence d'évacuation". The emergency plan was endorsed through an official communication at the 7 July Council of Ministers meeting. The response plan covers a set of three objectives, namely: information and sensitization, evacuation preparedness, and monitoring and evaluation.

Humanitarian assistance is included in the second objective through the establishment of contingency funds to respond to identified needs in the food, Non-Food Item (NFI) and health sectors, targeting both IDP and host families. The budget for the response component was evaluated at $216,000 for an estimated caseload of 5,000-10,000 IDP and host families. In light of the actual situation around Mont Péko, which emerged through joint assessments, it was revealed that the planning figures in the national response plan were seriously underestimated. No funding was mobilized for the response plan among Government and international actors, due to a lack of resources.

In addition to the national emergency evacuation plan, the humanitarian support to local displacement crisis is included in the 2016 humanitarian strategy, developed in the framework of the ECC. The strategy, which fills the gap in a post-Consolidated Appeal Process (CAP)/Humanitarian Response Plan (HRP) transition era, presents two strategic priorities aiming at (i) supporting the durable return of Ivoirian refugees and, (ii) responding to sudden emergencies under the leadership of the Government. However, the 2016 humanitarian strategy did not include a detailed response plan, as per HC decision.

The CERF request was evoked by the HC following close consultations with OCHA and UN humanitarian agencies (WFP, UNICEF, UNFPA, World Health Organization WHO, United Nations High Commissioner for Refugees UNHCR). The agencies were contacted and informed directly by the HC and the selection of appealing agencies (WFP, UNFPA, UNICEF) was done on the basis of the priority sectors identified by the humanitarian community, both in Abidjan and in Duekoué by the local management committee. Following coordination meetings which took place in Duekoué (10/08) and in Abidjan (11/08) and based on on-going interventions, partners agreed that priority sectors would include food, WASH (access to water, latrines and hygiene), health (reproductive health) and protection (child protection and gender based-violence). Gender-based violence became an area for serious concern given the high numbers of IDPs living in close proximity with the population in host villages, a lack of economic means and limited access to basic services.

Sector consultations took place between the appealing agencies and their main implementing partners in the design of the application forms, representing the bulk of the sector group members. This approach was favoured given the current sector coordination capacity in Côte d'Ivoire. The cluster system was deactivated during the first half of 2013, combined with a hand-over of critical sector coordination to the respective line ministries, with former cluster lead agencies as co-chairs of the sector groups. As a result of decreasing humanitarian response activities since 2013, in the absence of an HRP, and taking into account the lack of Government capacity and resources to ensure adequate coordination of the sector groups, some sectors failed to function on a regular basis. With the situation in Mont Péko, sector coordination was strengthened and reactivated at the local level in Duekoué for health and WASH. These sector groups continue to coordinate interventions at the local level. There was little need for a food security or shelter/NFI sector group to be revived as they only gather the main implementing agencies and its few implementing partners. This has not affected the efficiency of coordination in ensuring appropriate and targeted response.

Consultations took place with community representatives, village chiefs and IDP representatives and beneficiaries during the various assessments and sensitization campaigns carried out by humanitarian actors.

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: 49,074									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Food	11,286	3,777	**15,063**	9,615	6,206	**15,821**	20,901	9,983	**30,884**
Health	4,156	3,738	**7,894**	4,941	7,633	**12,574**	9,097	11,371	**20,468**
Water, Sanitation and Hygiene	9,154	5,598	**14,752**	8.862	5,037	**13,899**	18,016	10,635	**28,651**

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

BENEFICIARY ESTIMATION

The receiving agencies (UNICEF, WFP, UNFPA) coordinated their interventions to reach the same localities affected by the displacement, and the targeting criteria in each sector were applied to both the most vulnerable IDP's and host community members. Taking this into account, and in order to avoid double counting and to provide a single beneficiary estimation, sectors agreed to maintain the highest figure reached (Food Aid, 30,884) and to add a 10 per cent margin of error. As a result, the best estimation of beneficiaries reached across sectors adds up to 33,970.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children(< 18)	**Adults**(≥ 18)	**Total**
Female	12,414	4,154	16,568
Male	10,576	6,826	17,402
Total individuals (Female and male)	**22,990**	**10,980**	**33,970**

[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.*

CERF RESULTS

WASH

The WASH project funded by CERF aimed at saving lives, by responding urgently through simple, rapid and effective interventions with maximum impact on water, hygiene and sanitation for IDPs and host families in the affected areas. The main results obtained are as follows:

- At least 28,651 people, including 15,514 IDPs and 13,137 host family members have access to water at the end of the operation;
- At least 22,900 people have access to family hygienic latrines and a healthy environment;
- At least 25,740 people benefited from hand-washing facilities with soap and education on good hygiene practices.

The proposal was submitted targeting a total of 20,468 IDPs and host families, considered as most vulnerable. The figure is based on the census carried out under OCHA coordination that counts 49,074 people affected including 25,532 IDP's and 23,542 people living in host communities.

The WASH project was set up in a relatively unstable context of populations evicted from the forest, with increasing population displacements. More than 25,000 displaced people were welcomed in the villages around Mount Peko forest. But their fate in terms of residence, stabilization and survival was uncertain in these villages given the risks of inter-community conflicts.

After the emergency humanitarian intervention, women and girls no longer travel long distances every day to fetch water from surface water sources (rivers, backwaters). Traditionally, the task of watercourse was an activity reserved for women and girls. Similarly, conflicts around the water points have ceased because of increased water supply service. Finally, epidemics such as cholera were avoided when they were highly feared due to the massive influx of IDPs, promiscuity and the risk of faecal peril in the hosted areas.

In order to facilitate the voluntary relocation and integration of IDPs in less populated villages in the western region of Cote d'Ivoire, UNICEF and partners (with European Union and World Bank funding) are working to improve access to basic social services in the WASH sector (access to water, sanitation, hand-washing facilities, hygiene education, etc.).

Reproductive health

The Reproductive Health (RH) interventions funded by CERF allowed for a timely and critical response to the specific needs of populations in terms of reproductive health in crisis situations. As a result, reproductive health care and SGBV care services were brought closer to the vulnerable population groups (in particular women) through the reinforcement of health facilities and free forensic consultations. The reinforcement of health facilities with equipment and emergency kits also reduced the travel distances for the targeted population groups, as well as for a range of indirect beneficiaries. In summary:

- At least 20,468 women, girls and men have access to RH services;
- At least 20,468 people (targeted by the project) were sensitized on sexual and gender-based violence. This has helped to reduce sexual violence through prevention and through the active involvement of community leaders;
- Sixteen health facilities and two referral hospitals were equipped with medication and reproductive health equipment;
- A total of 115 health workers were trained on the Minimum Initial Service Package/Reproductive Health Service (MISP/SSR), which significantly contributed to the improvement of child delivery care, as well as the referencing and management of obstetric emergencies.

Food

CERF funds allowed WFP to respond in a rapid and effective manner to the immediate food needs of IDPs and host populations after the displacement of more than 25,000 people. The displaced people that arrived in villages surrounding the Mount Peko forest had lost assets and income sources, which comprised their abilities to meet their food and other basic needs in an already unstable environment. During the registration and verification of beneficiaries on the basis of the results of the Emergency Food Security Assessment (EFSA, September 2016, WFP), a higher number of people in need were identified, mostly from host communities. Thus, the planned target numbers were increased from 20,000 to 25,000 people.

Thanks to CERF, WFP provided a diverse food basket for a family of five in support of 30,884 people (IDPs 69 per cent, vulnerable host population 31 per cent) to cover their immediate food needs for a period of three months. In addition, 10,650 schoolchildren in the surrounding schools received emergency school meals for a limited duration.

WFP's three-month food assistance contributed to improved and stabilized food security and nutrition among displaced and host population households in the affected areas. In particular, the Post Distribution Monitoring (PDM) conducted in December 2016 showed that five out of six households had improved food consumption, 83 percent of households showed acceptable food consumption scores in comparison to 50 percent pre-assistance. In addition, three out of four households showed improved dietary diversity, well beyond the planned outcome. Women headed-households showed higher scores in both indicators, in comparison to households headed by men.

The PDM also revealed a decline in the percentage of displaced households deriving their income from casual labour and precarious activities from 62 percent to 43, highlighting a drop in the use of negative livelihoods coping strategies. However, the monitoring findings confirmed that displaced populations were still unable to resume their main source of livelihoods, which is agriculture in their area of displacement. With regards to food-related coping strategies, a decline in the use negative coping mechanisms was also observed i.e. the consumption of poor quality food, dependence on other people's aid, or the sale of productive assets or lands, decreased from 77 to 48.5 percent. This was more impactful in women headed-households, who were prioritized with the intervention.

Given the short-term nature of the response, the results obtained are temporary and do not address a long-term need to stabilize food security in the area, which would require a more structural support to restore livelihoods, build assets, generate income for the affected population.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY☐ NO☐

The villages around Mount Peko Forest were seriously affected by the sudden influx of IDPs, in some villages doubling the population. The WASH sector was concerned about the risk of a cholera epidemic and conflicts around water points as no organization could financially commit to responding to the needs. With the CERF/RR confirmation, IRC immediately launched pump repair activities in accordance with the UNICEF request. The humanitarian assistance that was provided through CERF funding ensured the timely delivery of water, sanitation and hygiene services to the IDPs and host families. Partnerships were reached with NGOs already present in the intervention areas. CERF funds allowed for the rapid rehabilitation of dysfunctional hand pumps. In order to save time, UNICEF also used pumps already available under another programme before launching purchase orders with CERF funds either to replace the borrowed materials or to complete the needed supplies. Similarly, the sanitation and hygiene kits were quickly made available for beneficiaries from partners' contingency stocks and subsequently the supply process was launched to replace them. The sharing of experience on the sanitation marketing approach with the French Red Cross has helped implementing NGOs to boost the sanitation component.

CERF funds also ensured rapid food assistance to the displaced populations and vulnerable host families. WFP was able to initiate local purchase of food commodities for the first of two general food distributions (GFD). Furthermore, the partnerships with local NGOs already present in the intervention areas, including DRAO and CARITAS, enabled a rapid response. This allowed WFP to cover the critical needs of IDPs and host populations in a timely manner and to stabilize their food security since the early stages of the emergency.

CERF funding also ensured the rapid implementation of reproductive health services to reach the affected population. Appropriate medication and equipment were provided to facilitate the care of obstetric emergencies through the rapid reinforcement of health facilities. Without CERF funding, this assistance would not have reached the most vulnerable population groups within an acceptable timeframe, if at all.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY☐ NO☐

The WASH response aimed at saving lives, by responding urgently through simple, rapid and effective interventions with maximum impact on water, hygiene and sanitation for IDPs and host families in the affected areas. Critical needs identified by WASH partners included the treatment of water points, rehabilitation/replacement of water pumps, the prevention of open defecation and the distribution of soap for hand washing. A total of 830 wells were chlorinated at 50 g/m3 in the first week and at 20 g/m3 per week, and 22 obsolete pumps were replaced with new ones, 435 sanitation kits and 2,040 WASH essential kits were distributed.

CERF funds allowed WFP to cover the critical food needs of IDPs and host populations in a timely manner and to stabilize their food security since the early stages of the emergency through the provision of diversified food baskets for each household.

The Reproductive Health interventions funded by CERF allowed for a timely and critical response to the specific needs of populations in terms of reproductive health in crisis situations. As a result, reproductive health care and SGBV care services were brought closer to the vulnerable population groups (in particular pregnant women), thereby ensuring the improvement of child delivery care, as well as the referencing and management of obstetric emergencies.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☐ PARTIALLY☒ NO☐

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

Following UNICEF's WASH response, others sections of UNICEF (Education, Child Protection, Health and Nutrition) were involved in overall humanitarian response through the distribution of school kits in schools, the distribution of mats to IDP's, the immunization activities and the availability of drugs, vaccines and Plumpy Nut using existing resources. Some NGOs, such as IRC, allocated their own resources to rehabilitate 37 additional hand pumps to complement CERF activities and ensure a holistic coverage. In addition, social cohesion actions were also undertaken by the Social Center of Duekoué to address conflict issues around water points. However, in the Food sector, no other resources were made available to stabilize food security and nutrition for IDPs, despite significant advocacy efforts at all levels.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY☐ NO☐

With the Mont Péko emergency situation, OCHA continued to support the Prefect of Duekoué in ensuring that regular Regional Enlarged Coordination Committee (RECC) meetings take place in order to gather all humanitarian partners and discuss overall needs and response together with local authorities. The receiving agencies (UNICEF, UNFPA and WFP) actively participated in joint field missions co-organized by the Technical Advisor of President of Cote d'Ivoire and the Consul of Burkina Faso. In Abidjan, the Enlarged Coordination Committee (ECC) meets on a monthly basis and focuses primarily on the needs and response provided to the Mont Péko situation. The CERF proposal and monitoring of implementation was frequently discussed at the meetings, chaired by the HC and the Minister of Women, Child Protection and Solidarity.

Sector coordination in Côte d'Ivoire, with the end of the post-election crisis and the humanitarian transition context, gradually scaled down in Abidjan and in the west as a result of decreasing overall humanitarian needs and decreasing humanitarian actors. The CERF/RR opportunity reactivated the WASH sector at the regional level in Duekoué with regular coordination meetings chaired by the Regional Director of Hydraulics (DTH Duekoué).Similarly, in the health sector, the significant support provided by CERF to the reproductive health activities enabled its reactivation under the leadership of the Departmental Health District. The Health sector gathered all partners active in the area to work on a mapping of interventions, the sharing of information, and to support UNFPA in the most effective and efficient implementation of activities.

In the Food sector, CERF allowed for improved coordination with the departmental committees led by the prefects and between all humanitarian actors, both UN and NGOs. Community representatives were involved in a systematic way for a greater inclusion and transparency, in particular during sensitization campaigns and the planning and implementation of the emergency food security assessment.

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

The assistance provided through CERF contributed to ensuring social cohesion between host populations and IDPs. By increasing access to food, WASH and health services, humanitarian actors decreased the risk of conflict in an already highly volatile region where populations rely on a weak social infrastructure and limited access to economic opportunities to meet basic needs, including food. WASH response also allowed for some villages to maintain their ODF status, thereby safeguarding previous accomplishments.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
The WASH response was carried out for six months and could have allowed for mechanic drilling activities in host villages where there are no drinking water points, with considerable impact. CERF life-saving criteria do not include these activities.	Adopt flexible life-saving criteria according to the contexts of the humanitarian emergencies to be faced.	CERF secretariat
The post distribution monitoring conducted by WFP highlighted the need to continue providing productive food assistance to IDPs and vulnerable host families beyond the initial period of three months in order to sustain the attained levels of food security. However, the emergency focus, limited resources and timeframe did not allow for a shift to strengthening the resilience of the affected population.	Adopt flexible life-saving criteria to ensure bridge humanitarian and development responses	CERF secretariat
The initial UNFPA budget in the proposal ($315,000) was reduced by CERF to $187,000, as a result of missing budget lines for implementing partners. The inconsistency between total amount ($315,000) and the budget lines add-up ($187,000) should have been flagged by CERF for OCHA follow-up before approving the allocation. The omission of budget lines was an OCHA error that unfortunately occurred during the consolidation phase, but should have been raised.	Flag budget inconsistencies with OCHA, even in the final proposal stage.	CERF secretariat OCHA Country Office

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Close collaboration between stakeholders and especially between WASH actors at the regional level has helped to strengthen the capacity of local NGOs on WASH response in emergencies.	Continue to support the training of government counterparts and local NGOs working in areas where potential conflicts could arise under the scenarios of the inter-agency contingency plan.	Agencies/sector-leads
It is important to identify the willingness of displaced people to settle or relocate and support their reintegration through helping them re-building their livelihoods, in order to enable long-term and sustainable solutions.	While preparing emergency response, a parallel planning process should be enabled to plan longer term activities.	Agencies/sector-leads

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	**5. CERF grant period:**	15/09/2016 - 14/03/2017
2. CERF project code:	16-RR-CEF-106	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	WASH		☒Concluded
4. Project title:	Life-saving WASH interventions for IDPs and host communities affected by the emergency in Mont Peko		

7.Funding			
	a. Total funding requirements[2]:	US$ 723,160	d. CERF funds forwarded to implementing partners:
	b. Total funding received[3]:	US$ 550,087	▪ *NGO partners and Red Cross/Crescent:* US$ 206,955
	c. Amount received from CERF:	US$ 550,087	▪ *Government Partners:* US$ 7,543.58

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 (< 18)	4,156	4,941	9,097	9,154	8,862	18,016
Adults (≥ 18)	3,738	7,633	11,371	5,598	5,037	10,635
Total	**7,894**	**12,574**	**20,468**	**14,752**	**13,899**	**28,651**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	8,468	15,514
Host population	12,000	13,137
Other affected people		
Total (same as in 8a)	**20,468**	**28,651**

[2] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[3]This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Given that the population census figures increased after the CERF proposal submission (to 49,074 affected), UNICEF and partners decided to increase the actual target figure by reinforcing low cost and high impact activities such as dug-well chlorination. UNICEF contributed with additional supplies of chlorine. Furthermore, the community was actively involved in the dug-well chlorination. Therefore, UNICEF was able to reach 28,651 beneficiaries (8,183 more than initially planned).

CERF Result Framework			
9. Project objective	Mitigate the risk of WASH related disease amongst IDPs and host communities, especially for children and women in the Departments of Bangolo and Duekoué located around Mont Péko (western Côte d'Ivoire) through the provision of safe drinking water, latrines and hygiene kits and hygiene promotion.		
10. Outcome statement	IDPs and host families have access to basic WASH packages based on the Sphere standards		
11. Outputs			
Output 1	20,468 IDPs and host families in Guémon region have access to at least 15 litres of drinking water per day		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of affected people whom have access to15 litres of drinking water per day	20,468	28,651
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Replacement of 20 existing obsolete hand pumps	IRC and CARITAS	22
Activity 1.2	Chlorination of 500 dug-wells	IRC and CARITAS	830
Activity 1.3	Distribution of household water treatment material such as Aquatabs tablets, chlorine solution Sur'Eau and bucket with tap	IRC and CARITAS	2,040
Activity 1.4	Organization of 60 training sessions on household water treatment	IRC and CARITAS	330
Activity 1.5	Checking residual chlorine levels and following up water quality at household level	IRC and CARITAS	3,720
Output 2	20,468 IDPs and host families in Guémon region have access to hygienic latrines at home		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of affected people whom have access to family hygienic latrines	20,468	22,900
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Organization of 30 triggering sessions to promote Total sanitation approach in emergencies	IRC and CARITAS	1,135

Activity 2.2	Distribution of 500 sanitation kits to vulnerable families to create sanitation facilities	IRC and CARITAS	435
Activity 2.3	Training in situ and following up on the excreta safe management	IRC and CARITAS	10
Output 3	20,468 IDPs and host families in Guémon region have access to hand-washing facilities with soap		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of affected people with access to hand washing facilities with soap	20,468	25,740
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Organization of 24 interactive training sessions on hygiene promotion with an emphasis on Hand washing with soap at key moments	IRC and CARITAS	330
Activity 3.2	Distribution of 2,000 hygiene kits	IRC and CARITAS	2,040
Output 4	The WASH response to IDPs and host families is managed, coordinated and monitored appropriately		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Number of coordination meetings organized	6	5
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Organization of 6 coordination meetings	UNICEF	5
Activity 4.2	Organization of 4 field monitoring visits of WASH activities	UNICEF	6
Activity 4.3	Organization of 1 evaluation mission	UNICEF	2
Activity 4.4	Elaboration of 1 Donor report to CERF Secretariat.	UNICEF	1

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:

Output 1: 20,468 IDPs and host families in Guémon region have access to at least 15 litres of drinking water per day

A total of 28,651 IDPs and host families in Guémon region gained access to at least 15 litres of drinking water per day during reporting period. The proposal was submitted for a total of 20,468 IDPs and host family members, considered as most vulnerable. Given that the population census figures increased after the CERF proposal submission (to 49,074 affected), UNICEF and partners increased the actual target figure by reinforcing low cost and high impact activities such as dug-well chlorination. UNICEF contributed with additional supplies of chlorine. Furthermore, the community was actively involved in the dug-well chlorination. Therefore, UNICEF was able to reach 28,651 beneficiaries (8,183 more than initially planned).

In addition to that, IRC also contributed with own funding to target 18,500 IDPs and host families by repairing 37 hand pumps.

Thus the following activities were conducted to improve access to water:

- The number of replaced hand pumps through CERF funds increased from 20 to 22. A total of 830 dug-wells were chlorinated instead of 500 planned (166 per cent achievement rate).
- Household water treatment and storage (HWTS) materials such as Aquatabs tablets and buckets with tap were distributed to 2,040 families instead of 2,000. 330 training and sensitization sessions were organized on household water treatment and storage.
- The level of residual chlorine was also checked in 3,720 samples of drinking water from dug-wells and households.

Output 2: 20,468 IDPs and host families in Guémon region have access to hygienic latrines at home

Before the humanitarian intervention with CERF funds, about 13,500 affected people had access to family hygienic latrines in affected areas. Indeed, since 2014, UNICEF implemented a sanitation and hygiene project based on CLTS and sanitation marketing approaches in targeted communities. The WASH response under CERF funds built on UNICEF's previous experience in sanitation marketing in affected regions and made it possible to provide access to family latrines to 1,570 additional households (about 9,400 people) through the distribution of concrete slab and emergency squatting plates.

As a result***, 22,900 people have access to hygienic family latrines at home including 9,400 persons that were directly financed by CERF funding***. More than 13,000 people (13,030) were sensitized on excreta safe management.

Output 3: 20,468 IDP's and host families in Guémon region have access to hand-washing facilities with soap

At the end of the WASH response with CERF, the distribution of 2,040 hygiene kits to 12,240 affected people allowed access to hand-washing facilities with soap. About 13,500 people already had access to hand-washing facilities with soap before CERF funding. **Finally, a total of 25,740 people have access to hand-washing facilities with soap** and more than 40,000 people (40,240) improved their knowledge regarding good hygiene practices in particular hand-washing at key moments.

Output 4: The WASH response to IDPs and host families is managed, coordinated and monitored appropriately

Five out of six monthly coordination meetings were held with the participation of all stakeholders. Due to constraints, such as military unrest in January 2017 in Cote d'Ivoire, one monthly meeting had to be cancelled. Nonetheless, six field missions were undertaken instead of four to address some challenges:

- Extension of monitoring area: 28 villages in the Duekoué and Bangolo Departments;

- Delay in the implementation of water chlorination, hygiene and sanitation activities, which required the capacity building of implementing NGOs.

Two emergency assessment missions were carried out by government counterparts notably by DAR (Directorate in charge of Rural Sanitation) to assess hygiene and sanitation aspects from 26 to 30 December 2016 and the second by ONEP and CNC-CGPE (Government Technical Agencies for Water supply and Coordination of Water Points Management Committees) to evaluate water supply and management committees from 13 to 20 March 2017.

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

Communities of various localities were actively involved in decision-making particularly in the choice of beneficiaries for essential WASH kits (hygiene, sanitation and Household Water Treatment and Storage). They participated in the meeting to reach consensus on the choice of members of Water and Sanitation committees that were put in place. They also participated to the finalization of the lists of IDPs and vulnerable households at the community level.

During the design process, all the selected activities were shared with the local management committee led by the Prefect of Duekoué. The IDPs and host community leaders and representatives were active members of this Committee and closely involved in the decision-making processes.

The DTH (Regional Director of Hydraulics) chaired all WASH response coordination meetings and participated in the two emergency assessment missions noted above that were done by government partners.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
During the reporting period, the first draft of the project evaluation conducted by sector ministries is available	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	19/09/2016 - 18/03/2017
2. CERF project code:	16-RR-FPA-043	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project title:	Improve access to reproductive health and SGBV care for the vulnerable IDP population and host communities in the health districts of Duekoué and Bangolo		

7.Funding		
a. Total funding requirements[4]:	US$ 5,985,768	d. CERF funds forwarded to implementing partners:
b. Total funding received[5]:	US$ 262,304	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 187,304	▪ *Government Partners:*

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 (< 18)	4,156	4,941	9,097	4,156	4,941	9,097
Adults (≥ 18)	3,738	7,633	11,371	3,738	7,633	11,371
Total	**7,894**	**12,574**	**20,468**	**7,894**	**12,574**	**20,468**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	8,468	8,468
Host population	12,000	12,000
Other affected people		
Total (same as in 8a)	**20,468**	**20,468**

[4] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[5]This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A

CERF Result Framework			
9. Project objective	Reduce maternal morbidity and mortality among IDP and host communities affected by the Mont Péko crisis and reinforce health care capacity in the Duekoué and Bangolo health districts		
10. Outcome statement	Vulnerable populations have (improved and durable) access to quality health district services, according to minimum national and international standards		
11. Outputs			
Output 1	100,468 persons, including 20,468 IDPs, have access to quality reproductive health care		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of health structures with quality RH services	12	18
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Supply health facilities (two hospitals and 12 health centres and mobile clinics) with material, medication and consumables through the provision of emergency RH kits	UNFPA Save the Children, AIBEF, Croix Rouge de Côte d'Ivoire, Croix Rouge Française	UNFPA
Activity 1.2	Reinforce the capacity of actors in terms of RH minimum requirements in emergency situations, including SGBV response	UNFPA Implementing partners, health centers and hospitals	UNFPA Ministry of Health and Public Hygiene (DRSHP, DDS)
Activity 1.3	Ensure monitoring and evaluation of health activities in terms of RH as well as of the reinforcement of technical and institutional capacity	UNFPA DRSHP	UNFPA DRSHP
Output 2	Affected populations (100,468, incl. 20,468 IDPs) have access to SGBV prevention and care services		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of SGBV survivors that received medical health care	100	0
Indicator 2.2	Number of persons sensitized on SGBV prevention and emergency care (medical and psychological)	30,000	1,300 (men, women, youth and children)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**

Activity 2.1	Medical treatment of SGBV survivors, all ages	Health centres and hospitals	2 Hospitals and 16 health centres
Activity 2.2	Provide emergency health trainings for health centres of first contact and referral hospitals) in the use of PEP kits and support the organized holistic care approach of rape survivors through counselling (social and legal)	UNFPA implementing partners: CRCI, RBS	115
Activity 2.3	Support communication activities on behaviour change towards SGBV, in particular sexual violence in emergencies through the use of available tools and channels	UNFPA Implementing partners	5,875 women and men sensitized on the use of SR services through project interventions

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:

- 18 health facilities (two hospitals and 16 health centers) were equipped with emergency reproductive health kits (ERH Kits) including: Seven kit1A, four kit1B, three Kit2A, three kit2B, seven kit3, five Kit4, 10 Kit5, 15 Kit6A, Kit6B, six Kit8, Kit9, Kit10, two Kit11A, two Kit11B. The difference between the health centres for equipment and medicines and the number of centres receiving the equipment (18 vs 12) is explained by the fact that during the implementation of the project other centres hosting IDPs were identified. Thus, according to the partners, it was agreed to equip also these health facilities with equipment and medicines.
- 146 partners (including 115 health workers, social workers, NGOs, and 31 members of the Prefecture Corps) were trained on the Minimum Initial Service Package (MISP/SSR). Initially, it was planned to train 90 partners (health workers, social services and NGOs) during the project on the SSSR DMU. Following monitoring missions with the Regional Directorate of Health, it was recommended to train more health personnel to ensure better management of IDPs, and to organize an orientation session for the members of the prefectural corps in order to facilitate their understanding of the project and especially their involvement in the consideration of RH in crisis situations.
- 20 free public consultations on reproductive health organized resulted in a closer relationship between RH services and populations in the area of Mount Peko. The results of the consultations were as follows: 5,875 women and men sensitized in the community on the use of RH / FP services and HIV / AIDS; 4385 women and girls received RH services (289 in ANC and PoNC); 4,235 women received modern contraceptives methods including 504 new acceptors; 885 women screened for pre-cancerous lesions of the cervix, 864 HIV tests performed, 144 pregnancy tests, 93 cases of diagnosed STIs treated, 94 cases of desire for maternities detected. 12,552 male condoms and 350 female condoms distributed. A total of 22 healthcare providers in the Duekoué and Bangolo health districts trained on the insertion and removal of IUDs and implants and for the detection of precancerous lesions of the cervix uterus.
- The interventions of the project made it possible to reach the populations during the routine activities of health facilities: 843 women received modern contraceptive methods, 954 assisted deliveries, 21 referee for obstetric emergencies, 2,544 pregnant women in ANC1, 797 cases in ANC4, 1,552 women seen in PoNC, 216 awareness sessions carried out in the health centres to 2576 women
- 70 GBV focal points trained on the types of GBV and the reference of GBV survivors;
- Seven monitoring committees on the GBV established in Yrozon, Bagouoho, Nidrou, Sibably and Ponan Vahi;
- About 1500 people (men, women, young people and children) sensitized through the film "le Défi de Fifi" on GBV, their consequences on the family, the community and the response through the structures of care;

- Only 1,300 persons were sensitized on SGBV prevention and emergency care (output 2). The reason for the underachievement lies in the initial planning figure (30,000) aligned with the initial budget proposal that included budget lines for international cooperating partners, but which were omitted in the final proposal approved by CERF (See lessons learned section). Regardless, UNFPA was able to reach 1,300 individuals by diverting some internal funds amounting to US$ 75,000.

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

The populations (IDPs and host populations) were involved in the assessment of their needs for project design. During the implementation, communities were involved, depending on the type of activity, either directly or through community leaders in the implementation process. Also, their opinions / suggestions were taken into account during the follow-up of the activities. For example, for the activities of free consultation in RH outside the sites of the health centres, community agents were in charge of informing the communities and were involved in the conduct of the activity on the sites.

Community leaders benefited from training for the setting up of GBV watch committees. The status of the project was periodically reported to the beneficiary populations, including follow-up missions and community activities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The workshop project monitoring report provided a framework between UNFPA, the administrative authorities and partners to assess the results of the project and beneficiary satisfaction.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	15/09/2016 - 14/03/2017
2. CERF project code:	16-RR-WFP-061	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Food		☒Concluded
4. Project title:	Emergency food assistance to the IDPs and vulnerable host communities around Mont Peko		

7.Funding			
	a. Total funding requirements[6]:	US$ 5,305,290	d. CERF funds forwarded to implementing partners:
	b. Total funding received[7]:	US$ 1,228,025	▪ *NGO partners and Red Cross/Crescent:* US$ 109,740.94
	c. Amount received from CERF:	US$ 1,228,025	▪ *Government Partners:*

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 (< 18)	4,028	4,836	8,864	11,286	9,615	20,901
Adults (≥ 18)	3,572	7,564	11,136	3,777	6,206	9,983
Total	**7,600**	**12,400**	**20,000**	**15,063**	**15,821**	**30,884**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	15,000	21,295
Host population	5,000	9,589
Other affected people		
Total (same as in 8a)	**20,000**	**30,884**

[6] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[7] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	During registration and verification of beneficiaries based on the results of the Emergency Food Security Assessment (EFSA, September 2016, WFP), a higher number of people in need were identified, mostly from host communities. Thus the planned target numbers were increased from 20,000 to 25,000 people. The emergency food assistance was provided through two food distributions, one in September and one in December, which covered food needs for a period of three months. In agreement with the local authorities, the remaining food stocks (18 MT, representing 1 per cent of the total quantity purchased) was used to provide emergency school meals for a limited duration to 10,650 schoolchildren in the surrounding schools hosting IDP children. Although unplanned, the use of the residual food stocks to provide cooked meals to school children mitigated the risk of social tensions that would have arisen if a re-targeting exercise was conducted. Hence, approximately 30,900 people benefited from food assistance with the CERF grant.

CERF Result Framework			
9. Project objective	Improve the food security of 20,000 vulnerable IDPs and host population in 28 villages in the Montagnes district (save lives and protect livelihoods in emergencies)		
10. Outcome statement	Stabilized or improved food consumption over the assistance period for targeted households and/or individuals		
Outcome 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	FCS: percentage of households with poor Food Consumption Score disaggregated by sex	<2.5	1.00
Indicator 1.2	Diet Diversity Score	>4.2	5.20
Indicator 1.3	Coping Strategy Index (average)	<20	11.50
11. Outputs			
Output 1	Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned	20,000	30,884 (adjusted for overlap)
Indicator 1.2	Quantity of food assistance distributed, disaggregated by type, as % of planned	1,322 MT	1 220.418mt (92%)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Sign Field Level Agreement with cooperating partners	DRAO, CARITAS	DRAO, CARITAS
Activity 1.2	Identify beneficiaries based on vulnerability criteria	UN agencies and Government	UN agencies, central and local

			authorities, NGOs and local committees representatives of the local community
Activity 1.3	Food prepositioning to local warehouses	WFP	WFP
Activity 1.4	Food distribution to beneficiaries	Cooperating partners	Cooperating partners
Output 2	Gender equality and empowerment improved		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Proportion of households where females make decisions over the use of cash, voucher or food	20	53
Indicator 2.2	Proportion of households where females and males together make decisions over the use of cash, voucher or food	60	7.8
Indicator 2.3	Proportion of women beneficiaries in leadership positions of project management committees	>50	36
Indicator 2.4	Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution	>60	N/A
Indicator 2.5	Proportion of households where males make decisions over the use of cash, voucher or food	20	39
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Sensitization campaigns with local communities and local authorities	WFP and cooperating partners	WFP and cooperating partners
Activity 2.2	Management committees establishment	WFP, cooperating partners and local authorities	WFP, cooperating partners and local authorities
Output 3	WFP assistance delivered and utilized in safe, accountable and dignified conditions		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Proportion of assisted people (disaggregated by sex) informed about the programme (who is included, what people will receive, where people can complain)	>80	56
Indicator 3.2	Proportion of assisted people (disaggregated by sex)	>90	99.8

	who do not experience safety problems travelling to, from and/or at WFP programme site		
Indicator 3.3	Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)	>80	59
Indicator 3.4	Proportion of assisted people who do not experience safety problems	>90	99.3
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Sensitization campaigns with beneficiaries, communities and local Authorities	WFP	WFP and cooperating partners
Activity 3.2	Establishment of complaint mechanisms	WFP	WFP cooperating partners and local authorities
Activity 3.3	Implementation of complaint mechanisms	WFP	WFP cooperating partners and local authorities

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:

The Emergency Food Security Assessment conducted in September 2016 to assess the humanitarian needs of affected populations showed high levels of food insecurity among the displaced and the host populations (57 and 41 percent, respectively). To respond to those needs WFP provided three-month emergency food assistance through general food distributions (GFD) and emergency school feeding to 30,884 people, of which 69 percent were IDPs. While unplanned, residual food stocks from the emergency food distribution allowed the provision of emergency school meals for a limited duration to 10,650 schoolchildren. This led to an overall coverage of 30,884 people, against the planned 20,000 people.

WFP's three-month food assistance contributed to improve and stabilize food security and nutrition among displaced and host population households in the affected areas. In particular, the Post Distribution Monitoring (PDM) conducted in December 2016 showed that five out of six households had improved their food consumption and that the percentage of households with low food consumption score (FCS) within the displaced populations decreased significantly, i.e. 83 percent of households showed a good food consumption compared to the 50 percent reported before the assistance. In addition, three out of four households showed improved dietary diversity, well beyond the planned outcome. In particular, households headed by women significantly increased their food consumption and diversified their diet, in comparison to households headed by men.

The PDM findings also revealed that the percentage of displaced households deriving their income from daily work and precarious activities decreased from 62 percent to 43. However, displaced populations still showed a lack of access to regular income-generating activities such as agriculture, which was their main livelihoods source before the displacement. The proportion of households involved in negative non-sustainable coping mechanisms, such as the consumption of lower quality food, the dependence on other people's aid or the sale of productive assets or lands, also decreased from 77 to 48.5 percent. The impact was more significant among women-headed households in comparison to men.

The response was effective in addressing urgent, short-term objectives, but requires a durable approach to ensure sustained food security outcomes.

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

Sensitization activities were systematically conducted in all targeted localities before the distribution. The campaigns were conducted by WFP, the cooperating partners (CP) and with the support of the local authorities and beneficiaries representatives. During the sensitization campaigns, people were informed of the objectives of the assistance, the targeting approach and criteria, the composition of the entitlements (food rations), the number of planned distributions and the complaint mechanisms system (CMS). In spite of the high number of sensitization sessions conducted during beneficiary registration and during the distribution, 56 percent and 59 percent of women and men respectively were informed of the intervention. The low level attained could be reflective of the coverage of the sensitization and communication campaigns despite of efforts made to widely disseminate the messages (orally and written) in local languages.

With regard to the CMS, a complaints book was made available to each locality, usually managed by traditional and/or religious leaders. The Cooperating Partner, and WFP monitors in some locations, subsequently analyzed the books after each monitoring visit. The collected information reflected the additional needs of the beneficiaries: (i) food rations better tailored to the effective size of a household (WFP's survey showed that the average size of a family is around seven people, while the rations were meant to support a family of five); (ii) a blanket distribution instead of a targeted distribution based on vulnerability criteria, given the high numbers of people in need; (iii) an assistance period of at least 6 months in order to cover the lean season. No particular complaints were raised on inclusion or exclusion of people and no problems of collusion or food diversion were registered.

However, the Post Distribution Monitoring conducted in December 2016 showed that more than half of the beneficiaries, men and women, were not well informed about the programme (who is included and selecting criteria, what is included in the rations, where people can complain),, despite sensitization and information campaigns that were conducted in all the villages in local languages. Beneficiary households received ration cards and the lists of beneficiaries were posted at distribution sites prior to distribution for increased transparency and information sharing. However, the detailed performance results show that women in 53 percent of households take the decision whilst men in 39 percent of households take the decision. The low rate of eight percent of households where decisions are taken jointly by women and men is likely due to traditional gender roles, which the short-nature of the emergency intervention did not permit sufficient time to influence through gender sensitization. Likewise, there were fewer women in leadership positions of the food distribution committees, reflective of the trend across the country with regards to traditional gender roles, and insufficient time to positively influence this trend.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
WFP did not conduct an evaluation for the three-month intervention. However, a post-distribution was conducted to determine the short-term impact of the emergency response. In addition, a joint committee composed of officials from the Government of Côte d'Ivoire and Burkina Faso, UN agencies and civil society undertook a rapid multisector evaluation from 13 to 19 February 2017. The multisector evaluation showed that, despite the efforts of the government and the humanitarian partners, food insecurity persists among households. The majority of households have been forced to reduce the number of daily meals having depleted their food stocks after the three-month assistance. The lack of livelihoods options also means that food insecurity levels may continue to worsen.	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$
16-RR-CEF-106	WASH	UNICEF	INGO	$134,254.47
16-RR-CEF-106	WASH	UNICEF	NNGO	$72,700.58
16-RR-CEF-106	WASH	UNICEF	GOV	$2,917.07
16-RR-CEF-106	WASH	UNICEF	GOV	$4,626.51
16-RR-WFP-061	Food	WFP	NNGO	$31,615
16-RR-WFP-061	Food	WFP	NNGO	$38,679
16-RR-WFP-061	Food	WFP	NNGO	$39,448

ANNEX 2:ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
AAR	After Action Review
AIBEF	Association Ivoirienne du Bien-Etre Familial / Ivoirian Association for Family Welfare
ANC	Ante-Natal Care
ASAPSU	Association de Soutien à l'Autopromotion Sanitaire Urbaine
CAP	Consolidated Appeals Process
CERF	Central Emergency Response Fund
CGPE	Comité de Gestion des Points d'Eau / Water Points Management Committee
CLTS	Community Lead Total Sanitation
CMS	Complaint Mechanism System
CNC-CGPE	National Coordination Cell of Water Points Management Committees
CP	Cooperating Partners
CRCI	Croix-Rouge Côte d'Ivoire / Côte d'Ivoire Red Cross
DAR	Directorate of Rural Sanitation / Direction de l'Assainissement Rural
DDS	Direction Départemental de la Santé / Departmental Health Direction
DRC	Danish Refugee Council
DRSHP	Direction Régionale de la Santé et de l'Hygiène Publique / Regional Direction, Health and Public Hygiene
DTH	Direction Régionale de l'Hydraulique / Regional Directorate of Hydraulics
ECC / CCE	Enlarged Coordination Committee /Comité de Coordinaiton Elargi
EFSA	Emergency Food Security Asessment
ERH	Emergency Reproductive Health
EU	European Union
FCS	Food Consumption Score
FLA	Field-Level Agreement
FP	Family Planning
GFD	General Food Distributions
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
HWTS	Household water treatment and safe storage
HWWS	Hand Washing with Soap

IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
IRC	International Rescue Committee
IUD	Intra-Uterine Device
LN	Natural Leader
MISP/SSR	Minimum Initial Service Package/Reproductive Health Service
MSHP	Ministère de la Santé et de l'Hygiène Publique / Ministry of Health and Public Hygiene
MT	Metric Tonne
N/A	Not Applicable
NFI	Non-Food Item
NGO	Non-Governmental Organization
NNGO	National Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
ODF	Open Defecation Free
ONEP	Office National de l'Eau Potable / National Office for Water Supply
ONG DRAO	Local NGO Développement Rural à l'Ouest
PCA	Project Cooperation Agreement
PDM	Post-Distribution Monitoring
PEP	Post-Exposure Prophylaxis
PoNC	Post-Natal Consultation
RBS	Renaissance Santé Bouaké (NNGO)
RC/HC	Resident Coordinator / Humanitarian Coordinator
RECC	Regional Enlarged Coordination Committee
RH	Reproductive Health
SF	School Feeding
SGBV	Sexual and Gender-based Violence
SSSR/DMU	Sexual and Reproductive Health Service / Minimum Emergency Device
TOR	Terms of Reference
UN	United Nations
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
US$	United States Dollar
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
3W	Who, What, Where