

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
MONGOLIA
RAPID RESPONSE
EXTREME TEMPERATURE 2016**

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.

A Dzud Light Review workshop was conducted on 22 June 2016 to reflect on the use of CERF funding, to share lessons learned and identify areas for improvement. The key findings and recommendations were shared with the Mongolian National Emergency Management Agency (NEMA) to assist them in further strengthening future preparedness and response. Participants of the Light Review workshop included representatives from NEMA, all relevant UN Agencies, INGOs (ADRA, British Red Cross, Caritas, People in Need, Save the Children and World Vision) and Mongolian Red Cross Society. Monthly Humanitarian Country Team (HCT) meetings held regularly to coordinate the humanitarian assistance were also used as a platform to examine how the HCT and the broader humanitarian community worked together and coordinated their response activities.

- 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

A draft RC/HC Report was provided to HCT member on 5 December, 2016 and discussed at the HCT meeting on 8 December 2016. The final draft was submitted to the HCT on 15 December 2016.

- 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

As a co-chair of the HCT, NEMA has been provided with the draft and the final versions of the RC/HC Report. The report was also shared with other international and national counterparts, implementing partners and sector/cluster coordinators.

I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | | |
|--|--|------------------|
| Total amount required for the humanitarian response: US\$ 14,270,000 | | |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | 2,442,974 |
| | COUNTRY-BASED POOL FUND <i>(if applicable)</i> | |
| | OTHER (bilateral/multilateral) | 3,917,026 |
| | TOTAL | 6,360,000 |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) | | | |
|--|---------------|----------------|------------------|
| Allocation 1 – date of official submission: 01-Mar-16 | | | |
| Agency | Project code | Cluster/Sector | Amount |
| UNICEF | 16-RR-CEF-028 | Nutrition | 609,771 |
| UNFPA | 16-RR-FPA-014 | Protection | 478,131 |
| FAO | 16-RR-FAO-007 | Agriculture | 854,787 |
| UNDP | 16-RR-UDP-002 | Early Recovery | 500,285 |
| TOTAL | | | 2,442,974 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|------------------|
| Type of implementation modality | Amount |
| Direct UN agencies/IOM implementation | 1,706,902 |
| Funds forwarded to NGOs and Red Cross / Red Crescent for implementation | 464,480 |
| Funds forwarded to government partners | 271,592 |
| TOTAL | 2,442,974 |

HUMANITARIAN NEEDS

The winter of 2015-2016 was extremely harsh in Mongolia, with around 60 per cent of its territory have already been in dzud or near-dzud condition since December 2015. Dzud is a cyclical slow onset disaster unique to Mongolia. It consists of a summer drought followed by a deterioration of weather conditions in winter (10 to 350 cm snow thickness, temperatures -40° C to -50° C) and spring during which shortage of pasture and water leads to large scale livestock loss. Although primarily affecting livestock exposed to extreme winter conditions, dzud events should not be seen as simply winter emergencies or livestock famines; they have profound and far-reaching impacts on the Mongolian herders' livelihood of which depends on this vital sector for food and income. The previous dzud disasters had long-lasting ramifications for herders' livelihoods, well-being and security, particularly for women and children. They resulted in a deepening of poverty, a lowering of the gross domestic product (GDP) and an increase in levels of chronic malnutrition and maternal mortality for rural population.

The Government reported that around 60 per cent of the country, or 211 out of the total of 339 soums (administrative units known as 'soums'), was in dzud or near dzud condition in December, 2015. Over 225,000 people (62,719 herder households or 41 per cent of the total herder population) including 28,290 children under age 5 and 3,340 expectant mothers in 211 soums were living in the areas impacted by extreme temperatures. Dzud conditions directly affected an estimated 30,000 herder households in 98 soums. Between January 2016 and March 2016, approximately 463,652¹ of the 56 million livestock perished which resulted in loss of main livelihood source for herder families. The conditions were further exacerbated by Capri pox outbreak in the eastern region of the country. The viral disease was spreading quickly as animal immune systems was weakened by extreme cold and lack of adequate nutrition over several months (i.e. reduced grazing pasture during the summer drought). Herders with less than 100 livestock were identified as being at risk of losing all or significant part of their livestock due to shortage of hay and fodder or lack of cash to access it, inadequate pasture land and thickening of the snow cover which prevented animals from grazing. Reports from dzud affected areas and studies indicated that children, pregnant and lactating women and the elderly in herder households were cut off from accessing health services which made them particularly vulnerable to the impact of the dzud. Several rapid assessments also revealed that herders have been suffering from being unable to meet their basic needs including food, nutrition requirements, and accessing basic health services. The lack of income and cash as a result of their livelihoods collapsing risked leading to an increased psychological trauma and further falling into debt.

Many families have exhausted their food and cash reserves, and with a death of their livestock they would have had fewer resources to meet basic needs, including those related to protection and sexual and reproductive health (SRH), and might have reverted to negative coping mechanisms while experiencing severe hardship and poverty. It is when experiencing these hardship conditions that women and girls are at increased risk of domestic violence, and care required for pregnant women and newborns is often neglected. According to the recent Swiss Agency for Development and Cooperation's (SDC) study, conditions known to lead to domestic violence, including economic deprivation, quarrelling, pressure and alcohol consumption are common in herder families. The level of violence against women and girls is already high in Mongolia in non-emergency situations.

On his backdrop, the international community has identified 11,800 households with less than 100 livestock as being most vulnerable and in need for assistance. Funds for immediate life-saving assistance to address the most urgent survival and livelihood needs were requested from the Central Emergency Response Fund (CERF) for 4,390 herder households (some 15,800 people) living in the most-affected aimags. CERF funding was requested to help avoid a larger scale humanitarian crisis and ensure that the most vulnerable households would survive through winter and will be protected from livelihoods collapse.

II. FOCUS AREAS AND PRIORITIZATION

Taking into consideration early warning signs and lessons learned from the past dzuds, the Resident Coordinator and the Humanitarian Country Team (HCT) (which includes Government agencies, UN, INGOs and the Red Cross) met in early December 2015 and agreed to accelerate preparedness efforts. The agreements reached in the preparedness phase have contributed significantly to speeding up response efforts and design the CERF package once the Government winter assessment and rapid assessments² by UN agencies and international non-governmental organizations conducted between January and February 2016 have confirmed that the situation has worsened in several aimags.

Following the assessments and analysis of the previous dzud cases (1999, 2000, 2001, 2010) the HCT members, jointly with the Government, and along with sector-lead agencies, convened coordination meetings and have identified priority humanitarian interventions in the following sectors: food security; nutrition and protection interventions, along with health; emergency agriculture inputs and emergency cash. Priority was given to 4,390 herder families who were: (1) owing less than 100 animals (poverty indicators were used as proxy to determine vulnerability); and (2) living in the 45 most-affected soums³ of six dzud-affected aimags (administrative

¹ As of March 15, 2016 (NEMA)

² Unfortunately, these assessments did not include the special needs of women and girls in terms of protection, security and dignity during the dzud. However, it was important to point out that even if these assessments were attempted, needs related to menstruation and pregnancy, which are delicate and sensitive, are almost always hidden and rarely discussed even within families. These needs are therefore very rarely discussed with outsiders, foreigners, or male assessors, unless culturally-sensitive and gender-sensitive approaches and methodologies are fully utilized. UNFPA made a careful decision to address these needs taking into consideration existing studies, evidence and past lessons learned.

³ In the CERF chapeau submission, the target location was 44 soums, based on the further dzud assessment and prioritization as well as coordination with other INGOs, some target soums have been replaced and become 45 soums without changing aimags and a number of targeted beneficiaries. This was a result of the several rounds of discussions on major overlaps in Sukhbaatar and Arkhangai aimags. The amendments were endorsed by Mr. Badral, Chief of NEMA, and Ms. B. Trankmann, RC/HC as well as by the CERF sector project lead agencies in consultation with OCHA and the CERF Secretariat.

units known as '*aimag*') based on the highest fatality rate of livestock. CERF funding was used to help the most vulnerable herder families to survive the harsh winter period (nutrition, food and protection interventions) and prevent a complete collapse of livelihoods (emergency agriculture and cash inputs).

Sectors conceptualized the CERF-funded response as a package of complementary time-critical interventions at household level. The Food Security, Nutrition and Protection sectors delivered package of basic relief items designed to ensure the survival of the most vulnerable herder households, with a focus on women and children. The Agriculture sector aimed to minimize additional loss of lives and prevent further damage to social and economic assets helping to ensure the survival of the most vulnerable herders and their families whose livelihood very much dependent on their livestock. This was followed by a cash intervention which ensured that low income households could buy additional food staple, cell phone credits for critical communication with health service providers and/or family members, warm clothes, fuel for heating and cooking, other products essential for surviving in the extreme winter in isolation.

Food Security and Nutrition (UNICEF / WVI)

The 2015-2016 *dzud*, preceded by a drought in 2015 summer had profound effect on food and nutrition security of the herders. In late autumn 2015, predicting the risks of massive loss of animals in *dzud*, herders rushed to sell their livestock, which caused an oversupply of meat in the market. This caused prices to drop from US\$75 to US\$25 for a sheep, for example, bringing them to 40-50 per cent lower than they have been for the past five years. As a result, the majority of herder households were cash-strapped and could not afford buying their basic necessities including food and health care items. Loss of wheat harvest by 50 per cent resulted in increase of flour price in market by 20-30 per cent compared to the last year in average which also negatively impacted availability and affordability of flour, a main staple cereal for herders. They often would borrow flour and rice from the local shops or get loans through other commercial credit schemes with a condition to repay debt in spring when goat cashmere is produced and sold out.

The combined effects of drought and *dzud* including limited physical access to local markets, limited availability of food and diverse food stuff in local markets, lack of income and cash among vulnerable herders, inflation of staple food price, reduced household food consumption and pre-existing high rates of micronutrient deficiencies put vulnerable herder households, particularly young children and pregnant and lactating women, in food insecure situation and at risk of further nutritional deterioration.

Extreme cold posed increased incidences of child illnesses related to Acute Respiratory Infections (ARI), pneumonia and other infectious disease (measles and chickenpox), as children's immune systems became poor due to under nutrition, which in turn increased risks of child mortality.

Due to economic crisis and health budget deficit, the Government faced a shortage of vitamins A and D and multiple micronutrients' supply for children under five years old and pregnant and lactating women in stock.

Protection including Sexual and Reproductive Health (UNFPA)

Based on analysis of the situation and in-depth discussion with the relevant stakeholders the priority humanitarian needs for the Protection sector emerged in two main areas such as (1) emergency sexual and reproductive health (SRH) support and (2) provisions to address critical sex and gender-specific hygiene needs for women and girls in 4,390 households in 45 soums in 6 aimags. The response relate to hygiene needs was addressed as part of a Survival Package, which included basic food, nutrition and dignity kits as a necessary lifesaving items. While the package of basic relief items was designed to ensure the survival of the most vulnerable herders, it also made provisions to provide assistance to meet the specific needs of women and children.

Agriculture and Early Recovery (FAO and UNDP)

Herders have experienced a high indebtedness due to a sharp decrease in prices of animals and animal products. Commercial banks stopped lending against animals-as-collateral because of a high probability of livestock death due to a harsh winter. By November 2015, herder communities had faced dangerous situation of lacking cash to enable them to make necessary winter preparations, such as buying and stocking fuel, food and medical items. Local governments were also insolvent due to national financial crisis caused by commodity price collapse globally (e.g. gold, copper and coal) and a sharp fall in exports to China. Early preparations by the Government to pre-position hay/fodder and support herders by enabling fuel and food items for them have been undertaken since summer 2015. However, a lack of financial resources and widespread drought hampered a full preparation, including a low rate of wheat crops harvesting which in turn decreased supply of wheat straw nationally.

The agriculture sector identified as priority humanitarian need a provision of animal feed and animal health kits to the targeted 4,390 households with distribution to be supported by soums' authorities. The animal feed package contained fodder, hay, milk replacement for newborn animals, as well as protein, vitamin and mineral supplements. The animal health kits contained diarrhea control medicine, multivitamin, syringe, and fever and implementation drug and multi-purpose animal first aid. Instructions were also provided. In addition, FAO supported the Department of Veterinary and Animal Breeding by providing vaccinations and taking some animal health improvement measures in Ulaanbaatar, Tuv and Gobisumber aimags in managing the outbreak of sheep pox. Vaccinations of around 500,000 sheep were conducted by local veterinarians.

These interventions were followed by early recovery sector actions under which it provided multi-purpose emergency cash injections to address immediate survival needs of herders. An assessment had been conducted to select a cash transfer implementer and Khan Bank (a former Agriculture bank which has branches in all soums) was selected to transfer emergency cash assistance to the beneficiaries.

III. CERF PROCESS

The UN Resident Coordinator's Office (RCO) was in charge of overall coordination of international response in partnership with NEMA, the government agency responsible for disaster risk management. During the previous dzuds in 2010, NEMA, UN agencies, the IFRC, MRCS and international NGOs established the HCT to facilitate a harmonized and coordinated approach in disaster preparedness and response.

On 11 December 2015, the HCT agreed to establish a simple response coordination structure that would reflect on the unique characteristics of the *dzud*. This involved grouping key sectors in the areas of response (similar to the 2010 response) to facilitate multi-sector implementation and logistics in the context of limited funding resources. The HCT also agreed to establish a Core Advisory Group (CAG) to support the RC in coordinating and managing the emergency preparedness and response and expanded monthly meetings' participation to include other NGOs that were not a part of the dzud coordination structure before.

Several risk assessments of winter conditions that were conducted by the State Emergency Commission task group and the UN joint assessment, have reported the critical needs of affected people as basic food items, cash, warm clothes and boots, essential medicine, first aid kits, nutritional vitamins, hay and concentrated animal feed, and therapeutic protein, vitamin and mineral rich supplements and milk replacers.

Based on the dzud assessments' findings, HCT in consultation with the Government and development partners, prioritized early actions to respond to the effects of *dzud*. The Government exhausted much of its State Emergency Reserves to meet early preparedness and response interventions which included a provision of hay and fodder, fuel for heavy machinery to clear blocked roads, health and social service assistance, transportation and logistics support. To complement the Government's efforts, the HCT prioritized the following time-critical activities intended to ensure survival of herders and their livestock during the winter:

| Sector | Activities |
|--|---|
| Nutrition and Food (UNICEF, WFI) | <ul style="list-style-type: none"> Provision of a survival kit inclusive of a food package of 2-months food ratio and multi-nutrient supplementation for children under five and pregnant and lactating women from vulnerable herder families. |
| Protection (UNFPA) | <ul style="list-style-type: none"> Protecting dignity and safety of women and girls, and freedom from violence by ensuring their access to essential hygiene products. Provision of sexual and reproductive health services. |
| Agriculture (FAO) | <ul style="list-style-type: none"> Balanced feed packages and animal health care kits Vaccines for Capri pox |
| Early recovery (UNDP) | <ul style="list-style-type: none"> Multi-purpose cash assistance to buy products essential for surviving extreme winter in isolation |

The UN mobilized \$2.4 million through the CERF fund and \$3.9 million was mobilized from other sources which enabled a delivery of an integrated package through UNICEF, UNFPA, FAO, UNDP, INGO partners, World Vision and local government authorities.

IV. CERF RESULTS AND ADDED VALUE

Nutrition:

Food items for nutrition purchase was planned at provincial level, however due to a limited availability of food items in the six targeted aimags, procurement was done in the capital city. UNICEF reached out a total of 19,076 individuals (9,729 females and 9,347 males), exceeding an initial target of 15,804 individuals as set in the CERF proposal.

Protection:

UNFPA's emphasis on basic procurement principles of competitiveness and value for money followed by during the procurement process of dignity kits as well as an economy scales enabled to securing more economical prices of dignity kits than planned. Following approval from the CERF Secretariat, UNFPA expanded its coverage to 27 more soums in 5 target aimags (except Dundgovi). It also means that UNFPA was able to assemble an additional 3,740 dignity kits, distributed to an additional 1,870 households. As a result, UNFPA reached out a total of 11,702 women and girls, exceeding the target of 7,962 women set in the CERF proposal. In addition, upon MoHS official request, UNFPA directly transferred a total of USD\$19,742 to the additional 24 soums health centers in 6 aimags, reaching out to additional 833 women (443 pregnant and 390 postpartum women) and enabling them to have access to life saving sexual and reproductive health facilities during harsh conditions of dzud. With this, UNFPA exceeded its target of reaching 500 pregnant and postpartum women as identified in the project document. Out of 1,333 pregnant women, 142 women (10.6%) had pregnancy related complications and were brought to the soums and aimags hospitals for treatment and safe delivery under a supervision of skilled midwives.

The rapid feedback and lessons learned from a distribution of 120 dignity kits in February 2016 (prior to CERF-funded activities), procured by UNFPA and distributed by NEMA, were reflected in preparation of CERF-financed dignity kits. This way UNFPA was able to incorporate voices of women and girls in design and implementation of the CERF proposal that in turn maximized effectiveness of the support.

Agriculture and Early Recovery:

All targeted 4,390 vulnerable herder households have received animal feed and animal care kit as well as cash assistance. In addition, 1,600 households in 3 other locations received sheep/goat pox vaccinations for 500,000 livestock to prevent the disease outbreak. Additional support to the Veterinary and Animal Breeding Agency of Mongolia in charge of the Sheep Pox vaccination was provided for post-vaccination monitoring activities.

Sectors conceptualized in the CERF-funded response as a package of complementary time-critical interventions aimed to support 4,390 most vulnerable households. As a result, 15,804 people, including 7,962 women, received much needed assistance, including food items, nutrition and protection services, emergency agriculture input and cash assistance. Strong planning and coordination, along with a series of meetings and discussions between sector members, representatives of the Government, NGOs and the Mongolian Red Cross, were held to ensure CERF funds were well prioritized and that assistance reaches the most in need. Several sectors were able to reach out additional herders in need as a result of expanding their geographical scope of intervention. Affected individuals and reached direct beneficiaries through CERF funding are shown in Table 4.

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹ | | | | | | | | | |
|---|--------------|--------------|--------|-------------|------------|-------|-----------------|---------------|--------|
| Total number of individuals affected by the crisis: 225,788 people (62,719 households) affected | | | | | | | | | |
| Cluster/Sector | Female | | | Male | | | Total | | |
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Nutrition | 3,599 | 6,130 | 9,729 | 3,655 | 5,692 | 9,347 | 7,254 | 11,822 | 19,076 |
| Protection | 2,938 | 10,097 | 13,035 | n/a | n/a | n/a | 2,938 | 10,097 | 13,035 |
| Agriculture | 2,938 | 5,024 | 7,962 | 3,027 | 4,815 | 7,842 | 5,965 | 9,839 | 15,804 |
| Early Recovery | 2,938 | 5,024 | 7,962 | 3,027 | 4,815 | 7,842 | 5,965 | 9,839 | 15,804 |

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

BENEFICIARY ESTIMATION

All partners used the National Statistics Office's 2016 population figures in estimating the beneficiary population at planning phase. Preparatory meetings and initial briefings were held at local levels to ensure aimag and soums officials were clear about the processes and actions, including avoiding the duplication as well as double counting of beneficiaries. In addition, a number of direct beneficiaries was double checked against the monthly progress reports from the field health workers in the target areas.

A Table 5 below shows that a total of 22,043 people, including 13,696 women, benefitted from assistance funded by CERF, ranging from food rations, nutrition and protection services to emergency agriculture input and cash assistance. Each sector reached out to the same core 4,390 households. Several sectors were able to reach additional people in need as a result of expanding the geographical scope of their intervention in consultation with OCHA and CERF Secretariat.

| TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ² | | | |
|---|---------------------|-------------------|--------|
| | Children (< 18) | Adults (≥ 18) | Total |
| Female | 3,599 | 10,097 | 13,696 |
| Male | 3,655 | 5,692 | 9,347 |
| Total individuals (Female and male) | 7,254 | 15,789 | 23,043 |

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.

The CERF support reached a total of 13,696 women and girls, far exceeding the target set in the CERF proposal for protection and health services. In addition, UNFPA exceeded its target of reaching 500 pregnant and postpartum women as identified in the project document as a result of being able to transfer funds directly to an additional 24 soums health centers in the 6 targeted aimags, reaching out to an additional 833 pregnant women and 390 postpartum women affected by the dzud.

The number of households reached with food rations and nutrition services was also higher than initially planned, with an additional 909 households (an estimated 3,200 people) in 22 different soums that received assistance. The project design took into consideration difficult logistics in transporting food to the remote areas and has planned to purchase food locally. However, due to limited availability of food items in six targeted aimags, procurement was done in the capital city where prices were lower. After consultation with OCHA, this allowed expanding assistance to additional vulnerable herder households who were suffering livestock losses and shortage of cash and whose needs were identified only during the first round of distributions.

CERF RESULTS

CERF funding enabled the delivery of comprehensive life-saving **food and nutrition assistance** package (UNICEF) to 5,299 herder households (19,076 people) in 67 soums in six aimags⁴ (Uvs, Zavkhan, Arkhangai, Bayankhongor, Dundgobi and Sukhbaatar). The comprehensive food and nutrition assistance package included the provision of two months' ration of essential food package per household (flour 50 kg, noodle 20 kg, rice 20 kg, soy bean oil 6l, sugar 4 kg, tea 2 blocks, and salt 1 kg) and the multiple micronutrient powder (MNPs) for 1,870 children under five years old (901 girls and 969 boys) as well as the multiple micronutrient supplements and nutrition services for 943 pregnant and lactating women in the targeted herder households. Distribution coverage of multiple micronutrient supplements for children 6-59 months old and pregnant and lactating women in CERF target households was 96% and 92% respectively. All children aged 6-59 months old and all pregnant and lactating women in target households were screened for acute malnutrition. All 45 target soums provided quality nutrition services including nutrition counselling to parents of children under two years old and pregnant and lactating women, nutrition assessment and micronutrient supplementation.

⁴ The reason of discrepancy between planned and reached beneficiaries is that there were more affected herder households who need food and nutrition assistance. It was earlier planned to purchase the food items at provincial level, however, due to limited availability of food commodities in the six targeted CERF provincial locations, the procurement was done in the capital city. The allocated budget for the food commodities purchased more food due to lower food prices at the capital. This increased number of households helped address the vulnerability needs identified during the first distribution and ensured that herder households who are suffering livestock loss and shortage of cash receive support.

CERF enabled UNFPA and partners to address critical sex and gender-specific **hygiene and protection needs** of 11,702 women and girls in 6,243 herder families in 69 soums in 6 aimags, as well as provided emergency sexual and reproductive health support to 1,333 pregnant and postpartum women through mobile health clinics in 69 soums in 6 aimags (total 13,035 girls and women assisted). Some 10.6% of the total pregnant women had signs of pregnancy related complications and were brought to the soum or provincial hospitals for treatment and safe delivery under the skilled birth attendants. Although the initial target was pregnant and postpartum women, it was noted that over hundreds of people, including unregistered women and children, benefited from the mobile health services provided by the soum-level doctors. UNFPA has not received complaints from the beneficiaries in terms of the quality, contents and distribution of the dignity kits. On the contrary, herder families expressed appreciation to UNFPA for the quality and timely support provided through CERF.

The CERF funding enabled UNDP to complement the life-saving assistance and initiate the early recovery response in dzud affected areas through the provision of **multi-purpose cash grants**. A total of 4390 households received cash which enabled them to buy warm clothes, heating, cooking fuels, cell phone credits, animal hay and fodder, and other products needed to survive the long-lasting harsh winter conditions.

Besides delivering life-saving assistance and emergency livelihood support to people in need, the CERF also contributed to strengthening partnerships and increase coordination between:

- World Vision International Mongolia, the National Emergency Management Agency (NEMA), Ministry of Health, Public Health Institute, local emergency management departments, local health departments, soum governor's offices and soum health centers and INGOs including ADRA, and Save the Children.
- UNFPA, the Ministry of Health and Sports, and NEMA.
- UNDP, Save the Children and Khan Bank.
- HCT members, including UN Agencies, NEMA, Mongolian Red Cross Society, NEMA, INGOs and local NGOs.

CERF's ADDED VALUE

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

YES PARTIALLY NO

- The CERF funding, along with other resources, ensured fast and effective implementation of the humanitarian response in the most affected soums.
- In the context of the Government not willing to declare an emergency, CERF funds have helped release additional funding (e.g. ADB \$2 mln, MRCS \$0.8 mln, etc.) which ensured the emergency response was not further delayed.
- The CERF funding brought together partners with varying capacity and resources, and strengthened coordination in both joint planning, delivery and monitoring; and as a result reached to assist more number of beneficiaries than expected without delay.
- Receiving the CERF fund allowed the recipient agency and its partners to use fast track procedures in emergency situation. (e.g. UNFPA fast track procedure enabled the procurement, delivery and distribution of dignity kits within 6 weeks since the disbursement of funds; UNICEF and WVI procurement and transportation of essential supplies, life-saving food and nutrition package reached majority of target people within a month period after fund received).

Did CERF funds help respond to time critical needs⁵?

YES PARTIALLY NO

- Participants in the CERF Review Workshop indicated that the response should have started somewhat earlier in the winter, and noted that the decision to access CERF was a little bit delayed as a result of a lack of Government declaration of emergency. However, CERF interventions, aiming at ensuring survival of vulnerable herder households and avoiding collapse of livelihoods, were successful in responding to the critical needs as expected. For example:

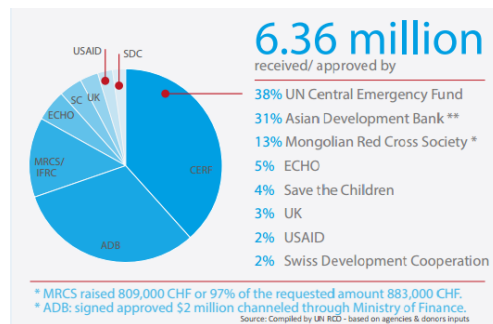
⁵ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

- CERF funded food and nutrition assistance supported herder households to increase and diversify household food consumption that protected their nutritional status and guaranteed their survival, particularly for young children and pregnant and lactating mothers.
- CERF proposal was also timely in ensuring that girls and women’s health (petrol support to mobile antenatal care services) and protection issues were addressed in the crisis context when violence against women and girls is known to increase.
- The CERF funding was crucial to addressing critical humanitarian needs of the most vulnerable affected populations and low income households, many of whom were unable to buy products for survival until start of favourable season.

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

YES PARTIALLY NO

- CERF funds helped to improve resource mobilization from other development partners in Mongolia. A total of USD\$ 6.36 million was raised to assist dzud affected people in Mongolia, of which nearly \$4 million was obtained outside of the CERF mechanism, including UNICEF emergency fund (\$ 40,000); the Start Fund (\$129,931); WVIM’s emergency preparedness and response fund (US\$ 4,000); cash assistance of Mongolian Red Cross Society; etc.
- In addition to helping to leverage additional funding and resources, CERF helped increase collective visibility of the situation.



c) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

- The CERF provided the opportunity for the food cluster and nutrition cluster partners to jointly deliver comprehensive food and nutrition assistance to affected people that increased effectiveness and efficiency of humanitarian assistance. It was also first time experience that UN, INGOs and NEMA and Health sector partners worked in close collaboration from the inception until the end of the project implementation. Coordination efforts among the food cluster and nutrition cluster helped in avoiding duplication and overlaps of humanitarian assistance in affected areas. Coordination has improved not only among the agencies at the national level, but also at local level.
- The CERF helped improve coordination among humanitarian actors through the effective functioning of the cluster system. Under the Early Recovery sector, UNDP compiled data of beneficiaries and circulated for a comprehensive and coordinated multi-sectoral prevention and response program.
- Information sharing between HCT members and with the Government was also much better and participants mentioned that working with OCHA was good in terms of guidance and support for the CERF process

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

- Cash contribution within the CERF successfully delivered through “Khan Bank” promoting a humanitarian partnership with private sector.

V. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT | | |
|--|---|---------------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| High threshold of acute malnutrition rate (10% global acute malnutrition rate) for nutrition intervention | <p>Given the critical life-saving role of nutrition interventions not only for treating the acute malnutrition, but also preventing from malnutrition, diseases and deaths, use of other nutrition indicators is required apart from GAM rate for the threshold to start nutrition interventions. Following indicators are proposed to start micronutrient interventions:</p> <ul style="list-style-type: none"> - Prevalence of vitamin A deficiency is 20% or higher in infants and children 6-59 months old of age; - Prevalence of anemia is 20% or higher among children under 5 years old; - Prevalence of anemia is 20% or higher among pregnant women; - Proportion of children 6-23 months who received solid, semi-solid or soft foods with minimum number of times or more is below 80%; - Dzud situation with increased rates of child morbidity and mortality and reduced access to health care services; | CERF secretariat |

| TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS | | |
|---|--|---------------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| The Government of Mongolia declared the official dzud disaster late thus response and international assistance interventions started in February. Timing of intervention needed to have occurred earlier in the winter. Some donors were not able to mobilize funds due to late timing. | <ul style="list-style-type: none"> - Early warning criteria needs to be elaborated more comprehensive (e.g. since dzud is a slow onset disaster, drought triggers market prices and herder indebtedness, etc. thus early “triggering” actions need to be determined to assess whether assistance will be required. - Indicators for a slow onset disaster needs to be developed. - Government request for assistance needs to be more clear, official and to occur earlier. | Government of Mongolia |
| Partners noted that there was much better coordination through the sectors and HCT mechanisms than during past responses. However there is still necessity to further improve coordination | <ul style="list-style-type: none"> - NEMA, UN and INGOs conducted many assessments, some assessments could have been more efficient through joint efforts. Standardized and/or agreed assessment methodologies at the HCT level would help. - Stronger coordination with INGOs is needed, to avoid duplication in some soums | NEMA, HCT and INGOs |
| NEMA’s leadership and capacity was improved and stronger feature of the response. Joint assessments provided valuable information and statistics. | <ul style="list-style-type: none"> - 5Ws data was useful, but if data collection begun earlier, it would have provided more consolidated picture on humanitarian needs and gaps. 5Ws needs further elaboration and taken forward by NEMA. - Future responses can establish a central place where assessment reports and post distribution monitoring reports can be stored shared, either led by NEMA or UN. | NEMA, UN and HCT Members |
| CERF criteria for household selection was clear, however questions were raised about | The vulnerability criteria for selecting target households was used for those with less than “100 livestock”, but there is a significant difference between sheep, cattle or horses in terms of asset quality | HCT, All UN Agencies |

| | | |
|---|---|-----------------------------------|
| the 100 livestock parameter. Agencies suggested that future interventions should consider other factors, such as household size, household income in vulnerability. | and value. Livestock must be converted into sheep units as well as household level of income are considered in determining beneficiary criteria in future. | |
| MRCS provided hotline during the assistance and received 40 complaint calls from herders who were not included as beneficiaries, asking why they did not receive support. | Operating a hotline was very useful to improve communication. UNDP placed all beneficiaries information on the public notice board for 5 days to insure transparency and list was double checked with the community feedback. | All partners and local government |
| Data gathering mechanisms were weak. There was no integrated data of loss and affected people. | Consider software packages that can provide NEMA and international organizations with demographic and loss data from a single system. This will increase institutional capacity for emergency response and recovery as well as planning, delivery and evaluation. | Government and partners |
| Cluster system needs to be improved as some INGOs prefer to have independent actions overlapping assistance. | Cluster system should be enhanced to coordinate international humanitarian assistance. | Cluster coordinators |
| Cash transferring to beneficiaries through Khan bank was cost effective (flat fee with less than 10 cents per transaction), however the bank's interest in the future cash transferring programming is very low due to huge workload and small margin. | <ul style="list-style-type: none"> - Close cooperation with the local governments, state registration department and banks for cross checking and verification of beneficiary data. - Negotiate with another bank (the State Bank) and renegotiate with Khan bank to discuss the process that eases their workload and/or negotiate with the bank's service fee. | HCT, CTP cluster and Banks |
| It was observed that the soum officials were confused with the separate reporting templates provided by each of the participating UN Agencies in spite of the briefing meetings conducted in selected aimags. | In the future, it might be prudent to provide a uniform reporting template (jointly-provided) by all the agencies involved. | UN Agencies |
| Some soum officials had confusion on how to distribute the dignity kits to women and girls. The confusion was caused by discrepancies between the numbers of dignity kits and the number of households selected. Initially the dignity kits were supposed to have been distributed to all females aged between 10-60 years old in the household | This experience revealed that awareness raising on the composition and purpose of the dignity kits is essential among the officials. Emphasizing that the dignity kits are designed to meet specific needs of women and girls, helping to preserve their dignity during and after emergencies will better define the importance and focus of the endeavour. Also, the distribution targets should remain every woman and girl aged 10-60 years in the household, and in order to accomplish this, accurate population data has to be available from the soums targeted. | UNFPA |

VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | | | | |
|--|---|----------------|---|---|--------------|---------------|
| CERF project information | | | | | | |
| 1. Agency: | UNICEF | | 5. CERF grant period: | 16/03/2016 – 15/09/2016 | | |
| 2. CERF project code: | 16-RR-CEF-028 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Nutrition | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Provision of lifesaving food and nutrition interventions to vulnerable herder households, with a specific focus on children under five years old and pregnant and lactating women, in <i>dzud</i> affected areas | | | | | |
| 7. Funding | a. Total funding requirements ⁶ : | US\$ 1,855,625 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ⁷ : | US\$ 649,771 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 464,480 | |
| | c. Amount received from CERF: | US\$ 609,771 | ▪ Government Partners: | | US\$ 90,288 | |
| 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 |
| <i>Children (< 18)</i> | 2,938 | 3,027 | 5,965 | 3,599 | 3,655 | 7,254 |
| <i>Adults (≥ 18)</i> | 5,024 | 4,815 | 9,839 | 6,130 | 5,692 | 11,822 |
| Total | 7,962 | 7,842 | 15,804 | 9,729 | 9,347 | 19,076 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | Number of people (Reached) | | | |
| <i>Refugees</i> | | | | | | |
| <i>IDPs</i> | | | | | | |
| <i>Host population</i> | | | | | | |
| <i>Other affected people</i> | | | 15,804 | 19,076 | | |
| Total (same as in 8a) | | | 15,804 | 19,076 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i> | The reason of discrepancy between planned and reached beneficiaries is that there were more affected herder households who need food and nutrition assistance. It was earlier planned to purchase the food items at provincial level, however, due to limited availability of food commodities in the six targeted CERF provincial locations. | | | | | |

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.

| | |
|---------------------------------|--|
| <i>please describe reasons:</i> | The procurement was done in the capital city. The allocated budget for the food commodities purchased more food due to lower food prices at the capital. This increased number of households helped address the vulnerability needs identified during the first distribution and ensured that herder households who are suffering livestock loss and shortage of cash receive support. |
|---------------------------------|--|

| CERF Result Framework | | | |
|------------------------------|--|--|--|
| 9. Project objective | 4,390 households (including pregnant and lactating women, and boys and girls under age 5) receive time-critical food assistance and benefit from nutrition interventions, through the provision of food rations and micronutrient supplementation. | | |
| 10. Outcome statement | 15,804 people (including pregnant and lactating women, and boys and girls under age 5) benefitted of improved food consumption and nutrition levels in 45 target <i>dzud</i> -affected soums in six aimags. | | |
| 11. Outputs | | | |
| Output 1 | Food and nutrition package is provided to 4,390 herder households in 45 'soums' in six aimags in <i>dzud</i> condition | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of households receiving food assistance, disaggregated by activity, beneficiary category, sex as percentage of the 15,804 targeted people planned | 15,804 (100%) | 19,076 |
| Indicator 1.2 | Coverage of multiple micronutrient supplementation among 6-59 months old children in target <i>dzud</i> affected areas | 1,517 (80% of 1,897 children) | 1,803 (96.4% of 1870 children) |
| Indicator 1.3 | Coverage of multiple micronutrient supplementation among pregnant and lactating women in target <i>dzud</i> affected areas | 758 (80% of 948 pregnant and lactating women) | 867 (92% of 943 pregnant and lactating women) |
| Indicator 1.4 | Percentage of women/girls and men/boys satisfied with the quality and appropriateness of response at the end of project | 95% | 100% |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Preparatory field visit to establish distribution channels | UNDP; UNFPA; UNICEF; FAO; WVIM8 | UNDP; UNFPA; UNICEF; FAO; WVIM |
| Activity 1.2 | Beneficiary selection and registration | UNDP, Aimag and Soum Emergency Commissions including members from local food and health services | UNDP, Aimag and Soum Emergency Commissions including members from local food and health services |
| Activity 1.3 | Procurement of food and nutrition supplies | UNICEF, World Vision International Mongolia | UNICEF, World Vision International Mongolia |

⁸ To maximize time and resources, agencies and INGOs have divided the coverage of the six aimags among themselves. This is reflected in the budget section of each CERF proposals.

| | | | |
|--------------|---|---|--|
| Activity 1.4 | Transportation of food and nutrition packages to target aimags and soums | NEMA and its branches, UNICEF, UNFPA, World Vision International Mongolia | NEMA and its branches, World Vision International Mongolia |
| Activity 1.5 | Delivery of food, nutrition and dignity kit packages to the beneficiaries | Soum Emergency Commissions | Soum Emergency Commissions and Local Emergency Departments (NEMA local branches) |
| Activity 1.6 | Monitoring and evaluation of the project implementation | NEMA, UNICEF; UNFPA; World Vision International Mongolia; Ministry of Health and Sports, Local Food and Health Departments; | NEMA, UNICEF; UNFPA; World Vision International Mongolia; Ministry of Health and Sports, Local Food and Health Departments |

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 CERF fund supported food and nutrition assistance in response to the winter 2015/2016 *dzud* in 67 soums in six aimags (Uvs, Zavkhan, Arkhangai, Bayankhongor, Dundgobi and Sukhbaatar). The comprehensive food and nutrition assistance package included the provision of two months' ration of essential food package per household (flour 50 kg, noodle 20 kg, rice 20 kg, soy bean oil 6l, sugar 4 kg, tea 2 blocks, and salt 1 kg) and the multiple micronutrient powder (MNPs) for children under five years old and the multiple micronutrient supplements for pregnant and lactating women as well as nutrition screening and counseling of target people.

The CERF fund covered the supply and logistic costs, while training cost was covered by UNICEF fund. At the same time, taking into consideration of pre-existing high rates of chronic malnutrition including vitamin and mineral deficiencies and UNICEF's accountability role for the affected children, UNICEF covered costs of nutrition supplies for nutritionally vulnerable children in non-CERF target households in the same target six aimags.

The response was provided in partnership with World Vision International Mongolia, National Emergency Management Agency (NEMA), Ministry of Health, Public Health Institute, local emergency management departments, local health departments, *soum* governor office and *soum* health centres and INGOs including ADRA, and Save the Children. Health Minister's decree #A115 "Provision of nutrition services to the population in *dzud* affected aimags" was released in April enabling to deliver lifesaving nutrition interventions to children and pregnant and lactating mothers.

Specific outcomes:

- 5,299 herder households (19,076 people) in 67 *soums* in six aimags (Uvs, Zavkhan, Arkhangai, Bayankhongor, Dundgobi and Sukhbaatar) received life-saving comprehensive food and nutrition assistance package.
- The coverage of food intervention increased by 909 households than it was initially planned 4,390 households to cover additional vulnerable households in 22 different soums of CERF target *aimags*. It was earlier planned to purchase the food items at provincial level, however, due to limited availability of food commodities in the six targeted CERF provincial locations, the procurement was done in the capital city. The allocated budget for the food commodities purchased more food due to lower food prices at the capital. This increased number of households helped address the vulnerability needs identified during the first distribution and ensured that herder households who are suffering livestock loss and shortage of cash receive support.
- 1,870 children under five years old and (901 girls and 969 boys) and 943 pregnant and lactating women in target herder households received nutrition services through primary health services in target areas. Distribution coverage of multiple micronutrient supplements for children 6-59 months old and pregnant and lactating women in CERF target households is 96% and 92% respectively. All children aged 6-59 months old and all pregnant and lactating women in target households were

screened for acute malnutrition. Acute malnutrition rates reported among children of target herder households in 45 soums in six aimags varied from 0% to 0.7% with moderate acute malnutrition cases only and appropriate nutrition counselling and child feeding service provided at soum health centers.

- Additional 4,694 nutritionally vulnerable children 6-23 months old in non-CERF target herder households in target 45 soums of 6 aimags benefitted from life-saving nutrition services with UNICEF funding.
- UNICEF complemented the CERF fund in providing technical assistance for training and supportive supervision of 18 master trainers from 6 aimags on 'life-saving nutrition services in emergencies' who further trained 156 primary health workers from 45 primary health centers in six aimags. Three day trainings, conducted with technical assistance and coordination of Public Health Institute and Local Health Departments, focused on maternal nutrition and infant and young child feeding in emergency situation, nutrition assessment and management of acute malnutrition.
- All 45 target soum health centers were strengthened to provide quality nutrition services including nutrition counselling to parents of children under two years old and pregnant and lactating women, nutrition assessment and micronutrient supplementation. Every child in CERF target household was monitored by health workers' bi-weekly home visits on usage of multiple micronutrient supplements and overall health and nutrition status. All primary health centers in CERF target areas were provided financial assistance for fuel costs to ensure mobility for oversight of nutrition interventions.
- Public Health Institute and Ministry of Health provided monthly Excel based data on coverage of nutrition services in target areas. As of September 2016, four monthly reports were received from each target areas reflecting progress to the key performance indicators (coverage of multiple micronutrient supplementation among children 6-59 months old, coverage of multiple micronutrient supplementation pregnant and lactating women, coverage of nutrition counseling, coverage of MUAC assessment, and severe and moderate acute malnutrition rates in target areas).
- 3,000 leaflets containing key messages on appropriate infant and young child feeding practice (breastfeeding and complementary feeding), and appropriate usage of multiple micronutrient supplements with recording lists were distributed to target population to raise their awareness.

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

- Considering general poor nutritional status of children in rural areas with high chronic malnutrition rate and high rates of vitamin and mineral deficiencies, and lack of government funding during economic crisis to support regular micronutrient supplementation programme, to ensure equitable access to quality nutrition services for all nutritionally vulnerable children in target areas, UNICEF complemented CERF funded project by covering the cost of essential micronutrient supplements for children in non-CERF target households.
- UNICEF in partnership with WVIM conducted the distribution and post distribution monitoring among the CERF beneficiaries in Arkhangai and Zavkhan aimags as agreed by HCT. The purpose of the monitoring was to assess the progress and effectiveness of the CERF assistance to the beneficiaries based on criteria: a) number of households received CERF project assistance versus the planned; b) Awareness on CERF assistance; c) Appropriateness or acceptability of the CERF package distributed; d) Utilization and beneficiary satisfaction on CERF package provided; e) Management and process CERF package distribution. Process distribution monitoring was undertaken through exit interview simultaneously with the distribution of second batch of food response. Systematic sampling of beneficiaries (the twentieth names from the beneficiary list is selected) was used for the monitoring. Almost all respondents reported high satisfaction on timeliness of the CERF assistance and quantity and quality of CERF food and nutrition assistance.

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

EVALUATION CARRIED OUT

UNICEF Mongolia is supporting the 5th National Nutrition Survey in which all the CERF geographical areas are being covered, hence, no evaluation was planned.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|---|----------------|--|---|------|---------------|
| 1. Agency: | UNFPA | | 5. CERF grant period: | 11/03/2016 – 10/09/2016 | | |
| 2. CERF project code: | 16-RR-FPA-014 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Protection | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Protecting dignity, safety and health of women and girls during Dzud disaster in Mongolia | | | | | |
| 7. Funding | a. Total funding requirements ⁹ : | US\$ 1,289,149 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ¹⁰ : | US\$490,131 | <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> <ul style="list-style-type: none"> ▪ NEMA US\$ 91,102 | | | |
| | c. Amount received from CERF: | US\$ 478,131 | | | | |
| 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) | 2,938 | | 2,938 | 2,938 | | 2,938 |
| Adults (≥ 18) | 5,524 | | 5,524 | 10,097 | | 10,097 |
| Total | 8,462 | | 8,462 | 13,035 | | 13,035 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | Number of people (Reached) | | | |
| Refugees | | | | | | |
| IDPs | | | | | | |
| Host population | 8,462 | | 13,035 | | | |
| Other affected people | | | | | | |
| Total (same as in 8a) | 8,462 | | 13,035 | | | |
| <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> | During the procurement process for the dignity kits, UNFPA's emphasis on the procurement principles of competitiveness and value for money, as well as the volume of the procurement led to securing more economical prices of dignity kits than planned, which enabled UNFPA to expand its coverage of distribution by 27 more soums in 5 target aimags (except Dundgovi.). With the savings gained from the dignity kits procured at lower prices, UNFPA was able to assemble an additional 3,740 dignity kits. | | | | | |

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 | To protect the dignity, safety and health of women and girls during the Dzud disaster in six target aimags of Mongolia | | |
| 10. Outcome statement | Approximately 7,962 women and girls within 4,390 herder families, including 500 pregnant and postpartum women, will receive dignity kits and necessary sexual and reproductive health services over a two-month period as a part of the survival package. | | |
| 11. Outputs | | | |
| Output 1 | The dignity and safety of women and girls are protected in six Dzud-affected aimags | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | No. of women and girls receiving dignity kits | 7,962 | 13,035 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procurement of dignity kits for women and girls | UNFPA, MPDSP | UNFPA, NEMA |
| Activity 1.2 | Distribute dignity kits | UNFPA, NEMA | UNFPA, NEMA |
| Activity 1.3 | Monitoring and evaluation | UNFPA, NEMA, MPDSP | UNFPA, NEMA |
| Output 2 | 500 pregnant and postpartum women are able to access life-saving sexual and reproductive health services | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | No. of pregnant and postpartum women in receiving mobile SRH services | 500 | 1,333 |
| Indicator 2.2 | No. of pregnant women brought into maternity waiting homes/soum health centre | 80 | 142 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Conduct mobile outreach clinics through soum health centres | MOHS | MOHS |
| Activity 2.2 | Bring pregnant women to maternity homes two weeks before expected delivery and provide support | MOHS | MOHS |
| Activity 2.3 | Monitoring and evaluation | UNFPA/MOHS | UNFPA/NEMA |

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:

UNFPA provided humanitarian assistance within CERF funding in the following two areas:

1) **Provision of dignity kits to women and girls in 69 soums of 6 target aimags to preserve their dignity during the Dzud.**

Initially, UNFPA planned to distribute 7,962 dignity kits to 4,373 households, which was done as planned within the first batch. However, during the procurement process for the dignity kits, UNFPA's emphasis on the procurement principles of competitiveness and value for money, as well as the volume of the procurement led to securing more economical prices of dignity kits than planned. Therefore, following clearance by OCHA, UNFPA expanded its coverage of distribution to 27 more soums in 5 target aimags (except Dundgovi) and UNFPA was able to assemble an additional 3,740 dignity kits. It means that UNFPA was able to distribute dignity kits to an additional 1,870 households, and reached a total of 11,702 women and girls of 6,243 herder families in 69 soums of 6 aimags within 3 months' period, far exceeding the target set within the CERF proposal which was to reach 7,962 women. Also, 2 out of the additional 27 recipient soums had to postpone the distribution of 532 dignity kits to 232 households due to the campaign period for the National Elections, and the postponement of distribution was decided in order to avoid situations where the distribution of the dignity kits might be misrepresented or politicized in relation to the political campaigns. Later, the remaining kits were distributed immediately after the elections, between June 30 and July 25, which still fell within the CERF project implementation period. The second monitoring mission was conducted in these 2 soums in late July, 2016.

2) **Sexual and reproductive health and antenatal care (SRH/ANC) support to soum clinics to provide mobile services to pregnant and postpartum women living in the Dzud-affected areas.**

UNFPA worked together with the Ministry of Health and Sports (MoHS) and its soum and provincial health departments in providing the mobile SRH/ANC services to pregnant and postpartum herder women who were in need of routine check-ups, aiming to prevent birth and delivery-related complications during the period where snow impeded routes of travel to medical facilities. Based on the MoHS official request, UNFPA directly transferred the total amount of USD\$19,742 to the 69 soum health centers in 6 aimags, reaching out to 1,333 women (943 pregnant and 390 postpartum women) and enabling them to have access to life saving sexual and reproductive health facilities during the harsh conditions in the aftermath of the dzud. With this, UNFPA exceeded its target of reaching 500 pregnant and postpartum women as identified in the project document as a result of the savings for the procurement of dignity kits mentioned above. Out of 1,333 pregnant women, 142 women (10.6%) had pregnancy related complications and were brought to the soum and provincial hospitals for treatment and safe delivery under the skilled birth attendants.

In terms of SRH/ANC part, UNFPA has also over-achieved its target of reaching 500 pregnant women, and reached 1,333 pregnant and postpartum women through mobile health clinics in 69 soums of 6 aimags. 10.6% of the total pregnant women had signs of pregnancy related complications, so they were immediately brought to the soum and provincial hospitals for treatment and safe delivery under the skilled birth attendants.

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

The dignity kits were transported from Ulaanbaatar to a total of 69 soums and distributed to 6,243 households in collaboration with the National Emergency Management Agency of Mongolia (NEMA). UNFPA signed the Letter of Understanding and the Annual Work Plan with the National Emergency Management Agency (NEMA) as an implementing partner (IP). This partnership was extended through NEMA's provincial offices, and they managed the delivery of the dignity kits to soum level under the supervision of NEMA. The provincial emergency offices took a full responsibility of handing over the dignity kits to 69 soum Governors in 6 aimags and provided them the guidance and leadership in distributing dignity kits to herder women.

As to the financial disbursement, UNFPA transferred the initial instalment to NEMA for transportation of dignity kits, the Implementing Partner, on April 13, which was within 23 working days (or 33 calendar days) since the project start date on 11 March. NEMA sub-contracted a transportation company called "Boldoo and Sons" to transport the 7,962 dignity kits to 45 soums in 6 aimags. Payment was reimbursed from NEMA to the sub-contractor after the completion of work. Even though the roads were impeded by snow and mud in some places, the sub-contractor safely delivered the dignity kits to all 69 soums while providing timely updates via phone to the UNFPA project team. NEMA extended the contract with the same sub-contractor for the delivery of the

| | | |
|---|--|--|
| additional 3,740 dignity kits to 27 soums in 5 target aimags. | | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input checked="" type="checkbox"/> | |
| <p>UNFPA was assigned to monitor Bayankhongor aimag. A briefing mission was conducted in Bayankhongor aimag from 6-8 April, before the distribution of assistance started. This provided information on the humanitarian assistance by UN Agencies and the key principles behind providing assistance to households, as well as reporting and monitoring guidelines to the aimag emergency committee members and soum governors. The representatives from NEMA joined the briefing meeting as an IP for the CERF Project and introduced the contact that NEMA would sign with the soum governors to ensure the fair distribution of assistance modality to households.</p> <p>2 monitoring missions were conducted. Each participating agency in the CERF project was assigned to monitor a specific aimag to Bayankhongor aimag from 26-31 May and from 26-31 May and from 8-12 June respectively (as the distribution of additional dignity kits happened in June). The monitoring mission team included relevant government entities including representatives from NEMA and its aimag health department staff, and soum level officials. UNFPA conducted the second monitoring mission during the period of July 27-Augues 2, 2016 in Sukhbaatar aimag, where UNFPA additional assistance was provided to 9 soums. There was no other visit assigned by different UN agencies. The second monitoring mission to Bayankhongor and Sukhbaatar aimags was organized in order to monitor a fair distribution of assistance.</p> <p>UNFPA is in receipt of no complaints from the beneficiaries in terms of the quality, contents and distribution of the dignity kits. Observations made from the missions confirmed that there were no missing items in the kits, and all of them were of high quality, as revealed by the herder women who received them. The Mission team took note of compelling human stories of women coping in the aftermath of the Dzud disaster as well as stories from those providing them with assistance. Some of the women's stories were shared in an article posted on the UNFPA Mongolia CO website, and shared with UNFPA APRO Communications for further dissemination.</p> <p>Key findings observed during the implementation of the project and lessons learnt:</p> <ul style="list-style-type: none"> ➤ During the monitoring trip, it was observed that some soum officials were confused with the separate reporting templates provided by each Agency even though briefing meeting was conducted in selected aimags by the assigned UN Agencies. Therefore, in case of delivering comprehensive emergency assistances by different UN agencies, it can be recommended to have one joint reporting template, which would ease the distribution and reporting process by the soum officials. ➤ Some soum officials were also confused on how to distribute the dignity kits to women and girls. The confusion was caused by the conditions when there were discrepancies between the numbers of dignity kits and the number of households selected. Initially the dignity kits were supposed to have been distributed to all women aged between 10-60 years old in the household and it was well explained during the briefing session to soum governors, also noting on the distribution template. However, it was observed during the monitoring visit that the dignity kits were distributed as per one per households, and the girls between 10-15 years did not receive the kits in some households, or single headed men received dignity kits in some soums. The distribution by one per households caused some leftovers and they were stored in 2 soums of Bayankhongor aimag. The monitoring mission promptly corrected the situation and asked the local authorities to redistribute the remaining kits. | EVALUATION PENDING <input type="checkbox"/> | |
| | | NO EVALUATION PLANNED <input type="checkbox"/> |
| | | |

| | |
|---|--|
| <p>➤ Regarding to the vulnerability criteria of selecting households with less than 100 livestock, this number be shifted into sheep head count. There is a much difference between 100 sheep, 100 cows and 100 horses in terms of the asset quality and value. Also, it was observed during the monitoring mission that some herders with more than 100 livestock received the assistances. However, it was clarified later by the soum officials that the livestock data was based on the year end statistics when selecting the beneficiaries. Since then, the household received some more baby animals during the springs or also some animals, which belongs to others who was not able to herd themselves also joined the household animals.</p> | |
|---|--|

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|--|----------------|--|---|--------------|---------------|
| 1. Agency: | FAO | | 5. CERF grant period: | 01/03/2016 – 31/08/2016 | | |
| 2. CERF project code: | 16-RR-FAO-007 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Agriculture | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Provision of Animal Feed and Health Packages and Pox Vaccination for most vulnerable households. | | | | | |
| 7. Funding | a. Total funding requirements ¹¹ : | US\$ 2,294,718 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ¹² : | US\$ 1,854,787 | <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> US\$ 90,203 | | | |
| | c. Amount received from CERF: | US\$ 854,787 | | | | |
| 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> | 2,938 | 3,027 | 5,965 | 2,938 | 3,027 | 5,965 |
| <i>Adults (≥ 18)</i> | 5,024 | 4,815 | 9,839 | 5,024 | 4,815 | 9,839 |
| Total | 7,962 | 7,842 | 15,804 | 7,962 | 7,842 | 15,804 |
| 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> | 15,804 | | | 15,804 | | |
| Total (same as in 8a) | 15,804 | | | 15,804 | | |
| <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> | | | | | | |

¹¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹² This should include both funding received from CERF and from other donors.

| CERF Result Framework | | | |
|------------------------------|---|--|---|
| 9. Project objective | Protect the social economic livelihoods of 4,390 drought-dzud impacted herder households through asset protection with animal feed and an additional 1,600 herder households in Dornod, Tuv and Ulaanbaatar with 500,000 sheep/goat pox vaccinations. | | |
| 10. Outcome statement | 4,390 vulnerable herder households' primary livelihood assets in the target area are protected from extreme economic collapse. | | |
| 11. Outputs | | | |
| Output 1 | Primary income assets of 4,390 households, including sheep, goats, cows, horses, yaks and camels have lower mortality as a result of receiving balanced food packages for their livestock | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | 4,390 households receive animal balanced feed packages | 100% | 100% |
| Indicator 1.2 | 4,390 households receive animal health care kits | 100% | 100% |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procurement of animal balanced feed packages and animal health care kits | FAO | FAO |
| Activity 1.2 | Distribution of animal feed packages and provision of veterinary service on site under Letter of Agreement with FAO | Soum government/FAO | Soum government/FAO |
| Activity 1.3 | Spot checking inputs | Soum-based CSOs and NGOs | Aimag or provincial Emergency Management Department/Aimag Health Department/FAO |
| Output 2 | | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | 500,000 sheep and goats vaccinated in quarantine zone and at risk locations receive pox vaccination | 100% | 100% |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Vaccination service contracts prepared | FAO | FAO |
| Activity 2.2 | Government agency provides vaccination services | Government Agency for Veterinary and Animal Breeding | Government Agency for Veterinary and Animal Breeding (DVAB) |
| Activity 2.3 | Monitoring of vaccination (legal requirement) | GASI | MoFA, DVAB, GASI and NEMA |

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 mid-July 2016 in FAO Mongolia was informed by FAO HQ that the balance of expenditures on expendable items under the CERF is still USD 218,628. This higher than expected balance is in largely due to not purchasing items internationally when they were not available locally as inputs to herders was already getting late. However, during post-delivery monitoring project implementing agency (FAO) had observed that herders are still struggling with herd recovery needing strong growth of young animals – despite spring rains. Therefore, the project implementing agency requested and got approval from OCHA/ ROAP's and UNRC for additional wheat bran (5 sacks/per herder household) delivery to same beneficiaries. The delivery was completed successfully with support of 46 soum government offices by the end of August.

Under Output 2 related to Sheep Pox outbreak, the Veterinary and Animal Breeding Agency in charge of the Sheep Pox vaccination officially asked support for additional post-vaccination monitoring (PVM) supplies including serological sample tubes, diagnostic reagents and travel cost for collection of blood/serum samples from vaccinated sheep in sheep pox endemic 6 aimags and from non-vaccinated sheep in SGP surveillance or protection 5 aimags.

According to UNRC's permission this additional activity completed by the end of August.

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

Actions for accountability to affected populations (AAP) carried up in collaboration with soum government office in target soums. Soum government offices were in charge of ensuring delivery of inputs within the soum as agreed in a beneficiary list to be prepared by UNDP/Recovery Group (also in consultation with local government). FAO staff made accountability visits to Uvs and Sukhbaatar Aimags on behalf of all groups under CERF while UNDP covered Dundgobi; UNFPA in Bayankhongor, UNICEF in Zavkhan and World Vision in Arkhangai. Accountability visits included an initial visit to brief Aimag and Soum officials on the processes and actions, a second monitoring of inputs and a final meeting of Aimag and Soum officials to finalize reporting.

Under the Output 1 FAO procured key balanced diet and inputs to animal health care kit from sources primarily in Ulaanbaatar for delivery in target soums and aimags. FAO issued a Service Contract (SC) with 45 soum government offices to ensure appropriate and affordable distribution of delivered animal feed and health packages within the soum to the targeted herder households. FAO has developed the following 3 simple questions for random questioner of beneficiary households and enclosed to the SC as annex:

- What was the market price for main livestock products last year and this year?
- How many animals died so far?
- Is the beneficiary household having a bank debt or borrowed from different source?

According to the terms and conditions of the SC all soum government offices submitted Statement of Expenses to FAO Mongolia office within a month along with all supporting documents including certifications of receipt signed by each beneficiary herder household after actual distribution is completed. All receipts should be proved by beneficiary herder household's signature and individual stamp.

Within the framework of the Output 2: The Letter of Agreement (LoA) was issued with Department of Veterinary and Animal Breeding (DVAB) on support of sheep pox vaccination. According to the terms and conditions of the LoA the DVAB as Service Provider (SP) checked and monitored performances of tripartite agreement which was issued between Provincial Food and Agriculture Department (PFAD), Soum Veterinary and Animal Breeding unit (DVABU) and private veterinary units who conducted the emergency vaccination. Upon verifying emergency vaccination reports it transferred vaccination fees to respective PFADs. All supporting documents were submitted to FAO Mongolia office.

At the request of the DVAB the post-vaccination monitoring (PVM) by serology was agreed and confirmed by the UN/OCHA and UNRC.

The PVM was conducted as described below protocol:

- Sampling zone: random samples collection from 2 different zone (vaccinated zone and surveillance or protection zone that borders with vaccination zone);
- Blood/Serum sample collection: random sample collection from 3 soums of each aimag;
- Sample size: in a total of 3000 samples, out of which 2000 samples are from vaccinated zone, 1000 samples are from surveillance zone; and

Laboratory test: Serological samples were tested using the Serum Neutralization Test (SNT) at the State Central Veterinary Laboratory (SCVL).

| | |
|--|---|
| <p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p> | <p>EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p> |
| <p>The project was evaluated performances of the output 1. As advised and agreed, the <i>Joint Monitoring Checklist</i> which covered all CERF components was used in accordance with the CERF monitoring requirements. The systematic sampling was applied for selection of beneficiaries for the monitoring: The sample size was 5% of the total beneficiaries. Selection considered the inclusion of households with children at age of 6-59 month old and pregnant & lactating women for multi-micro nutrients and single head households.</p> | <p>EVALUATION PENDING <input type="checkbox"/></p> |
| <p>The surveyed households notified that animal feed (hay and wheat bran), milk replacer, vitamin and mineral lick and animal health kit were very useful and they received them in their most stressed time in a sense that the assistance came in time of parturition (livestock birthing) season. The quality of hay and wheat bran was good and arrived timely, but some households notified that they could have benefited much more if the animal balanced feed with animal immune and metabolism supporting packages were provided earlier and in a larger quantity.</p> <p>The CERF funded emergency package to dzud affected vulnerable herder households in 45 soums of 10 aimags were successfully distributed to beneficiaries by the cluster lead organizations in collaboration with the local authorities. As overseen by AEMD, there were no gaps and/or constraints faced during the distribution. Beneficiaries were identified and targeted well. Surveyed beneficiaries expressed that since summer is coming there is no need immediate extra support. However, the mission team considered that there is room for improvement for emergency interventions in the occurrence of similar disaster. Based on the beneficiary survey and consultations with the local authorities, the following recommendations are made:</p> <ul style="list-style-type: none"> - Selection criteria for vulnerable herder households should be improved at the national level. Since having 100 small ruminants and 15-20 cows are equal in terms of animal feed requirement therefore it is better to consider unified and all well-known counting methodology for number of animal. Use of per sheep head is more appropriate for ensuring the equity of beneficiaries. There should be also consideration for the number of household members. - Belated emergency interventions rely on belated official declaration of emergency by the government. Since the dzud is a slow onset disaster and follows after summer drought, appropriate actions must be taken on its alert and alarm stages. Drought triggers such as market prices and herder indebtedness appear not to be currently used by government for triggering actions. Instead, harsh winter events (cold and deep snow) followed by livestock mortality are used as triggers - regularly resulting in late action. This situation often leads to a focus on numbers of animals lost and misses the focus on saving herder economic and social livelihoods. Therefore, there should be considering the “triggers” that set in motion emergency preparedness or response actions. - Although hay is the most needed feed stuff for animal during harsh winter-spring periods, but its inclusion in humanitarian aid package is quite controversial. Hay is bulky and fragile for storage and transportation; hay bales require high cost of freight, and safe loading and safe driving. Highly nutritious pelleted concentrates or briquettes of green legumes such as alfalfa, clover etc. would be better to include in the future. Therefore, support of domestic production of pelleted concentrates should be under consideration. Although much improved, further improvement for the national fodder reserve should also be considered with inclusion of protein rich pelleted/or briquetted fodder. - Herders’ commitment and their active participation for the soum emergency fund should be supported. | <p>NO EVALUATION PLANNED <input type="checkbox"/></p> |

- Among die-off animal the mortality of yearling is over 70%. This indicates there are significant technology failures on livestock herding practices. Therefore, good management practices for animal husbandry and herd management with diversified income generation should be promoted.

The result of post-vaccination monitoring (PVM) by Serum Neutralization Test (SNT) will be released by the end of December 2016.

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|---|----------------|---|---|--------------|---------------|
| 1. Agency: | UNDP | | 5. CERF grant period: | 16/03/2016 – 15/09/2016 | | |
| 2. CERF project code: | 16-RR-UDP-002 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Early Recovery | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Provision of multi-purpose emergency cash grants to dzud affected low income herder communities | | | | | |
| 7. Funding | a. Total funding requirements ¹³ : | US\$ 1,364,201 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ¹⁴ : | US\$ 500,285 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | | |
| | c. Amount received from CERF: | US\$ 500,285 | ▪ <i>Government Partners:</i> | | | |
| 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> | 2,938 | 3,027 | 5,965 | 2,938 | 3,027 | 5,965 |
| <i>Adults (≥ 18)</i> | 5,024 | 4,815 | 9,839 | 5,024 | 4,815 | 9,839 |
| Total | 7,962 | 7,842 | 15,804 | 7,962 | 7,842 | 15,804 |
| 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> | 15,804 | | | 15,804 | | |
| Total (same as in 8a) | 15,804 | | | 15,804 | | |
| <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> | | | | | | |

¹³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁴ This should include both funding received from CERF and from other donors.

| CERF Result Framework | | | |
|------------------------------|--|---------------------------------|--------------------------------|
| 9. Project objective | To address immediate survival needs of subsistence herders in the regions most affected by harsh winter. | | |
| 10. Outcome statement | Vulnerable and low income herder households withstand the harsh winter without losing their livelihood. | | |
| 11. Outputs | | | |
| Output 1 | Multi-purpose emergency cash injections provided to 4,390 low-income herder households with less than 100 heads of livestock | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | No. of poor herder households receiving emergency cash grants | Increase by additional 4,390 | 4,390 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Identify beneficiary households in collaboration with local authorities through the Ministry of Population Development and Social Protection | UNDP | UNDP, NEMA |
| Activity 1.2 | Establish a database and share with other partner agencies | UNDP | UNDP, NEMA |
| Activity 1.3 | Establish formal agreement with a local commercial bank | UNDP | UNDP, Khan bank |
| Activity 1.4 | Provide emergency cash grant (MNT 101,900 MNT two times) to beneficiary households through a partner bank (Khan Bank) | UNDP | UNDP, Khan Bank |
| Activity 1.5 | Validate receipt of cash grant with households, collect information on emerging needs and analyse | UNDP | UNDP, NEMA |

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| 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: |
| - First payment was transferred to 2533 beneficiaries of Bayankhongor (1071), Dundgobi (363) and Uvs (1099) aimags on May 12th. - Second transfer was made on May 16th to 1857 beneficiaries of Arkhangai (300) Sukhbaatar (253) Zavkhan and (1304) aimags. |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: |
| <ul style="list-style-type: none"> - The affected soums were identified in cooperation with the Government of Mongolia. - The selection criteria of the beneficiaries have been determined through a discussion with humanitarian actors. - Target households were identified in cooperation with social workers at soum level under Ministry of Population Development and Social Protection. - The lists of identified households were shown on public notice board to ensure transparency for two weeks and were approved by soum governors. - NEMA and CERF project unit verified throughout the selection process and project execution that communities were satisfied with the project implementation. |

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|---|---|
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| The project has not been evaluated but monitoring visit was conducted after implementation. This aimed at reviewing whether the key beneficiaries were well targeted, assessing if the emergency support packages meet the needs of the beneficiaries and identifying additional support to meet emerging needs. The recommendations from monitoring are indicated in the lessons learned section of this report. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

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-FAO-007 | Agriculture | FAO | GOV | \$1,872 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,932 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,116 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,764 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$3,780 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$2,436 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,452 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,296 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,476 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$2,268 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,308 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,764 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,080 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,584 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$5,436 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,632 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,800 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,591 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$960 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$307 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$144 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$612 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$768 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$660 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$552 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$252 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$360 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$132 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$624 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$912 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$696 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$528 |

| | | | | |
|---------------|-------------|--------|------|-----------|
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$759 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$660 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$960 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$648 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$888 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$710 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$720 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$563 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$526 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$720 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$768 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$564 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$1,236 |
| 16-RR-FAO-007 | Agriculture | FAO | GOV | \$37,387 |
| 16-RR-FPA-014 | Protection | UNFPA | GOV | \$91,102 |
| 16-RR-CEF-028 | Nutrition | UNICEF | INGO | \$464,480 |
| 16-RR-CEF-028 | Nutrition | UNICEF | GOV | \$59,127 |
| 16-RR-CEF-028 | Nutrition | UNICEF | GOV | \$31,160 |

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|-------|--|
| AAP | Accountability of affected people |
| CTP | Cash Transfer Programme |
| DVAB | Department of Veterinary and Animal Breeding (Government Agency) |
| DVABU | Soum Veterinary and Animal Breeding unit |
| GAM | Global Acute Malnutrition |
| GASI | General Agency for Specialized Inspection |
| GDP | Gross Domestic Product |
| HCT | Humanitarian Country Team |
| LoA | Letter of Agreement |
| MoFA | Ministry of Food and Agriculture |
| MoH | Ministry of Health |
| MNT | Mongolian Currency Tugrug |
| NEMA | National Emergency Management Agency |
| PCA | Programme Cooperation Agreement |
| PFAD | Provincial Food and Agriculture Department |
| PHI | Public Health Institute |
| PVM | Post-vaccination monitoring |
| SC | Service Contract |
| SCVL | State Central Veterinary Laboratory |
| SDC | Swiss Agency for Development and Cooperation |
| SGP | Sheep and Goat Pox |
| SNT | Serum Neutralization Test |
| SP | Service Provider |
| SRH | Sexual and Reproductive Health |
| WVI | World Vision International |