United Nations CERF | Central Emergency Response Fund

RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
INDIA
RAPID RESPONSE
FLOOD
2018

18-RR-IND-31935

RESIDENT/HUMANITARIAN COORDINATOR	Yasmin Ali Haque (a.i.)

REPORTING PROCESS AND CONSULTATION SUMMARY

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

AAR was conducted on 19 July 2019 in Thiruvananthapuram with participation from a wide range of stakeholders including CERF recipient agencies (FAO, UNDP, UNICEF, WHO,); government partners and non-governmental organisations those who were involved in the implementation of the project in Kerala. The list of participants for AAR is provided in Annex 4.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☒   NO ☐

Agency Focal points attended the AAR on 19th July 2019 at Thiruvananthapuram and made detailed presentations on the use of the CERF funds, key results achieved, and the lessons learnt. The CERF After Completion Report has been shared with the UN country team.

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

YES ☒   NO ☐

The Project focal points from all the CERF recipient agencies were consulted before finalising the report. Project specific inputs were received from each of the CERF Recipient Agency. The draft report was further shared with the agency focal points. Each agency shared the key highlights of the Report with their government counterparts and other partners.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator
The CERF provided the crucial resources to the United Nations in India to respond to the time critical lifesaving needs of the affected population in Kerala after the devastating floods and landslides of 2018. Through CERF, the United Nations Disaster Management Team could timely complement the humanitarian response efforts of the Government of Kerala across WASH, Health, Shelter and Livelihood sectors. Each of the CERF funded projects provided the much-needed life-saving assistance to the flood affected people, demonstrated scalable solutions, built the capacity of the local governments and targeted the most vulnerable. The longer-term benefits flowing from the initial CERF funding secured by United Nations Disaster Management Team is that it provided the catalyst for additional funding (both internal funds and government's funds) to support early to long-term recovery and rehabilitation.

1. OVERVIEW

18-RR-IND-31935 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. **TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE**	**60,000,000**
FUNDING RECEIVED BY SOURCE	
CERF	4,979,186
COUNTRY-BASED POOLED FUND (*if applicable*)	0
OTHER (bilateral/multilateral)	2,620,000
b. **TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE**	**7,599,186**

18-RR-IND-31935 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Allocation 1 – date of official submission: 13/09/2018			
Agency	**Project code**	**Cluster/Sector**	**Amount**
FAO	18-RR-FAO-024	Food Security - Agriculture	716,790
UNDP	18-RR-UDP-008	Emergency Shelter and NFI - Shelter	1,357,563
UNDP	18-RR-UDP-009	Early Recovery - Early Recovery	443,729
UNICEF	18-RR-CEF-090	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,120,406
UNICEF	18-RR-CEF-092	Health - Health	671,254
WHO	18-RR-WHO-036	Health - Health	669,444
TOTAL			**4,979,186**

18-RR-IND-31935 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**2,171,480**
Funds transferred to Government partners*	2,281,862
Funds transferred to International NGOs partners*	33,649
Funds transferred to National NGOs partners*	492,195
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**2,807,706**
TOTAL	**4,979,186**

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

Between June 1st and August 18th, 2018, Kerala experienced the worst ever floods in its history since 1924. During this period the state received cumulative rainfall that was 42% in excess of the normal average. The rainfall caused devastative floods and 341 landslides across 10 districts. The event affected 1259 villages across 14 districts in the state. The most affected districts were Alappuzha, Idukki, Ernakulam, Pathanamthitha, Trissur, Wayanad and Kottayam.

The floods and landslides displaced 1.4 million people, took 433 lives, and affected a total population of 5.4 million. Over 0.2 million women, 19,432 men and nearly 0.1 million children were reported to have been in the relief camps. About 8,600 PwDs and 28,190 senior citizens were estimated to have been affected. Furthermore, nearly 90,000 persons from Scheduled caste communities and over 10,000 families belonging to scheduled tribe community were reported to be have been affected.

As per the Government estimates, nearly 17,316 houses were completely destroyed/damaged beyond repair and another .21 million needed repair and retrofitted. Additionally, 01. million households (whose houses may have remained intact) lost household assets and had their wells and homes filled with mud and debris that needed to be cleaned.

The Flood severely damaged the piped water affecting 20% of the state's population (67 lakh people). More than 0.3 million shallow wells, which is a source of water for nearly 62% of the Kerala's population, were either damaged or water was contaminated, resulting in major scarcity and access to safe drinking water. Overall 95,000 household latrines were damaged affecting nearly 0.4 million people. As per the estimation of UN agencies which was derived based on consultation with the Local administration, the health and WASH interventions were required for approximately 17 million people in 8 worst affected districts.

There was an immediate need to clean, disinfect and rehabilitate the wells. Some of the larger water systems were also damaged and required rehabilitation and repair. Toilets in flooded areas that were inundated required cleaning and flooded septic tanks needed to be emptied. The potential threat of contamination posed to drinking water, foods and the environment by faecal sludge meant that urgent action was required to avoid the risk of sanitation related diseases. For the displaced people residing in camps, the water, sanitation and hygiene facilities were insufficient beyond a point in time, and the septic tanks were filling up fast.

More than 1700 schools in the state were used as relief camps during the floods resulting in disruption of education services.

Health impact was substantial. 481 Primary Health Centres (PHC) and 137 Community Health Centres (CHCs) were destroyed. There was increased risk of vector borne and infectious diseases from floodwater, and contamination of water supply systems and disruption of sanitary facilities. There was also an increased morbidity and risk of complications of chronic diseases due to interruption in health services including treatment. Disease surveillance was required to control water and vector-borne diseases such as acute diarrheal diseases and Leptospirosis and as well as potential communicable disease outbreaks. There was an increasing trend in cases of Leptospirosis, acute diarrhoeal disease and dengue cases compared to previous years. Many health facilities were partially damaged due to disruption in power supply, water and sanitation services and flooding of the health facilities.

The floods also had a large-scale impact on agriculture and livelihoods in the state. It impacted 323,833 farmers and 30,945 hectares of perennial crop area. 19,531 livestock and 1,628,506 poultry (hen, duck & quail) had been lost amounting to US$ 12.1 million due to the floods and landslides. Loss of productive assets, stored produce / inputs and loss of immediate future streams of livestock, poultry, aquaculture, and crop incomes due to the two rounds of flooding highly eroded the coping capacities of small and marginal holders. The most vulnerable and marginalized sections i.e. the landless and micro enterprises, including women-headed households were impacted the hardest.

The lifesaving needs which emerged after the floods and landslides included essential supplies for health care including medicines, disease surveillance, potable water cleaning equipment, sanitation infrastructure, financial and technical assistance for rebuilding shelters, basic rations, and hygiene kits.

The Post Disaster Needs Assessment (PDNA) conducted during September and October,2018, estimated a total damage and loss of US$ 3.8 billion with Water, Sanitation and Hygiene, Health, education, shelter and livelihoods as the most affected sectors.

The immediate trigger for mobilising Central Emergency Reserve Funds (CERF) was to:
 a) To meet immediate life-saving, time-critical needs of vulnerable populations in the severely flood-affected areas;
 b) To coordinate a joint sectoral response to support affected populations in relief camps, waterlogged, and badly affected areas.

The resources made available through CERF Rapid Response (RR) Grant helped in filling up an important gap in the funding of immediate response for the United Nations Disaster Management Team (UNDMT) in India. Each of the CERF projects helped United Nations to complement the ongoing humanitarian response efforts of the Government of Kerala.

3. PRIORITIZATION PROCESS

The CERF funded projects were formulated based on the needs identified across the sectors in consultation with the respective government departments and non-governmental partners. The beneficiary selection criteria for the CERF Funded projects have used the Leave No One Behind (LNOB) criteria with a strong focus on women, girls, farmers, people in relief camps and migrant communities as they represented the most vulnerable populations in life-threatening situations.

All the projects were implemented in the same geographical areas targeting a population of approximately 1.6 million people. (This figure varied from project to project depending upon the nature of activities as proposed. For example, in shelter project the targeted beneficiaries were 24,000 approximately; Livelihood proposal targeted 30,000 farmers; However, the health and WASH proposals which focused on such lifesaving criteria like surveillance and provision of water filtration system had a larger coverage but not exceeding 1.6 million).

The project activities were identified in such a manner, that it ensured complementariness during implementation on the ground increasing overall effective of the projects. The UN agencies and the partners engaged in the implementation of the projects worked in a coordinated manner., both in overall response strategy as well as in implementation capacities on the ground, focusing on their respective areas of expertise, comparative advantages, capacities and presence in the districts.

To ensure complementariness between human and animal disease surveillance and health management of livestock, WHO and FAO worked in close coordination as there were activities planned for human disease surveillance and health management of livestock. Similarly, FAO and UNDP coordinated while providing livelihood assistance to the affected beneficiaries to avoid duplication of beneficiaries as well reach out to the most targeted.

To ensure coordination and non-duplication / overlaps with other projects in the same area, the project team participated in coordination meetings of the UN Kerala Hub, Inter Agency Group (IAG, state and district) coordination meetings and consulted with relevant government departments at different levels. All procurement and operational procedures were carried out as per UN procedures.

4. CERF RESULTS

CERF allocated US$ 4.98 million to India from its window for rapid response emergencies to sustain the provision of life-saving assistance to people affected in Kerala floods in 2018. This funding enabled UN agencies and partners to provide immediate lifesaving assistance across shelter, livelihoods, health and WASH sectors. The key interventions were livelihoods support to more 31,259 people by providing cash for work assistance, livelihood kits, agricultural inputs and capacity building on livelihood regeneration; shelter rebuilding support to 7,300 people including technical support on accessing disaster resistant technology to 15,292 people, access to safe water and appropriate sanitation to 580,300 people; and strengthening system for disease surveillance, mental health support and access to health care benefiting 1.6 million people.

The CERF supported in operationalising a mechanism to ensure Accountability to Affected Population (AAP) for the first time in India in the state of Kerala. Integrated within the Local Self-Government Department (LSGDs) and steered by Kudumbashree (women self-help group network), it covered 489 local self-governments across seven worst flood and landslides affected districts. A system was created to collect voices and feedback of the 19,689-affected people with support of 978 trained Kudumbashree workers. The feedback collected is being used for improved action on ongoing recovery and development planning,

Livelihood Project:
FAO's CERF-funded activities ensured that there were no livestock and poultry diseases outbreaks in the project areas, occurrence of below 3% livestock and below 5% poultry disease prevalence in the project area against the target of <10% in livestock and <20% in poultry, provision of vitamin and 1,512 mineral doses to 5,000 livestock, clearance of debris from 5,414 hectares of land, provision of vegetable seeds to 17,031 farmers, and capacity building of 243 government officials, 740 farmers, 5,703 primary milk cooperative society members and 300 volunteers.

UNDP's CERF-funded activities directly assisted a total of 8,525 flood affected people and indirectly supported nearly 25,575 people in their livelihood recovery. The project supported to provide 40,000-man days to affected farmers- directly reaching 6,425 of them through Cash for work program and supported 200 flood affected small enterprises with start-up grants and 500 micro enterprises with start-up tool kits.

Shelter Project:
UNDP's CERF-funded activities supported 7,300 beneficiaries to carry out emergency repairs for their households, established 10 shelter hubs, provided on-site technical assistance to 3,597 flood affected house owners; trained 1,241 masons, and oriented 221 house owners, 60 contractors and 373 civil engineering diploma students in disaster resilient and sustainable construction practices.

Wash Project:
Under the WASH Project , UNICEF's CERF-funded activities supported development of WASH guidelines and protocols for diarrhoea management, cleaning, disinfection and rehabilitation of 1120 wells; mass awareness on WASH; provision of 170 water treatment units; rehabilitation of 13 septic tanks with 350 Panchayati Raj Institute (PRI) members trained, desludging of 156 tanks with 675 Local Self-Government (LSG) officials oriented on water quality monitoring, faecal desludging and treatment activities; setting up of 2 faecal sludge treatment plants (FSTP) in 2 districts (Wayanad and Pathanamthitta); and rolling out AAP , a mechanism to collect voices and feedback from the flood affected people for recovery planning.

Health Project:
UNICEF's CERF funded activities supported the Department of Health, GoK in establishing temporary health facilities in flood affected Gram Panchayats in 8 worst affected districts to respond to high outpatient flow. Female nurses numbering 349 and later scaled down to 220, were posted on an emergency surge; 61 Ice Lined Refrigerators and Deep Freezers as well as non-electrical cold chain equipment were procured from the Government of India; 612,500 revised Maternal and Child Protection Cards (MCPs) were re-established along with training of 6,996 community health workers.

WHO's CERF funded activities supported in disease surveillance, improving access to health care and WASH facilities in health and anganwadi centers and capacity building on psychosocial support. Active case search visits were carried out to around 754 private health facilities and 275 new private health facilities were enrolled under Integrated Disease Surveillance Programme (IDSP) Reporting Network. 276 sensitisation meetings were carried out for private sector healthcare professionals. 700 Cholera and 5,100 leptospirosis diagnostic kits were supplied to improve early detection and prevention of the diseases. 40 Lakh Prophylactic Doxycycline capsules were procured and supplied to the State Health Department for prevention of leptospirosis. Further to reduce data and information fragmentation and gaps, as well as to provide a single operating platform for health data and information, efforts were made to build up an enabling environment for creation of Integrated Health Information Platform (IHIP).

Through CERF, WHO also supported in improving the access to health care in 313 health facilities; supplied water filters in Alappuzha (300) and Wayanad Districts (777); supplied Water Quality Monitoring kits and 20 makeshift tents to set up health check-up clinics. Capacity building programmes to address the mental health needs of the affected people were organised at district and block level augmenting the ongoing psycho-social support programme of the Government of Kerala.

5. PEOPLE REACHED

The overall number of people reached via the CERF-funded projects was nearly 1.6 million as against the originally targeted 1.5 million.

In the livelihood recovery projects of FAO and UNDP, the total number of people directly reached was 31,259. The UNDP beneficiaries were numbered at 8,525 against the targeted 10,000. Though the number of people reached has been less, the target of achieving 40,000-person days of employment has been met by UNDP. UNDP also supported 100 more enterprises with start-up grants/kits.

In the shelter assistance project of UNDP, the total number of beneficiaries reached was 22,592. 7,300 beneficiaries received assistance for shelter rebuilding and 15,292 beneficiaries received technical assistance via shelter hubs, exhibitions and roadshows

In the WASH project of UNICEF, the total number of people directly reached was 1,089,350. including 509,050 people with access to a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene, and 580,300 people with access to adequate sanitation and hand washing facilities. The SBCC campaign on WASH reached more than 2 million people. Through AAP, 19,689-affected people were reached.

In the health response project of WHO and UNICEF, the total number of people directly reached was 1,598,420.

No specific tracking of the sub-categories of beneficiaries (both age-gender disaggregated and IDPs-Affected people category-wise) was possible. However, each project has identified the number of beneficiaries directly and indirectly targeted. The number of beneficiaries reached is higher than the targets set across the projects.

18-RR-IND-31935 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR[1]

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Shelter - Non-Food Items	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**22,592**
Food Security - Agriculture	0	23,888	**23,888**	0	7,371	**7,371**	0	31,259	**31,259**
Health - Health	193,257	684,786	**878,043**	158,922	561,455	**720,377**	352,179	1,246,241	**1,598,420**
WASH - Water, Sanitation and Hygiene	149,459	384,323	**533,782**	155,559	400,009	**555,569**	305,018	784,332	**1,089,350**

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

18-RR-IND-31935 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING[2]

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	207,155	516,882	**724,037**	215,200	569,173	**784,373**	422,355	1,086,055	**1,508,410**
Reached	212,311	752,301	**964,612**	174,591	616,810	**791,401**	386,902	1,369,111	**1,756,013**

[2] *Best estimates 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.*

18-RR-IND-31935 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	539,910	701,628
Host population	0	0
Affected people (none of the above)	968,500	1,054,385
Total (same as in table 5)	**1,508,410**	**1,756,013**

6. CERF's ADDED VALUE

a)   Did CERF funds lead to a <u>fast delivery of assistance</u> to people in need?
YES ☒   PARTIALLY ☐   NO ☐
CERF funded Health and WASH projects lead to fast delivery of immediate lifesaving assistance to the affected people. Immediately after the floods, WHO and UNICEF through the CERF funded activities supported in post disaster surveillance to generate early warning signs of impending outbreaks, outbreak investigation and response both in public and private health facilities; provided technical assistance to the District Tuberculosis Office (DTO) for preventing treatment interruption for TB patients; supported in controlling of vector and water borne diseases thorough supply of diagnostic kits for surveillance, supported in cleaning, disinfection and rehabilitation of 1120 wells; provided 170 water treatment units; rehabilitated 13 septic tanks and desludged 156 septic tanks . More

than 2 million people reached through a massive SBCC campaign on WASH which helped in preventing epidemics and other water borne diseases.

Productive inputs', livelihood kits and the cash for work assistance provided through the CERF funded Livelihood Project were an important input to the targeted families in the months after emergencies. The CERF assistance helped people to get rid from their debt trap and provided immediate access to working capital and resources for restoration of damaged tools and equipment. The restoration of agriculture-based livelihoods enabled the farmers to make use of the remaining current and following agricultural seasons, by planting the vegetable seeds and clearing the debris from the agriculture lands.

b) Did CERF funds help respond to <u>time-critical needs</u>?

<div align="center">YES ☒   PARTIALLY ☐   NO ☐</div>

Yes. The time critical needs were addressed by the CERF funded activities. CERF funds helped to prevent zoonotic and human disease outbreak, strengthened disease surveillance, prevented treatment disruptions and supplied the emergency medicine required to prevent diseases like leptospirosis.

Desludging of septic tanks, testing of water quality by providing water quality testing kits, supplying water treatment units and conducting massive awareness campaigns helped in prevention of disease outbreak epidemics in the flood affected districts.

c) Did CERF <u>improve coordination</u> amongst the humanitarian community?

<div align="center">YES ☒   PARTIALLY ☐   NO ☐</div>

Yes, CERF improved the coordination amongst the humanitarian community. In addition to providing time critical humanitarian assistance to the flood affected people, each of the CERF Recipient Agency provided additional coordination support at the state and district level by mobilising additional funds. To strengthen district level coordination, United Nations supported in setting up Inter Agency Coordination Groups and also provided district coordinators in the seven most flood affected districts.

To strengthen coordination amongst the United Nations Agencies as well as with the relevant line departments in the state, United Nations Disaster Management Team deployed a UN Coordinator to Kerala and a UN Coordination Hub was set up in the state capital.

Regular Coordination meetings were held at the state level to strengthen overall UN humanitarian response and to avoid duplication of efforts among the CERF Recipient agencies. Further to it, the Resident Coordinator (a.i) and technical specialists from the Resident Coordinator's office, the heads and technical specialists from the CERF recipient agencies (FAO, UNDP, WHO, UNICEF) also visited the flood affected districts to monitor the CERF projects and interact with the implementing partners for further support.

d) Did CERF funds help <u>improve resource mobilization</u> from other sources?

<div align="center">YES ☐   PARTIALLY ☒   NO ☐</div>

Yes, the CERF funds partially helped in mobilising additional resources. It acted as a catalyst for additional funding (both internal funds and government's funds) to support early to long term recovery and rehabilitation.

CERF funded interventions paved the way for early to midterm recovery interventions in the state and helped mobilise government resources for implementing them.

For example, the Housing Facilitation Centres developed under the CERF funded Shelter Project has been upscaled and replicated in 10 flood affected districts by leveraging additional funds and human resources from the Government of Kerala. The guidelines and IEC materials developed under the WASH projects are adopted by the relevant government departments and will be used in future emergencies.

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

– CERF funded projects have resulted in implementation of demonstrable and replicable solutions. Some of these interventions have been adopted by the Government of Kerala and further replicated in other flood affected districts. (like setting up of Housing Facilitation Centre under the Life Mission Project in 10 flood affected districts by leveraging Government's own funds and human resources.

– CERF funded projects helped in reviving the lives of several vulnerable women (Kudumbshree workers -women self-help group network in the state) through financial and capacity building support – e.g. training of women masons, landless women agricultural farmers and women entrepreneurs etc.

– The provision of services for Mobile Sewage Treatment Units and construction of Static Faecal Sludge Treatment Plants under CERF funded WASH project, helped in introducing new technologies around sanitation. Kerala inspite of having 100% toilet coverage, did not have adequate sewerage network and treatment facilities and it was identified as a critical gap in the WASH sector, post Kerala floods.

−	Data collection and analysis of water quality and dug wells, WASH guidelines and Diarrhea management protocol after the floods created evidence for policy advocacy and future programming in the state in the area of drinking water supply, quality control, health and hygiene.
−	Rehabilitation of the community level spring-based drinking water sources and community wells in Wayanad District benefitting 210 vulnerable tribal communities acted as a model for building resilience of the local community against floods and landslides.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
Crucial time was lost in finalising the CERF applications including setting the baseline and targets for the targeted beneficiaries and activity wise budget allocations.	CERF may provide more specific guidance on development of technical and financial proposals.
Project planning and implementation process should take into consideration exigencies such as election code of conduct, financial year ending, festivals, and other major events in the country which could impact the overall implementation of the project.	CERF may consider these country specific challenges and ensure that there is minimum time gap between signing of the project and release of the funds to the agencies.
In India, the humanitarian response is primarily handled by the national and state governments. United Nations agencies complement the overall humanitarian response efforts of the Government. Flexibility in project activities will help in making UN interventions more strategic and timelier.	Certain amount of flexibility could be introduced in project activity design. Since many of the time critical humanitarian needs also continue during the early recovery phase, flexibility in selection of such activities which could also be a part of the early recovery process, should be allowed.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
The timeline for implementation of the CERF funded interventions should be shared with Government officials at all levels for speedy implementation of the project activities.	As a disaster preparedness planning measure, potential CERF Recipient Agencies should carry out a mapping exercise to identify the potential partners for humanitarian response and assess their capacities and credentials	Potential CERF Recipient Agencies
CERF Activities should be life-saving in nature and not related to early recovery interventions	CERF Recipient agencies should look at the list of activities identified as life saving needs by the CERF	Potential CERF Recipient Agencies
The CERF funded activities should be designed keeping in mind the short window available for implementation	Agencies should idenitfy the implementing partners and establish pre-agreements prior hand so that imemdiately after receiving the funds , the work can start on the ground	Potential CERF Recipient Agencies
Coordination with various departments is extremely important for successful implementation of the project activities.	Strengthen capacity of the UN agencies to reach all levels of governance for improved implementation.	Potential CERF Recipient Agencies
Documentation process of the interventions should take place simultaneously along with the implementation of activities.		Potential CERF Recipient Agencies

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-FAO-024,18-RR-UDP-009 - FAO, UNDP

1. Project Information			
1. Agency:	FAO UNDP	**2. Country:**	India
3. Cluster/Sector:	Food Security - Agriculture	**4. Project Code (CERF):**	18-RR-FAO-024 18-RR-UDP-009
5. Project Title:	Time-critical saving of livestock, emergency employment, agriculture, and livelihoods recovery for communities affected by floods in Kerala.		
6.a Original Start Date:	24/09/2018 (FAO) 25/09/2018 (UNDP)	**6.b Original End Date:**	23/03/2019 (FAO) 24/03/2019 (UNDP)
6.c No-cost Extension:	☐ No ☒ Yes	if yes, specify revised end date:	23.04.19 (FAO)
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
a. Total requirement for agency's sector response to current emergency:		US$ 10,000,000
b. Total funding received for agency's sector response to current emergency:		US$ 1,285,519
c. Amount received from CERF:		US$ 1,160,519
d. Total CERF funds forwarded to implementing partners of which to:		**US$ 517,545**
	Government Partners	US$ 438,445
	International NGOs	US$ 0
	National NGOs	US$ 79,100
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

UNDP- The project directly assisted a total of 8525 flood affected people in their livelihood recovery and indirectly supported nearly 25,575 people. This was achieved across the districts of Alappuzha, Pathanamthitta and Idukki, between November 2018 and March 2019 after the deluge of August 2018. Through the CERF RR grant, UNDP and the implementing partner Kudumbashree were able to provide 40,000-man days to affected farmers- directly reaching 6425 of them through Cash for work program. The project also supported 200 flood affected small enterprises with start-up grants and 500 micro enterprises with start-up tool kits.

– FAO- Through this CERF RR grant, FAO and its partners were able to support 22,734 flood-affected heads of farming households in Kerala State through the following activities:

– Animal husbandry training modules were developed, translated into Malayalam and delivered to 300 volunteers from community-based organizations, who in turn provided backstopping for affected farmers on carcass disposal, cattle-shed disinfection and other sanitary measures. Additionally, in order to detect, prevent and control livestock disease outbreaks, 5,000 field-testing kits were distributed to farmers; 5,000 livestock were provided with minerals and 1,512 poultry with vitamin supplements; and 152 officials from the Government of Kerala's Department of Animal Husbandry and Dairying were trained. These interventions prevented any

livestock and poultry disease outbreaks in the project areas, while disease prevalence reduced to below 3 percent for livestock and below 5 percent for poultry.
– The restoration of Agriculture-based livelihoods was also supported and farmers were able to make use of the remaining current and following agricultural seasons, by planting the seven types of vegetable seeds that were provided to 17,031 heads of farming households; clearing and rehabilitating 5,414 ha of land; and developing and translating training modules into Malayalam, which were then delivered to 5,703 primary milk cooperative society members and 300 volunteers. The Government of Kerala and LoA partners provided technical support to beneficiaries to adapt and use the training materials. Based on these interventions, 300 marginal and small farmers adopted disaster resilient/climate-smart agricultural practices.
Overall, the CERF Livelihood-Agriculture project reached out to 31,259 affected people.

3. Changes and Amendments

From 30 January to 1 February 2019, the FAO Representative in India (Mr. Tomio Shichiri) visited the project sites to review implementation and met with the Minister for Agriculture in Kerala. As the local Government suppliers from whom FAO purchased the inputs for this project provided them at a subsidized rate, they costed less than originally budgeted. Since there was money saved due to the subsidized costs, the minister recommended the inclusion of more farming families from Alappuzha and Pathanamthitta districts. Based on this discussion, more heads of farming households were targeted, which led to a modification in the planned agricultural activities. FAO therefore requested a one-month No-cost Extension for the project to complete all the activities, which was granted by CERF.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	0	16,000	**16,000**	0	14,000	**14,000**	0	30,000	**30,000**
Reached	0	23,888	**23,888**	0	7,371	**7,371**	0	31,259	**31,259**

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	30,000	31,259
Total (same as in 4a)	**30,000**	**31,259**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Although UNDP reached fewer people than planned (8,525 vs 10,000), the target of achieving 40,000-person days of employment has been met by UNDP. UNDP also supported 100 more enterprises with start-up grants/kits. FAO reached more heads of farming households than initially targeted. This is because the local Government suppliers from whom FAO purchased the inputs for this project, provided them at a subsidized rate, therefore, costing less than originally budgeted. Following a meeting between the Minister for Agriculture in Kerala and the FAO Representative in India, the minister recommended the inclusion of more farmers from Alappuzha and Pathanamthitta districts. Based on this discussion, more farming families were targeted under activity 3.4 using the money saved from the subsidized cost of inputs.	

5.	CERF Result Framework

Project Objective	The Project seeks to save livestock, sustain and restore the livelihoods of 30,000 severely flood affected marginal and smallholder livestock, poultry keepers, and farmers in Alappuzha, Pathanamthitta, Wayanad and Idukki districts of Kerala State.

Output 1	Time-critical Emergency employment and livelihoods recovery for Communities Affected by floods			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Beneficiaries reached under the Output	10,000 (directly and indirectly)	8525 (directly)	Reports submitted by the implementing partner
Indicator 1.2	# of small grants distributed	200	200	Reports submitted by the implementing partner
Indicator 1.3	# of enterprises restarted	400	500	Reports submitted by the implementing partner
Explanation of output and indicators variance:		Though the number of people reached has been less, the target of achieving 40,000-person days of employment has been met by UNDP. UNDP also supported 100 more enterprises with start-up grants/kits.		

Activities	Description	Implemented by
Activity 1.1	Cash for Work for affected communities supported. 1.1.1 Vulnerable communities list provided through state partners, Kudumbashree and gram panchayat (local govt)1.1.2 "Exact typology of cash for work" prioritized by community, gram panchayat at district level for the cash for work activity.1.1.3 Activity started, and cash distributed to the affected beneficiaries through existing accounts, digital or direct cash as the community chooses.	Kudumbashree with approval from Local-self Government Department.
Activity 1.2	Start-up grants for immediate livelihoods recovery distributed1.2.1 In other districts where enterprises were most damaged, the women and men owners are identified and selected with the district representative and community representative.1.2.2 The damaged enterprises are assessed in terms of immediate recovery and potential of income earning 1.2.3 The grants are distributed through the state agency Kudumbashree which is the Govt agency responsible for enterprises and livelihoods for Kerala.	Kudumbashree with approval from Local-self Government Department.
Activity 1.3	Livelihood kits provided for immediate recovery of damaged and lost enterprise recovery 1.3.1 In other districts where livelihoods need urgent restarting, the women and men owners are identified and selected with the district representative and community representative.1.3.2 The kits are prepared as per typology of livelihoods revival by the project team 1.3.3 The kits are distributed per beneficiary through the local self-government office.	Kudumbashree with approval from Local-self Government Department.

Output 2	Outbreak of diseases in livestock and poultry prevented and animal health safeguarded			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	No. of disease(s) outbreak(s)	< 1	0 i.e. No outbreaks	Epidemiological data from the Government of Kerala's Department of Animal Husbandry and Dairying
Indicator 2.2	No. and Percent of livestock diseased (become ill due to a disease) No. and Percent of poultry diseased (become ill due to a disease)	< 10 % < 3,000< 20 % < 20,000	3% 5%	Epidemiological data from the Government of Kerala's Department of Animal Husbandry and Dairying
Indicator 2.3	Number of livestock provided with appropriate vitamin and mineral dose	5,000	5,000	FAO reports Farmers data, Invoices and the Partner agency reports

Explanation of output and indicators variance:		No variance in the output indicators
Activities	**Description**	**Implemented by**
Activity 2.1	Translation of training module for volunteers on safe disposal of carcass, disinfection of livestock and poultry sheds and disease surveillance	FAO with the Department of Animal Husbandry Government of Kerala along with the LOA Partner agency (Brahmagiri Development Society-BDS)
Activity 2.2	Training of volunteers	FAO with the Department of Animal Husbandry Government of Kerala along with the LOA Partner agency (Brahmagiri Development Society-BDS
Activity 2.3	Technical backstopping in safe disposal of carcass, disinfecting of livestock and poultry sheds and adopting hazard-proof innovative designs in rebuilding the damaged sheds	FAO with the Department of Animal Husbandry Government of Kerala along with the LOA Partner agency (Brahmagiri Development Society-BDS)
Activity 2.4	Provision of field-testing kits for disease outbreak surveillance	FAO with the Department of Animal Husbandry Government of Kerala along with the LOA Partner agency (Brahmagiri Development Society-BDS)
Activity 2.5	Technical support in livestock disease surveillance and response	FAO with the Department of Animal Husbandry Government of Kerala along with the LOA Partner agency (Brahmagiri Development Society-BDS)
Activity 2.6	Procurement of & technical support in provision of vitamin and mineral supplements to livestock	FAO with the Department of Animal Husbandry Government of Kerala along with the LOA Partner agency (Brahmagiri Development Society-BDS)

Output 3	Agriculture-based livelihood restarted to make use of the remaining current and next agricultural season			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Hectares of land cleared of debris / repaired for next season	10,000	5,414	Local Self Government Department records, LOA Partners report
Indicator 3.2	No. of marginal and small farmer families receiving vegetable seeds	1,000	17,031	Local Self-Government Department records, LOA Partners report
Indicator 3.3	No. of marginal and small farmer adopting disaster-climate smart agricultural practice	300	300	LOA Partners report and direct field verifications
Explanation of output and indicators variance:	As the local Government suppliers from whom FAO purchased the inputs for this project, provided them at a subsidized rate, therefore, costing less than originally budgeted. Following discussions with the Minister for Agriculture in Kerala and local farmers, it was recommended that all farming families in the targeted areas receive vegetable seeds, rather than just 1,000 heads of farming households. Therefore, during the mid-review of the project, more farming families were targeted under activity 3.4 using the money saved from the subsidized cost of inputs. Additionally, less land was rehabilitated under this project than initially anticipated because before this project started implementation, a lot of the land was already cleared by farmers with support from the State Government.			
Activities	**Description**	**Implemented by**		
Activity 3.1	Translation of training module for volunteers on debris clearance from agricultural land, land repairs and risk-sensitive agricultural practices	FAO with the Department of Agriculture development and farmers welfare of Government of Kerala along with the LOA Partner agencies (Kudumbashree and Thanal trust)		

Activity 3.2	Training of members of primary milk cooperative society and volunteers	FAO with the Department of Animal Husbandry Government of Kerala along with the LOA Partner agency (Brahmagiri Development Society-BDS)
Activity 3.3	Procurement of vegetable seeds	FAO with Vegetable and fruit promotion council keralam of Government of Kerala.
Activity 3.4	Distribution of vegetable seeds	FAO with the Department of Agriculture development and farmers welfare of Government of Kerala along with the LOA Partner agencies (Kudumbashree and Thanal trust)
Activity 3.5	Technical support to volunteers, members of cooperative society and farmers on adoption of training inputs	FAO with the Department of Animal Husbandry Government of Kerala along with the LOA Partner agency (Brahmagiri Development Society-BDS)

6. Accountability to Affected People

A) Project design and planning phase:
UNDP- The project was meant to reach the most vulnerable and hard-to reach people. Most of the micro enterprise units didn't have insurance because of which their means of livelihood was on halt. The beneficiaries were identified through a transparent process with the involvement of Community Development Societies (CDS) and Grama Panchayaths in the selected Districts from the already identified list of the affected population. The community institutions such as Neigbourhood Groups (NHGs) in the most affected areas identified the beneficiaries through a participatory process which involved a number of parameters as well. The beneficiaries identified by NHGs were verified and certified by Area Development Societies and CDS. The CDS submitted the list to Gram Panchayaths concerned and the list was finally approved by the Panchayat, before proposing it to the District level.

FAO- After the floods, the FAO project team visited affected areas. The team had discussions with flood-affected people and the Government of Kerala's Department of Agriculture Development and Farmers' Welfare, the Department of Animal Husbandry and Dairying, the Revenue Department and Local Self-Government institutions to understand the needs. Project outputs and activities were designed based on the feedback received. The training modules were also designed based on the discussions on needs/knowledge gaps of farmers, and agriculture and veterinary officers.

B) Project implementation phase:
UNDP- The money was directly credited to the bank accounts of beneficiaries for cash for work and start up grants. The process was flexible incorporating the block coordinators and Micro enterprise consultants of the area for implementing the support through toolkits. The tool kits required by the beneficiaries were listed down as per the needs raised by them and was prioritised and funds disbursed accordingly.

FAO- The identification of beneficiaries for agricultural activities was done by the Department of Agriculture Development and Farmers' Welfare, and Local Self-Government institutions. The beneficiaries of animal husbandry activities were identified by the Department of Animal Husbandry and Dairying. All of the beneficiaries are members of Joint Liability Groups (JLG) and milk producers' cooperative societies. These institutions are community-based organizations (CBOs) facilitated by the Government Departments. The master farmer training scheme was designed and implemented based on feedback from farmers/Departments. The master farmers and members from the CBOs took part in the training programme and in turn disseminated the project information and provided training to the affected communities.

C) Project monitoring and evaluation:
UNDP- The block coordinators and Micro enterprise consultants were responsible for the monitoring in the field level which ensured peer level monitoring of the progress. Frequent field visits helped them assess the outcome and recovery.

FAO- Project activities were monitored at the village level by members of Joint Liability Groups (JLG), milk producers' cooperative societies and Government Department staff. The LoA partner agencies monitored activities during implementation. The FAO project team including the project coordinator and the national consultants monitored the activities at field level during their visits.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	Yes, CBI is a component of the CERF project

7.b   Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US$)	a. Objective	b. Conditionality	c. Restriction
Cash for Work	US$ 200,000	Sector-specific	Conditional	Restricted

Supplementary information (optional):

To provide 40,000 person-days of work, Kudumbashree was identified as the partner agency. Kudumbashree with its pan Kerala partner network of woman entrepreneurs from vulnerable communities was well placed to quickly identify the members who were most affected and link them with employment opportunities. Kudumbashree is also the State Government's key partner in implementing the Government of India's National Rural Employment Guarantee Scheme. This made it a credible agency for the identification and transfer of wages to the beneficiaries. A Micro Assessment by the UN was also carried out prior to signing of the contract to understand the risk factors and ensure adequate management safeguards.

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

Frequent site visits were conducted by UNDP state team as well as the national team involving direct interaction with the beneficiaries, because of which the need for evaluation was not felt. The short-term nature of the programmes also didn't warrant an Evaluation.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
The FAO project team evaluated the performance of LoA partner agencies that implemented project activities.	NO EVALUATION PLANNED ☒

8.2 Project Report 18-RR-UDP-008 - UNDP

1. Project Information			
1. Agency:	UNDP	**2. Country:**	India
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter	**4. Project Code (CERF):**	18-RR-UDP-008
5. Project Title:	Support for Emergency Shelter and Transitional Housing		
6.a Original Start Date:	20/09/2018	**6.b Original End Date:**	19/03/2019
6.c No-cost Extension:	☐ No ☒ Yes	if yes, specify revised end date:	19/06/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 20,000,000
	b. Total funding received for agency's sector response to current emergency:	US$ 1,732,563
	c. Amount received from CERF:	US$ 1,357,563
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 1,266,142**
	Government Partners	US$ 1,180,000
	International NGOs	US$ 0
	National NGOs	US$ 86,142
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNDP supported 5000 vulnerable beneficiaries in 3 districts to carry out emergency repairs for their households. UNDP's proposal of support was expanded by Government of Kerala to include 5 additional districts and a total of 7300 beneficiaries with additional funds from the Chief Minister's Distress Relief Fund (CMDRF). UNDP also supported the establishment of 10 shelter hubs, provided on-site technical assistance to 3597 flood affected house owners; trained 1241 masons, oriented 221 house owners, 60 contractors and 373 civil engineering diploma students in disaster resilient and sustainable construction practices. The project encouraged vulnerable beneficiaries to make informed decisions; created awareness about disaster resilient technology and sustainable construction by reaching out to most marginalised stakeholders; and upheld the tenet of 'leave no one behind'.

3. Changes and Amendments

The government saw an opportunity in this project to support more such beneficiaries in all the 7 worst affected districts and Palakkad (because of the presence of tribal communities) through additional funds from CMDRF. These factors also demanded an elaborate and thorough process, for the identification of eligible beneficiaries, to be enforced through a government order. The Model Code of Conduct declared during the Lok Sabha elections forbade the government from issuing one until May 23rd, 2019. Thus, a no-cost extension was required.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	6,500	6,500	**13,000**	5,500	5,500	**11,000**	12,000	12,000	**24,000**
Reached	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	22,592[1]

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	24,000	22,592
Host population	0	0
Affected people (none of the above)	0	0
Total (same as in 4a)	**24,000**	**22,592**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	15,292 (technical assistance through hubs, exhibitions and roadshows) + 7,300 (financial assistance- direct beneficiary transfer)	

5. CERF Result Framework

Project Objective	Support for Emergency Shelter and Transitional Housing

Output 1	Damaged houses to be revived for the most vulnerable

Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	The Houses repaired and restored for basic living conditions with access to essential amenities	5000	5,000	Government Order issued for Implementation of the programme
Explanation of output and indicators variance:	No variance in indicators and outputs			

Activities	Description	Implemented by
Activity 1.1	Identification of beneficiaries in coordination with District administration	Government of Kerala through the Kerala State Disaster Management Authority
Activity 1.2	Transfer of funds to Beneficiary account	Kerala State Disaster Management Authority
Activity 1.3	Setting up Shelter Hubs	Habitat Technology Group and UNHABITAT
Activity 1.4	Orientation of the House-owners by Repair of damaged houses	Habitat Technology Group and UNHABITAT
Activity 1.5	Mobilizing building artisans and linking them with beneficiary house-owners	Habitat Technology Group and UNHABITAT
Activity 1.6	Repair of houses	Beneficiaries

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[1] Data disaggregated by sex and age unavailable.

6. Accountability to Affected People

A) Project design and planning phase:
The key interventions proposed have been developed based on the situation reports, government priorities and UNDP's prior experience in implementing post-disaster response projects. PDNA was conducted and media reports had confirmed the precariousness of the affected population vis-à-vis their damaged houses. Parallelly, UNDP identified key agencies that have worked in post-disaster shelter issues to ensure immediate implementation.

B) Project implementation phase:
The criteria of selection of beneficiaries for financial assistance were framed by the government, through the Kerala State Disaster Management Authority. The criteria were essentially based on the principle of "leave no one behind" to ensure that assistance reaches the most vulnerable. The selection process starts from the grass root level (through *Anganwadi* workers) to facilitate easy access as well as accountability. Multiple government departments such as the Social Justice Department, Department of Women and Child Development, Department of Health, Department of Revenue and District as well as State Disaster Management Authorities are involved in the verification.
Shelter hubs: Identification of locations for hubs were finalized after consulting the respective district administrations so that help reaches the blocks that are worst affected. Activities of the hubs were discussed with the LIFE Mission (Total Housing Mission of the State) and Rebuild Kerala Initiative (RKI).
Shelter hub personnel worked closely with the affected people and masons involved in reconstruction. This helped in identifying crucial gaps such as the role of contractors in owner driven reconstruction. Hence, the programme was expanded to incorporate training for contractors. As required by the beneficiaries, support was also extended to them in designing their houses. Also, a workshop on retrofitting and plot-specific landslide mitigation was conducted for the hub personnel based on the requirements from the field. This workshop saw the participation of government engineers also.
Apart from these, a campaign (with road shows and exhibitions) was organized in 8 districts to reach out to the masses.
UNDP has always ensured the participation of elected representatives, local self-government officials, bureaucrats and technical experts of various government departments in all of its activities in order to align our goals with that of the government.

C) Project monitoring and evaluation:
Shelter hubs: Three internal review meetings and a final lessons-learnt workshop was conducted with the implementing partner (Habitat Technology Group) to assess the progress of activities and discuss challenges. Hubs and sites were also visited by UNDP state coordinator, shelter coordinator and MEAL assistant.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US$)	a. Objective	b. Conditionality	c. Restriction
Shelter Cash Grant	US$ 1,180,000	Sector-specific	Conditional	Restricted

Supplementary information (optional):
N/A

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The project was monitored closely by the UNDP CO and the UNDP State Project Coordinator. In addition, UNDP had recruited a full time CERF Shelter Coordinator to closely monitor the interventions.	EVALUATION CARRIED OUT ☐
Regular review meetings of the Shelter hubs were carried out and course correction feedback provided on a regular basis. The fund transfer to the beneficiaries was also handled by the Government of Kerala and fully endorsed by the State Cabinet. Hence, in spite of no evaluation being carried out, the interventions have been as per the project specifications.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.3 Project Report 18-RR-CEF-090 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	India
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	**4. Project Code (CERF):**	18-RR-CEF-090
5. Project Title:	Support to restore water, sanitation and hygiene services, and dissemination of life saving information and feedback mechanism in flood affected areas in Kerala		
6.a Original Start Date:	15/09/2018	**6.b Original End date**	14/03/2019
6.c No-cost Extension:	☒ No ☐ Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
a. Total requirement for agency's sector response to current emergency:		US$ 15,000,000
b. Total funding received for agency's sector response to current emergency:		US$ 2,120,406
c. Amount received from CERF:		US$ 1,120,406
d. Total CERF funds forwarded to implementing partners of which to:		**US$ 431,134**
Government Partners		US$ 70,532
International NGOs		US$ 33,649
National NGOs		US$ 326,953
Red Cross/Crescent		US$ 0

2. Project Results Summary/Overall Performance

Overall, UNICEF and NGO partner organizations contributed significantly to WASH results with flood affected people having improved access to:

- safe and sustainable drinking water supply systems;
- sustainable sanitation facilities in Wayanad, Ernakulam, Trissur, Pathanamthitta and Alappuzha districts;
- information on life-saving behaviours especially women, children and tribal populations;
- a platform to voice their concerns and provide feedback on the humanitarian aid delivered.

These results were achieved through various interventions in the state, including technical support to the government's recovery interventions, in coordination with Inter Agency Group (IAG) partners. As a result of the technical support at the state and district levels, the following results were achieved

- WASH guidelines and protocols were developed for diarrhoea management, cleaning and disinfection of wells;
- total of 1120 wells were cleaned, disinfected and rehabilitated;
- enhanced awareness due to sanitation and hygiene promotion;
- 170 water treatment units were provided;
- 13 septic tanks were rehabilitated with 350 Panchayati Raj Institute (PRI) members trained, and 156 tanks were de-sludged with 675 Local Self Government (LSG) officials oriented on water quality monitoring, faecal desludging and treatment activities.

A total of 1,089,350 people was reached, including 509,050 people with access to a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene, and 580,300 people with access to adequate sanitation and hand washing facilities. Radio as the lead medium of communication reached over 2 million population in Kerala which was achieved through partnerships with the largest

public broadcaster, All India Radio and Community Radio stations and BBC Media Action using both a PSA (Public Service Announcements) and radio programme series.

India's approach to Accountability to Affected Population (AAP) through governance systems was for the first time operationalized in Kerala by UNICEF - integrated within the Local Self Government Department (LSGDs) and steered by Kudumbashree, the Self-Help Group network, drawing technical oversight from Kerala State Development Management Authority and State Planning Board. It covered 489 local self-governments across seven worst flood and landslides affected districts. A system was created to collect voices and feedback of the 19,689-affected people with support of 978 trained Kudumbashree workers. The first round of feedback collection has been completed and is being used for improved action on ongoing recovery and development planning, to strengthen disaster preparedness and contribute to the Rebuilding Resilient Kerala Initiative. Additionally, an Integrated-C4D-Flood-Response was also rolled-out with over 549 trained NGO representatives that promoted Life Saving practices with a thrust on child survival and development, covering Health, Nutrition and WASH. A multi-audience and multi-channel response and relief package was developed and implemented for improved knowledge among the affected communities.

3.   Changes and Amendments

No specific changes and amendments made in the project.

4.   People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	138,137	382,087	**520,224**	143,403	336,373	**479,776**	281,540	718,460	**1,000,000**
Reached	149,459	384,323	**533,782**	155,559	400,009	**555,569**	305,018	784,332	**1,089,350**

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	31,500	34,965
Host population	0	0
Affected people (none of the above)	968,500	1,054,385
Total (same as in 4a)	**1,000,000**	**1,089,350**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Approx. 2 million people reached for dissemination of information, education and communication advice (includes mass media coverage with AIR & community radio)	

5.   CERF Result Framework

Project Objective	Support restoration of water, sanitation and hygiene services, and dissemination of life saving information and feedback mechanism in flood affected areas in Kerala

Output 1	Flood-affected people have access to safe and sustainable drinking water supply systems			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of people in the severely affected districts with access to a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene MoV: NGO reports	500,000	509,050	Govt. Report, Kerala Water Authority, Partner reports
Indicator 1.2	Number of wells cleaned / disinfected / rehabilitated as part of direct technical support to government	1000	1,120	Govt. Reports, (Local Self Govt. Department), Partner reports
Indicator 1.3	Number of water treatment filtration systems provided	170	170	PO/District Administration records. Locations geo coordinates were taken and plotted in google maps for the administration to track and utilize them during emergency situations. https://drive.google.com/open?id=1493Y 7m8SESzkSH5ApWDbuufUeSxSQ9Xg

Explanation of output and indicators variance:		N/A

Activities	Description	Implemented by
Activity 1.1	Procurement of water quality monitoring supplies	UNICEF and District Public Health Department 500 water quality testing kits provided in five most affected districts (100 units/district), including pool testers, turbidity tubes and 10,000 Phenol Red and DPD tablets (2,000 tablets/district) to health inspectors/frontline workers of five districts who are responsible for water quality monitoring.
Activity 1.2	Provision of technical support for cleaning, disinfection and rehabilitation of hand-dug wells	UNICEF, District Public Health Department., Local Self Government Department and Kerala Water Authority (KWA) Hands-on training provided to 329 officials on basic parameters of water quality testing in emergency situations (PH, turbidity and chlorine levels) from key departments Health, Local Self Government Department (LSGD), KWA, Kudumbashree and NGOs partners, and operation plan for specified period developed to ensure optimal utilization. This was done in close coordination with RedR India and the District Administration. Water quality monitoring mission facilitated to demonstrate testing of 150 wells for residual chlorine and 112 well for turbidity in most affected areas. In addition, programmes were initiated to reduce the turbidity of drinking water sources, the chlorination of wells, and to showcase dewatering, cleaning, rehabilitation and improvement of open wells. Data analysis of water quality testing results was conducted, including analysis of post-flood test results which were conducted with participation of LSGD, Haritha Kerala Mission, Remote Sensing Agency, Kerala Water Authority, Food Safety Agency and Pollution Control Board. The analysis showed that there is extensive bacteriological contamination of open wells. However, it is not clear if this is caused by floods, since pre-flood data was not available for analysis.
Activity 1.3	Procurement of water treatment filtration systems	UNICEF and District Administration 170 water treatment units provided in five most affected districts, including hands-on training for 155 nodal persons/LSGD officials with operation and maintenance (O&M) plan for specified period and strategy to ensure optimal utilization (100 hand pumps operated and 70 petrol operated water filter units). Units can be used on day to day basis to ensure safe drinking water for the community and can be quickly mobilized in any future disaster event. These filters have been distributed to Local Self Governments, public institutions and beneficiary groups by the Deputy Director of Panchayats (DDP) office of the respective districts and locations were geotagged in Google maps for the administration to track and utilize them during emergency situations: https://drive.google.com/open?id=1493Y7m8SESzkSH5ApWDbuufUeSxSQ9Xg). The UNICEF team is following up with the administration for optimal utilization of the water filters: https://www.youtube.com/watch?v=nFzD0ty6qml

Activity 1.4	Provision of water treatment filtration systems to ensure access to treated water through boats operating in the backwater areas, including inundated and isolated communities or camps	UNICEF and District Administration

Output 2	Flood-affected people have access to improved and sustainable sanitation facilities in Wayanad, Ernakulam, Trissur, Pathanamthitta and Alappuzha districts			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of people in the severely affected districts with access to adequate sanitation and hand washing facilities MoV: NGO reports	1,000,000	580,300	Govt. Report (Suchitwa Mission/ Local Self Govt. Departments), NGO and partner reports
Indicator 2.2	Number of septic tanks desludged	300	156	Partner reports
Explanation of output and indicators variance:		Given the urgency to desludge septic tanks, multiple development partners were requested to prioritize desludging septic tanks. UNICEF was requested to desludge 156 tanks, while other partners simultaneously supported remaining desludging efforts. In addition, UNICEF was requested to work closely with the LSGD officials and PRI members to orient and train them on the use of the mobile sludge treatment units, rehabilitation of septic tanks and the importance of desludging and sludge treatment protocols. Therefore, efforts were shifted from actual desludging of all 300 tanks, to desludging around half of the initially targeted tanks (and therefore reaching only half of the target population), and instead UNICEF invested more in awareness and capacity development of government officials and community members on faecal sludge management, with the aim to create ownership at the LSGD and community level for this activity.		
Activities	**Description**	**Implemented by**		
Activity 2.1	Provision of technical support for rehabilitation of flood affected toilets at camps, household, community and institution level	UNICEF and Partner NGO- GRAMALAYA 13 septic tanks across 5 districts rehabilitated and used as models to showcase technologies for flood resilient rehabilitation options in flood prone areas and expose LSGD officials and households to such opportunities. Standard operating procedures (SOPs) for rehabilitation septic tanks developed, and 350 PRI members oriented on the same.		
Activity 2.2	Procurement and provision of technical support, supplies and equipment for sludge/sewage treatment of over-flowing and full septic tanks at household, community and institutions through mobile sludge treatment units	UNICEF and Partner NGO- WASH Institute 153 full / flooded septic tanks desludged and sludge treated and disposed of safely, using mobile sludge treatment units supplied by the WASH institute. 675 Local Self-Government officials, district administration and community leaders were oriented on the importance of desludging and sludge treatment protocols. Topics covered in the orientation included: faecal oral transmission (F-diagram), leach pit and septic tank toilet technologies, importance of faecal sludge and septage management, liquid and solid waste management, disaster management during the emergency, a brief explanation on mobile sludge treatment units and demonstration of the unit.		
Activity 2.3	Provision of technical support to establish, operate and maintain small scale emergency sewage treatment units in flood	UNICEF and Partner NGO- PRIMOVE 2 faecal sludge treatment plants (FSTP) installed in 2 districts (Wayanad and Pathanamthitta). FSTP construction work is completed in Wayanad District and it is expected to get commissioned from May 2019. Orientation and		

	affected areas (including capacity building component)	planning meetings with districts and municipal authorities on operation and maintenance (O & M) has been going on. The supplier (Primove) would be operating the plant for a period of 1 year subsequent to which it would be handed over to the municipality. Business models and operational guidelines are being developed to facilitate day to day operation and maintenance of the FSTPs. Technical assistance is provided to Kalpetta Municipality to draft a byelaw for septage management and regulations. A survey is also proposed to be conducted to study the quantum of faecal waste generated in the district, which would help in developing the business plan. In Pathanamthitta, the location has been finalized and survey work is completed for the construction of faecal sludge treatment plant. Finalization of the construction of the FSTP in Pathanamthitta is slightly delayed (to be completed in September) due to unforeseen circumstances linked to changes in government counterpart personnel. These FSTPs are of great significance to Kerala as the number of operational STPs is very limited and they are cost intensive and centralized in nature.

Output 3	Affected communities especially women, children and tribal populations, access information on life-saving behaviours			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of community networks and platforms members trained in communicating and engaging affected communities at HH and community level. MoV: Training reports by NGO partner	300 Master Trainers (Observatory Rights of Children, Kudamshree, Child Rights Observatory, Thumpu, S	549 community mobilisers, 990 Kudumbashree workers and 8 master trainers	Implementation partners report aggregated on Dashboard.
Indicator 3.2	Number of Inter Agency Group (IAG0 partners who participate in state coordination meeting of Communicating with disaster affected communities-community engagement (CWC-CE) working group	At least 15 partners	35	BBC Media Action Kerala Radio Saving Lives Report
Indicator 3.3	Percentage of affected people (by gender, age and special needs) access life-saving messages and critical information on health and WASH Mov: Rapid Assessment (n=2)	80% of affected population in WASH focus districts	[412% population in WASH focus districts i.e. 38,021 families]	[Implementation partners report aggregated on Dashboard]
Explanation of output and indicators variance:		Indicator 3.1 was achieved as a result of strategic partnerships as well as leveraging of other available grants. Indicator 3.2 also had 35 partners – which was possible through integration with SPHERE network. On Indicator 3.3, a total of 38,021 families received lifesaving messages out of a target of 9,225 families.		
Activities	**Description**	**Implemented by**		
Activity 3.1	Master Trainer pool created for youth and community networks/platforms and trainings conducted covering multi-sectoral life-saving behaviours at household and community level	Alleppey Diocese of Social Service (ADSS), Chegnaserry Social Service Society (CHASS), Doctors for you, ANUGRAH, were trained by Envision Institute of Development covering multi-sectoral behaviours.		
Activity 3.2	Standardize Communication and capacity development package; print and disseminate to Government and humanitarian actors	UNICEF Supported development and dissemination IEC materials on key health behaviours. Banners, leaflets disseminated to Anganwadis, and Mothers' Meetings conducted at the anganwadi centres (rural childcare centre). IEC materials were also developed for AAP		

Activity 3.3	Training of partners working in radio using e-e format on standard communication package developed in activity 1.4	All India Radio, 6 Community Radio stations and BBC Media Action. Partnerships established with largest public broadcaster, All India Radio, 6 Community Radio stations and BBC Media Action. Capacities of 40 radio producers strengthened for promoting relief, rights and entitlements and resilience.
Activity 3.4	Support community radio partners to disseminate key life-saving messages	Community radio stations Community radio stations supported to co-produce and broadcast a radio series (Radio Mangalam, Radio Mattoli, Radio Neythal, Radio Hello, Radio Janvani and Radio Media Village) of 24 episodes under JPPI (local name for the Accountability initiative) of Kerala Government. The initiative focused on residents of seven worst affected districts where these radio programmes focused on key issues around housing and shelter, livelihood and income generation activities, access to safe drinking water, health and nutrition.
Activity 3.5	Procure and distribute Hygiene promotion materials for hygiene promotion and conduct hygiene promotion sessions	Wayanad Social Service Society (WSSS), Alleppey Diocese of Social Service (ADSS) and ANUGRAH supported in providing – 4,000 family hygiene kits to promote households level hygiene practice. – Training 2,900 front line workers/community mobilisers/anganwadi workers to conduct IEC activities at household, anganwadi and community level on key WASH practices and – Reaching 10,82,821 people (including 3,25,000 children) with interpersonal communication (IPC) activities on child survival messages, including hand washing with soap, toilet use, household water treatment, household level cleanliness, water chlorination, hygiene promotion, exclusive breastfeeding, and complementary feeding.
Activity 3.6	Print and disseminate health diarrhea protocols to health service providers	5,000 diarrhoea protocol posters were printed on the request of the National Health Mission (NHM) and shared with the health department. These posters were installed by NHM at the health centres and in the camps

Output 4	Affected populations have access to a platform to voice their concerns and provide feedback on the humanitarian aid delivered.			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of state level platforms for reporting needs and feedback established and operational	1 state level platform	1 state level platform	Dashboard (www.Kudumbashreejpp.org), State, district, marginalised groups and sector report on AAP
Explanation of output and indicators variance:	N/A			
Activities	**Description**	**Implemented by**		
Activity 4.1	Design, development and operationalization of At-risk and affected population feedback Mechanism, including mobile application, dashboard, modification of the mobile form (3 times), IVR system and hosting of 55,000 respondent database	Kudumbashree Network Kudumbashree Network, the Self-Help Group network of the Local Self Government Department (LSGDs), implemented with a comprehensive set of common tools and protocols (mapping the sectoral needs) through 990 trained Kudumbashree workers on a real time basis. They covered 19,765 respondents across 489-gram panchayats, through mobile app real-time reporting linked to an online dashboard. Instead of IVR system, the govt. of Kerala requested for a social media package (a Facebook page was created to give regular updates and messages) that was developed and delivered. http://kudumbashreejpp.org/jpp/home.jsp http://kudumbashreejpp.org/jpp/user_guide/App_User_Guide.pdf		

Activity 4.2	Conduct rapid situational analysis of critical life-saving sector for linkages with AAP, develop training module for state, district and local Self Government on the SOP of AAP data collection and integration in government early recovery plans and build in quality assurance	SPHERE India, KILA, TISS, KSDMA, State Planning Board and Kudumbashree Rapid Situational Sector Analysis has been implemented by SPHERE India; Risk Informed Programming for Local Self Government training module draft by KILA and TISS. Integration in govt plans being initialised by KSDMA, State Planning Board and Kudumbashree
Activity 4.3	Design and implementation of Community Engagement campaigns to promote the community engagement and feedback mechanisms	BBC Media Action IEC materials (Print and Audio Visual) developed to promote AAP. BCC Media Action supported India's first co-production model through 6 community radio stations promoting lifesaving practices and rights and entitlements of Affected communities.
Activity 4.4	Capacity building of 1044 Kudumbashree network members in regular feedback collection, reporting and community mobilization (Includes cost of master trainers, travel, 25 trainings at district level, and monitoring)	Envisions Institute of Development 990 Kudumbashree network members were trained by a National NGO-Envisions Institute for Development as well as robust real-time monitoring for the entire activity package.
Activity 4.5	State workshops to ensure proper use and analysis of AAP data for effective response and early recovery planning.	KILA and Kudumbashree KILA and Kudumbashree conducted both high-level workshops participated by key actors from Kerala state government and NGO partners and one district/GPs level workshop to orient on AAP and disseminate AAP data from the first round. Local self Govt Department organised an annual planning meeting comprising of all Gram Panchayat Presidents and standing committee members – where AAP was one of the key agenda items.

6. Accountability to Affected People

A) Project design and planning phase:
Given Kerala's strong decentralized system of governance, the Accountability to Affected Population (AAP) through Governance systems approach in the state was operationalized with a vision to institutionalize within the government and enable a connection between ongoing humanitarian response and recovery and development planning processes. The aim is to improve affected communities' access to information about how and when relief, recovery and reconstruction assistance is delivered and communicate to the relevant government authorities and development actors on their issues and concerns through periodic feedback. The feedback is being used and integrated into institutional planning processes to shape decision-making on recovery and reconstruction, and also keeping affected communities informed about how their feedback has been addressed thereby closing the feedback loop. The initiative has been successfully imbedded within the Local Self Government Department and steered by Kudumbashree, the Self-Help Group network, drawing technical support from Kerala State Disaster Management Authority and State Planning Board. The planning phase included identifying the 7 most affected districts and Gram Panchayats, marginalized groups and core sectors for representative data and comprehensive feedback. Partners were brought together to implement the initiative including Tata Institute of Social Sciences, Communicating with Disaster Affected Communities-Network, SPHERE, Envision Institute of Development and Riddhi Foundation. Partnership with community radio stations were initiated to reach the information of the initiative to the affected population.
https://www.deccanchronicle.com/nation/current-affairs/090219/thiruvananthapuram-radio-platform-for rebuilding-kerala.html
https://www.thehindu.com/news/national/kerala/riding-the-sound-waves-to-rebuild-kerala/article26187509.ece
https://epaper.timesgroup.com/olive/apa/timesofindia/SharedView.Article.aspx?href=TOIKRKO%2F2019%2F02%2F06&id=Ar00510&sk=1B3D18F2&viewMode=text]

B) Project implementation phase:
The pilot-phase was implemented during October 2018, in Alappuzha and Wayanad districts. The learnings from the pilot-phase was used for the implementation of scale-up phase in the remaining five districts (Ernakulam, Kottayam, Idukki, Patthanamthitta and Thrissur) from December 2018 to February 2019. A system was created to collect information regularly at pre-agreed intervals with the Government of Kerala of the affected population. In the first phase, the voices of 19,689-affected people from 489 most affected Gram Panchayats/Municipalities was collected with the support of 990 trained Kudumbashree workers. Along with this feedback on eight sectors were collected and analyzed on real time basis. The information is being used by the Government of Kerala, State Disaster

Management Authority and Inter-Agency Groups to inform on-going recovery plans under Rebuilding Kerala Initiative and development plans of the government departments. as well as that of civil society organizations.
http://kudumbashreejpp.org/jpp/home.jsp

C) Project monitoring and evaluation:
An Advisory Committee with the Senior Technical Officials of Government of Kerala and external Experts from national and global organizations have been constituted to guide the Janakiya Pankalithavum Punarnirmanavum- initiative (JPPi) programme process and integration of the feedback in the sectoral and recovery plans.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US$)	a. Objective	b. Conditionality	c. Restriction
None	N/A	N/A	N/A	N/A

Supplementary information (optional):
N/A

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

Frequent site visits were conducted by UNICEF field staff throughout the project period because of which the need for evaluation was not felt.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.4 Project Report 18-RR-CEF-092,18-RR-WHO-036 - UNICEF, WHO

1. Project Information			
1. Agency:	UNICEF WHO	**2. Country:**	India
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	18-RR-CEF-092 18-RR-WHO-036
5. Project Title:	Kerala Flood Post Disaster Health Sector Recovery Proposal, 2018.		
6.a Original Start Date:	15/09/2018 (UNICEF) 15/09/2018 (WHO)	**6.b Original End Date:**	14/03/2019 (UNICEF) 14/03/2019 (WHO)
6.c No-cost Extension:	☐ No ☒ Yes	if yes, specify revised end date:	24.06.19 (WHO)
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
a. Total requirement for agency's sector response to current emergency:	US$ 15,000,000
b. Total funding received for agency's sector response to current emergency:	US$ 2,290,698
c. Amount received from CERF:	US$ 1,340,698
d. Total CERF funds forwarded to implementing partners of which to:	**US$ 592,885 (UNICEF)**
Government Partners	US$ 592,885 (UNICEF)
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

WHO:
- Provided support in strengthening the post-disaster disease surveillance to generate early warning signs.
- Supported early warning signals of impending outbreaks, outbreak investigation and response in coordination with IDSP, and independently
- Supported surveillance of chronic diseases due to interruption of treatment such as NCD, TB and HIV.
- Supported strengthening disease reporting from private sector, through partnerships with Indian Medical Association and Indian Academy of Paediatrics.
- Technical assistance to the District Tuberculosis Office (DTO) for preventing treatment interruption for TB patients.
- Supported in controlling of vector and water borne diseases thorough diagnostic kits for surveillance.
- Provided psychosocial mental health support in the highly affected districts
- Provided support in improving of water, sanitation and hygiene facilities in health centers where such facilities were damaged.
- Provided water test kits to carry out water quality monitoring of water supply for both communities and healthcare facilities will be taken up.
- Supported in strengthening data management systems, real time information including connecting the E-hospitals to Integrated Health Information Platform (IHIP)

UNICEF:
Overall, significant progress has been made against the two Outputs including (i) enhanced access to emergency health services for women, children and adolescents by operationalizing make-shift health facilities at panchayat level through deployment of female staff

nurses and (ii) continuity of health and nutrition records of pregnant women and under five children displaced due to floods to facilitate access to health and nutrition services.

The CERF RR grant enabled UNICEF to support the Health Department in establishing temporary health facilities in flood affected Gram Panchayats in 8 worst affected districts across Kerala to respond to high outpatient flow. 349 female nurses were posted initially on an emergency surge; however, it was scaled down to 220 staff nurses by end of the project period as there was no outbreak of infectious disease. The support resulted in covering about 1.6 million outpatients in flood-affected districts, with women and children accounting for 55% and 22% respectively[2]. The funds enabled to bridge the human resources gap and provide essential health services and lifesaving interventions for six months till the system stabilized and regular health centers are functional. UNICEF also facilitated the procurement of 61 Ice Lined Refrigerators and Deep Freezers as well as non-electrical cold chain equipment from the Government of India.

UNICEF supported the Health Department in re-establishing the health, nutrition and immunization records by rolling out revised Maternal and Child Protection Cards (MCPs) which was customised in local language – Malayalam and to meet local requirements. This resulted in printing and distributing over 6,12,500 MCP cards for of women (pregnant and lactating) and under-five children. Capacities of 6,996 female community health workers were built to ensure the correct utilization of cards including updating of already provided services, use of card as tool to create knowledge about danger signs including diarrhoea and pneumonia.

The funds enabled UNICEF staff and two consultants provided technical assistance and supportive supervision through 59 monitoring visits trips. (USD 78,369 were used for the hiring of the consultants and the monitoring visits by Health Section staff and consultants, which explain the difference between the amounts expressed in Chapter 7c and 7d above).

3.   Changes and Amendments

WHO:
Original end date 25.03.2019, with no-cost extension until 24 June 2019. The total CERF allocated amount of WHO was used in the procurement of goods and services. Hence, no amount for WHO has been reflected in (7.d).

UNICEF:
Of the total programmable amount received of USD 627,340, USD 34,499 was utilized for procurement of services for technical support and travel services. Due to exchange fluctuation, there is an excess utilization of USD 44.

Based on the availability of staff nurses and priority needs, 349 were initially posted in the 8 districts, against the expected 369. As there was no outbreak of infectious disease, the support was scaled down to 220 staff nurses by end of the project period. During the initial months of the response, the initial unit cost of staff nurse - US$ 418 per month– was reduced to US$ 239 through negotiation with the state government which was below the budgeted unit cost of US$ 430.

Based on the concept of Build Back Better, the Mother and Child Protection Card (MCP) was revised as per the national guidance and translated into Malayalam. While the project initially planned to print and distribute 150,000 cards, it facilitated in printing 612,500 cards to cater to children till 5 years age at a unit cost of US$ 0.27.

For the training on MCP card, the project had initially planned to train 3,200 female community health workers from affected areas of the 8 districts. However, as the female community health workers from non-affected areas of the district are also deployed in the affected areas, the project resulted in training a total of 6,996. The initial costing of these trainings was at INR 2000 per unit. However, as the government conducted the training in their own facilities, a significant amount of funds were saved which were used to train additional female community health workers.

4.   People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	N/A	N/A	N/A	N/A	N/A	N/A	420,000	810,000	**1,230,000**
Reached	193,257	684,786	**878,043**	158,922	561,455	**720,377**	352,179	1,246,241	**1,598,420**

4.b Number of people directly assisted with CERF funding by category

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[2] Sources: Data from Department of health, Government of Kerala, PDNA document- 2018.

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	539,910	701,628
Host population	0	0
Affected people (none of the above)	690,090	896,792
Total (same as in 4a)	**1,230,000**	**1,598,420**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	No specific tracking of the sub-category of beneficiaries (affected people vs. refugees and host population) was carried out.	

5.	CERF Result Framework
Project Objective	To support post-disaster disease surveillance in the eight highly affected districts of Kerala following the 2018 flood

Output 1	No. of persons benefitted by the enhanced daily reporting of IDSP diseases from health facilities (government and private) and relief camp sites to enhance surveillance and daily reporting of communicable diseases			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	No. of health facilities both government and private and relief camps visited with active searches to enhance surveillance and daily reporting of communicable diseases	750 govt and 750 private health facilities identified in the 8 highly affected districts. Strengthen ACS in private facilities total 750 numbers	Active case search visits were made to around 754 private health facilities so far and dissemination of the surveillance application to ensure efficient real time electronic transfer of data. 276 sensitization meetings have been conducted by our team to sensitize the private sector health care professionals. 275 new private health facilities enrolled under IDSP reporting network through sustained liaise and active case search visits by WHO SMOs.	Government of Kerala
Indicator 1.2	Preparations for outbreak investigations	3 outbreak investigations	4 Outbreak investigations supported	Government of Kerala
Indicator 1.3	Provide risk communication materials and technical guidelines for prevention of water and vector borne diseases in 8 highly flood affected districts	Reduction in 50% of the total acute diarrhea and leptospirosis cases in the 8 highly affected districts	Overall 10,222 suspected cases reported so far. Majority being Leptospirosis (871), ADD (843), Dengue (688) and ARI (1236) Viral Hepatitis (368) cases]	Government of Kerala
Explanation of output and indicators variance:	N/A			
Activities	**Description**	**Implemented by**		

Activity 1.1	Deployment of WHO staff in the 8 highly affected districts: Waynad, Pathanamthitta, Idukki, Alappuzha, Ernakulam, Thrissur, Palakkad and Malappuram and three moderately affected districts to support the IDSP team in carrying out communicable disease surveillance and to generate early warning signs.	WHO
Activity 1.2	Support alerts on impending outbreaks, outbreak investigation and response in coordination with IDSP and independently	WHO
Activity 1.3	Vector control, including support for larvae surveys and risk assessment, engagement with private sector	State Health Welfare Society and Vector control and Research Centre, Pondicherry

Output 2	Support to prevention and early diagnosis for priority communicable diseases (Cholera and Leptospirosis)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Improved early detection and prevention of cholera and leptospirosis.	Number of cholera diagnostic kits and leptospirosis diagnostic kits supplied: Number of doses of doxycycline capsules supplied.	700 Cholera and 5100 Leptospirosis Kits RTD	Government of Kerala
Explanation of output and indicators variance:		N/A		
Activities	**Description**	**Implemented by**		
Activity 2.1	Supply of 1000 cholera diagnostic kits and 250 leptospirosis kits and 4 million doxycycline capsules for the 8 highly affected districts of Kerala.	WHO		

Output 3	Support to prevention and early diagnosis for priority communicable diseases (Cholera and Leptospirosis)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Improved access to health care through temporary medical facilities and ensuring safe water and sanitation in eight affected districts with safe water	25 health care facilities supported with Improvement of water, sanitation and medical waste management in healthcare facilities; and supply of 20 tents for makeshift health care delivery.	141 Health facilities were supported Improvement of water, sanitation and medical waste management in healthcare facilities; and supply of 20 tents for makeshift health care delivery.	Government of Kerala
Explanation of output and indicators variance:		N/A		
Activities	**Description**	**Implemented by**		

Activity 3.1	Procurement and delivery of water filter and test kits	WHO
Activity 3.2	220 Water filters distributed and installed in HCF in the eight highly affected districts	WHO

Output 4	Enhanced access to emergency health services for women, children and adolescents by operationalization of make-shift health facilities at panchayat level through deployment of female staff nurses			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	Total number of nurses hired for operationalization of makeshift health facilities in flood affected panchayats.	369	180 to 349 for various months	Government report
Indicator 4.2	Number of beneficiaries segregated by gender availing services at these makeshift facilities.	Number to be reported as per utilization – Target to be 80% of those who reached the facility or were affected.	Female: 878,043 Male: 720,377 Total: 1,598,420	Government report
Explanation of output and indicators variance:		Based on the availability of staff nurses and priority needs, 349 were initially posted in the 8 districts, against the expected 369. As there was no outbreak of infectious disease, the support was discussed with the Directorate of Health Services and decided to scale down support to 220. However, the lay off in December 2018, resulted in more staff nurses leaving than expected and the project was left with 180 staff nurses. This was mainly because of reduction in unit cost of staff nurse to US$ 239 per month from the US$ 418. The support was augmented to ensure that there are 220 staff nurses by end of the project period.		

Activities	**Description**	**Implemented by**
Activity 4.1	Hiring of female staff nurses for emergency surge to support operationalization of makeshift health facilities in 369 flood affected gram panchayats for two months. Government plans cover the funding needs of the designated regular health facilities and also any additional mobilization of resources to those facilities. The facilities proposed are additional makeshift facilities near the communities to improve access. These facilities are only for two months and once the acute needs are addressed.	Directorate of Health Services
Activity 4.2	Providing technical assistance and supervision to coordinate implementation of activities in flood affected areas	UNICEF

Output 5	Ensured continuity of health and nutrition records of pregnant women and under five children displaced due to floods. Mother child protection card are health records of pregnant women and children based on which health and nutrition services are provided to them. The funds will be used to re-establish the records.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 5.1	# of pregnant women and under-five children in flood affected districts who received the Maternal and Child Protection (MCP) card.	150,000	612,500	Government reports
Indicator 5.2	# of female community health workers trained on usage of MCP card in flood affected 8 districts	3200	6,996	Government reports
Explanation of output and indicators variance:		While the project initially planned to print and distribute 150,000 cards, it facilitated in printing 612,500 cards to cater to children till 5 years age at a unit cost of US$ 0.27.		

		For the training on MCP card, the project had initially planned to train 3,200 female community health workers from affected areas of the 8 districts. However, as the female community health workers from non-affected areas of the district are also deployed in the affected areas, the project resulted in training a total of 6,996 health workers.
Activities	**Description**	**Implemented by**
Activity 5.1	Translate maternal and child protection card into local language	UNICEF
Activity 5.2	Printing of maternal and child protection card	Directorate of Health Services It was planned that UNICEF will print the maternal and child protection card at unit cost of US$ 1. However, the cards were printed by the Directorate of Health Services as they were cheaper at unit cost US$ 0.27 which led to an expansion of the distribution of the card till 5 years age.
Activity 5.3	Distribution of maternal and child protection card.	Directorate of Health Services
Activity 5.4	Train female community health workers on using MCP card in 8 districts.	Directorate of Health Services

6. Accountability to Affected People

A) Project design and planning phase:
The project proposal was developed after doing a situation analysis and in consultation with the state department of Health and Local Self Government. A rapid sectoral assessment was conducted to understand the ground situation based on which the targeted population was decided.

B) Project implementation phase:
The implementation of the project was carried out in close coordination with the respective departments involved in delivery of health services in the state. Local panchayats and grassroot level functionaries were involved in strengthening outreach to the affected population. Project involved the grassroot level organisations and the district administration to implement the various activities and the Social behavioural change communication measures on the ground.

C) Project monitoring and evaluation:
The project was monitored through department of Health and by the UNICEF and WHO technical staff through field visits, coordination meetings and interactions with local self-governments and NGO partners.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US$)	a. Objective	b. Conditionality	c. Restriction
None	N/A	N/A	N/A	N/A
Supplementary information (optional): N/A				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Frequent site visits were conducted by UNICEF field staff throughout the project period because of which the need for evaluation was not felt. A project stocktaking workshop was organised in Wayanad district for the WHO health recovery project. Hence, a need for further evaluation was not felt.	EVALUATION CARRIED OUT ☐ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
18-RR-UDP-009	Livelihoods	UNDP	GOV	$377,400
18-RR-FAO-024	Agriculture	FAO	GOV	$61,045
18-RR-FAO-024	Agriculture	FAO	NNGO	$25,643
18-RR-FAO-024	Agriculture	FAO	NNGO	$53,457
18-RR-UDP-008	Shelter & NFI	UNDP	NNGO	$86,142
18-RR-UDP-008	Shelter & NFI	UNDP	GOV	$1,180,000
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	NNGO	$8,072
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	GOV	$60,738
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	NNGO	$38,182
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	NNGO	$58,764
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	NNGO	$30,550
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	INGO	$33,649
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	NNGO	$39,883
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	NNGO	$41,287
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	NNGO	$26,928
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	NNGO	$38,000
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	GOV	$9,794
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	NNGO	$28,510
18-RR-CEF-090	Water, Sanitation and Hygiene	UNICEF	NNGO	$16,777
18-RR-CEF-092	Health	UNICEF	GOV	$592,885

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Population
AAR	After Action Review
ACS	Active Case Search
ADD	Acute Diarrheal Diseases
ADSS	Alleppey Diocese of Social Service
ARI	Acute Respiratory Infection
BDS	Brahmagiri Development Society
CBO	Community-based Organization
CDS	Community Development Society
CERF	Central Emergency Response Fund
CHASS	Chegnaserry Social Service Society
CHC	Community Health Centre
CMDRF	Chief Minister's Distress Relief Fund
CO	Country Office
CWC-CE	Communicating with disaster affected communities- community engagement
DBT	Direct Beneficiary Transfer
DDP	Deputy Director of Panchayats
DRR	Disaster Risk Reduction
DTO	District Tuberculosis Office
FAO	Food and Agriculture Organization
FSTP	Faecal Sludge Treatment Plants
FSM	Faecal Sludge Management
GP	Gram Panchayat
HCF	Health Care Facility
HIV	Human Immunodeficiency Virus
HTG	Habitat Technology Group
IAG	Inter-Agency Group
IDP	Internally Displaced Person
IDSP	Integrated Disease Surveillance Programme
IEC	Information, Education and Communication
IHIP	Integrated Health Information Platform
IPC	Interpersonal Communication
IVR	Interactive Voice Response
JLG	Joint Liability Group
JPPi	Janakiya Pankalithavum Punarnirmanavum- initiative
KILA	Kerala Institute of Local Administration
KSDMA	Kerala State Disaster Management Authority
KWA	Kerala Water Authority
LOA	Letter of Agreement
LSGD	Local Self Government Department
MCP Card	Mother and Child Protection Card
MEAL	Monitoring, Evaluation, Accountability and Learning
MOV	Means of Verification
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NHG	Neighbourhood Group

O&M	Operation and Maintenance
PDNA	Post-Disaster Needs Assessment
PHC	Primary Health Centre
PRI	Panchayati Raj Institute
PwD	Person with Disability
RKI	Rebuild Kerala Initiative
RR	Rapid Response
SMO	Surveillance Medical Officer
SOP	Standard Operating Procedures
TB	Tuberculosis
TISS	Tata Institute of Social Sciences
UNDP	United Nations Development Programme
UNHABITAT	United Nations Human Settlement Programme
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WHO	World Health Organization