

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS**

**19-RR-SLV-37678  
EL SALVADOR  
RAPID RESPONSE  
DROUGHT  
2019**

RESIDENT/HUMANITARIAN COORDINATOR

BIRGIT GERSTENBERG

## REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A
ARR was not performed. This activity was scheduled for the last week of March, the four agencies had planned both, the ARR and a public event to the official close of the projects, but it was suspended because the COVID-19 crisis began on March 11. However, several follow-up meetings were organized during implementation, especially when the mid-term evaluation was made. These regular evaluation processes served to identify lessons learned and adjust to achieve the expected objectives.	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
The report was prepared and reviewed jointly by the recipient agencies or cluster coordinators and their implementing partners with knowledge of the government counterparts with whom implementation was worked.	

## PART I

### **Strategic Statement by the Resident/Humanitarian Coordinator**

El Salvador is part of “Dry Corridor of Central America”, one of the areas of the world most prone to the impacts of climate change. From 2012 to 2015 the country suffered four consecutive droughts that generated agricultural losses up to USD 218.8 million and in 2018 experienced the longest dry period for 48 years, consequently affecting thousands of families with food insecurity.

The Emergency Food Security Assessment highlighted that 42,000 families (210,000 people) would be food insecure as of January 2019, and their food reserves would be exhausted and require urgent assistance. In this context, WFP, UNICEF, FAO and PAHO/WHO together with partners, carried out an analysis to priority 2,500 families (12,250 persons) from five municipalities more affected and coordinated to assure families of a comprehensive humanitarian response.

WFP achieved that 2,500 households (12,500 persons) received during three months food assistance, FAO supported 4,448 households (22,240 persons) with technical assistance, complementary food for birds and vaccination for poultry and cattle; UNICEF provided nutrition care to 1861 children and benefit 7699 people, with training and supplies WASH and installation of points of safe water, and PAHO / WHO, support 22 health units and 4 hospitals with medical supplies and technical training that allowed to attend population to 5,131 families (19,036 people). We are sure that CERF Funds was crucial for lifesaving, stablish community cohesion and offer to the families more opportunities to continue their lives.

## 1. OVERVIEW

**TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>33,600,000</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	1,998,859
Country-Based Pooled Fund (if applicable)	N/A
Other (bilateral/multilateral)	N/A
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>1,998,859</b>

**TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-027	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	345,000
UNICEF	19-RR-CEF-084	Nutrition - Nutrition	264,000
UNICEF	19-RR-CEF-084	Water Sanitation Hygiene - Water, Sanitation and Hygiene	216,000
WFP	19-RR-WFP-051	Food Security - Food Assistance	958,859
WHO	19-RR-WHO-041	Health - Health	215,000
<b>TOTAL</b>			<b>1,998,859</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>1,743,246</b>
Funds transferred to Government partners*	0
Funds transferred to International NGOs partners*	77,500
Funds transferred to National NGOs partners*	178,113
Funds transferred to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>255,613</b>
<b>TOTAL</b>	<b>1,998,859</b>

\* These figures should match with totals in Annex 1.

## 2. HUMANITARIAN CONTEXT AND NEEDS

In 2018 El Salvador experienced the longest dry period for 48 years and this occurred at the most critical phase of the first crop cycle. Due of this situation, on 24 July the General Directorate of Civil Protection issued an orange alert for 12 departments and red alert for 143 municipalities due to extreme weather drought. In response to the severe drought, the government activated its national response mechanisms and immediately requested WFP, FAO and UNICEF to carry out an Emergency Food Security Assessment (EFSA). The results revealed that 98,783 subsistence farmers' households (493,915 people) were heavily affected by the drought, of which 85% are completely was dependent on agricultural activities. The assessment highlighted that 42,000 families (210,000 people) were going to be affected with food insecure as of January 2019, month in which it was estimated that their food reserves would be exhausted and require urgent assistance. In addition, the analysis of Integrated Classification by Phases of Food Security (IPC) projected that from April to July 2019, 5% (63,000 people) of the affected population will be in the emergency phase, 17% (239,000 people) in crisis phase and 34% (472,000 people) in stress phase .

The rates of children under 5 suffer with acute malnutrition was of 2.4% and another 17% from chronic malnutrition, with the drought, productivity decreased, and families had problems to access a diverse family diet. 33% of the families surveyed in the EFSA, manifested that they reduced the amount of food consumed by adults/mothers to feed the children and another 50% reduced the amount of food consumed as a coping strategy. This reduction contributed to increasing the prevalence of chronic, acute malnutrition and the low birth weight of children, aggravating the situation of households that had nutritional deficiencies before the drought. In addition, the lack of quality water was another problem, according to the Morbidity and Mortality System of the Ministry of Health (MoH) of El Salvador, diseases linked to lack of water, unsafe water consumption and inadequate hygiene accounted the 55% of the total consultations provided in health centers of the municipalities of intervention and represented a rate of around 25% per 100,000 inhabitants.

The cumulative effects of the droughts in the last seven years caused irreversible damages. The massive losses and subsequent impact on food reserves, significantly affected the food security and nutrition situation of the country's most vulnerable populations. However, the implementation of CERF funds allowed an immediate and comprehensive response to prioritized families (in food insecurity and / or families with cases of severe malnutrition) in four municipalities of the dry corridor. Specifically, WFP provided food assistance using the cash transfer modality. FAO supported families with inputs necessary for the recovery of agricultural production and the development of alternative sources of income and livelihoods. UNICEF made sure to look for cases of severe malnutrition that needed urgent help and provided nutritional supplements necessary for a speedy recovery in addition to referring them to the health system and supporting families with supplies to ensure water quality and maintain hygiene in home. Finally, PAHO / WHO was the responsible of verifying that severe cases of malnutrition received medical attention and supported the health system with WHO medical kits for hospital treatment of severe acute malnutrition and equipment to disinfecting water.

### 3. PRIORITIZATION PROCESS

After the declaration of orange alert for 12 departments and red alert for 143 municipalities due to extreme weather drought, the government also activated its emergency response funds, totaling USD\$9.8 million, this consisted USD\$8 Million of food assistance to 74,000 families in 66 municipalities and USD\$ 1.8 million in cash transfers to 15,500 families in 38 municipalities. Whilst the government's response met the immediate needs, the resources were insufficient to cover all the needs and territories. Recognizing this gap, the government requested humanitarian actors to assist affected populations in 40 of the 142 municipalities with declared Red Alerts; t

Due to the above, based on the EFSA results (Developed by WFP, UNICEF, FAO and government institutions), internal analyzes carried out in the Humanitarian Country Team, and official data issued by the government and the assignment of municipalities prioritized by international cooperation, the communities where selected.

The proposed municipalities targeted for CERF funds are among the 143 declared in active red alert and part of the dry corridor, which were: Jiquilisco, Usulután and Puerto El Triunfo in the department of Usulután and San Miguel, Chirilagua and El Tránsito in the department of San Miguel.

To select communities or families within municipalities defined, was a widely consulted process to ensure the suitability of families whom received direct help. To do this, the UN agencies made joint meetings with the mayors of the municipalities, implementing partners and authorities from the Ministry of Health, Civil Protection and the Ministry of Agriculture and Livestock to develop an effective prioritization strategy. Specific criteria were established for each municipality to selected the families that would be supported, among the main criteria were the number of children and adolescents per household, single mothers who were heads of households, families who had lost their crops and had complications from health or malnutrition, families with people with disabilities and / or families that the municipality or community leaders identified with additional risks among others.

### 4. CERF RESULTS

CERF allocated \$1,998,859 million El Salvador (communities located within the dry corridor of the territory the country) from its window for rapid response to sustain the provision of life-saving assistance to 12,500 people were in food insecurity and with latent risks of deterioration of their health due to severe malnutrition and limited access to safe water. This funding enabled UN agencies and partners to provide humanitarian aid delivery included support to 4,448 households to re-establish productive agriculture capacities and livelihoods quick recovery; support during three months with food assistance through direct cash transfers to 2,500 households; more than 4,500 children under nine year received nutritional assistance, including 121 children treated to health care system; and indirect benefits to 19,036 individuals to access a better and safer health care system.

**Result 1:** The comprehensive and complementary response strategy between the four agencies to ensure the well-being of families from different priorities is one of the main achievements of this CERF implementation, general estimates indicate that around 25% of families received at least 3 benefits, which allowed a significant and quality impact on people's lives.

**Result 2:** With the actions implemented by FAO, a total of 4,448 households (22,240 persons) improved their Food Security situation and strength their capacities for adaptation and resilience to face the drought impact. The actions allowed specifically increased basic grain production and protected poultry and cattle through the provision of reserves of food and vaccination campaigns to prevent diseases and death of livestock. This was accomplished through the technical assistance to 100% of households for the implementation of good agricultural practices for basic grains production, complementary feed for poultry and cattle of 1,257 households and vaccine campaigns for creole poultry and cattle of 2,299 households.

**Result 3:** UNICEF implemented a nutritional assessment to 3, 517 children under the age of nine within which 121 malnourished children were referred for treatment to health services. 382 health workers were trained in the management of severe malnutrition. 1500 children received Mid-upper arm circumference (MUAC) measuring, Ready-to-use therapeutic foods

(RUTF), Oral rehydration solution (ReSoMal), and micronutrients to improve their nutritional status; 752 pregnant and lactating women were trained on child nutrition and provided information to 1060 parents and caretakers.

**Result 4:** The implementation WASH developed by UNICEF, achieved support 702 families with a hygiene kit and supplies to store and transport safe water. Installed 30 points of safe water benefiting 5,546 families and water safety plans were elaborated.

**Result 5:** WFP assured the directly support to 12,500 persons (2,500 households), These households received three months food assistance through direct cash transfers, which allowed them to decide the type of food they would buy, according to their preferences and food culture; During the assistance period, awareness-raising and training activities which related to the proper use of the resources provided were conducted.

**Result 6:** PAHO / WHO strengthened the capacity of 22 community family health units and 4 national hospitals by the technical training and acquiring anthropometric measurement equipment and medical kit to treat health complications in children with severe acute malnutrition; Through the health system, provided information materials and medical consultations to 5,131 families (19,036 people), included 665 nutritional consultations. PAHO/WHO also trained 304 health staff members in the clinical detection, first aid and pre-hospital care for patients with severe acute malnutrition. In addition, a total of 872 people participated in community campaigns for the cleaning, search and control of mosquito breeding sites, delivered 10 pumps of Thermal fog for fumigation for vector control and installed equipment to produce 0.5% sodium hypochlorite in 7 communities.

## 5. PEOPLE REACHED

In general terms, the implementation of the projects managed to assist the planned population with the expected products and results, however it is important to emphasize that the impact of the actions increased the scale beyond the population that we had defined.

WFP achieved that 2,500 households (12,500 persons) to benefit, according to the parameterization and period of food assistance defined; FAO increased the impact scope from 2,500 to 4,448 households, due to the expansion of the strategy to provide technical assistance about good agricultural practices for the production of basic grains to more families (within these families it prioritized the support with complementary food for birds and cattle from 1,257 households and vaccination for poultry and Creole cattle to 2,299 households); UNICEF, in the nutrition intervention, increased its reach to 1861 children (82 cases more attended of the planned) and in the Wash intervention, it reached 7699 people, exceeding the reach of more than 4,000 people, and it was due to more training about WASH to staff health and the installation of more points of safe water in the communities; PAHO / WHO supported to 5,131 families or its equivalent to 19,036 people, exceeding the planned population of (2,500 households / 12,250 people), this due to the focused strengthening in the health units with medical supplies and technical training that allowed to the health system to attend to this population specifically for health problems related to nutrition.

The figures in tables 7a and 7b demonstrate the figures mentioned above. In summary, from the original planning, the largest number of beneficiaries was analysed and defined under the global number of 2,500 households (12,250 persons) with the aim of having a minimum duplication. At the field implementation level, the database was collected through an information system provided by WFP that allowed to verify our beneficiaries. Therefore, if the number detailed in table 4 indicates a scope of 22, 420 persons is due to the fact that the largest number of the four interventions was taken, understanding that this includes the aforementioned global or target population, plus the population additional impact by training programs, technical assistance and access to safe water points, without underestimating that in some interventions the scale was also increased by direct delivery of supplies. We can conclude that the funds were efficiently used, which allowed for a greater impact than planned.

**TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY<sup>1</sup>**

Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	0	0
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	12,500	22,420
<b>Total</b>	<b>12,500</b>	<b>22,420</b>

<sup>1</sup> Best estimates of the number of people directly supported through CERF funding by category.

**TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE<sup>2</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b>	3,350	4,100	2,562	2,488	<b>12,500</b>
<b>Reached</b>	4,957	6,009	2,442	9,012	<b>22,420</b>

<sup>2</sup> Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

**TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)<sup>3</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b> (Out of the total targeted)	70	145	180	180	<b>575</b>
<b>Reached</b> (Out of the total reached)	70	145	180	180	<b>575</b>

<sup>3</sup> Best estimates of the number of people with disabilities directly supported through CERF funding.

**TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)<sup>4</sup>**

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	3,350	4,100	2,562	2,488	<b>12,500</b>
Food Security - Food Assistance	3,350	4,100	2,562	2,488	<b>12,500</b>
Health - Health	2,500	3,000	3,500	3,500	<b>12,500</b>
Nutrition - Nutrition	0	385	700	700	<b>1,785</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,120	1,280	460	430	<b>3,290</b>

**TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)<sup>4</sup>**

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	4,957	6,009	2,442	9,012	<b>22,420</b>
Food Security - Food Assistance	3,350	4,100	2,562	2,488	<b>12,500</b>
Health - Health	7,309	8,341	1,616	1,769	<b>19,036</b>
Nutrition - Nutrition	0	752	564	545	<b>1,861</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	2,268	3,057	1,108	1,266	<b>7,699</b>

<sup>4</sup> Best estimates of the number of people directly supported through CERF funding by sector.

## 6. CERF'S ADDED VALUE

### a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES

PARTIALLY

NO

The activation of red alert in more than 50% of the country's municipalities, the results produced by the EFSA analysis and the distribution of municipalities established by the Government that specified the communities to assign to the international community, were critical factors for decision-making within the Humanitarian Country Team, led by the UN, to activate rapid response strategies.

When the CERF funds were received, the UN team, implementing partners and government counterparts were coordinated to start the actions and bring assistance to people as soon as possible. At that time, the country was beginning a process of transition a total change of the Government cabinet, however, the bases of implementation were established with the outgoing government and later in the following months the challenge was faced of reorganize or communicate to the new authorities, about the actions that were in process.

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

YES

PARTIALLY

NO

Yes, the most severe drought was registered at middle of 2018, however EFSA projections indicated that the most critical level of food insecurity would be impacting families in 2019, when they gradually ran out of food reserves. In addition to this, in 2019 there were a couple of weeks with intense rains that caused floods, despite it was being contrary to what was expected in a period of drought, these rains were not regular, it was due to a low pressure registered that generated more crises in families because they lost all hope of having a new harvest because the soils were more affected by the changes produced by the effects of climate change. Therefore, CERF Funds responded to the most critical moment and needs.

### c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

The Humanitarian Country Team have a regular coordination dynamic and was alert carry out analyses in a timely manner to respond to the drought emergency, however, with CERF funds request and the implementation of these, the coordination and cohesion was strengthening between UN agencies, implementing partners (NGOs) and government counterparts.

The RC with the support of CERF and OCHA staff, worked as the core of intersectoral coordination that allowed the elaboration of a comprehensive response strategy as a model to ensure efficient resource management, as well as the holistic impact on populations.



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

YES

PARTIALLY

NO

Due to the distribution of municipalities to be supported by the government and others by international donors, no additional funds were mobilized to support the four municipalities where CERF funds were implemented. At the country level, other donors (USAID, AECID, etc.) did develop interventions to support other areas, but were not related to CERF interventions.

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

CERF funds have shown that in addition to supporting populations with urgent humanitarian needs, they also strengthen the internal capacities of the Humanitarian Country Team and the UN, since achieving the results requires constant intersectoral coordination and increasingly requires us to create joint strategies.

## 7. LESSONS LEARNED

**TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
Each UN agency, has a defined profile and sometimes there are activities that are in transition from each other. Ensure a proper coordination and search for complementarity in all the process is essential to dont have a problem in the delimited project time.	Continue promoting Inter-agency work, which in the medium and long term will help provide more comprehensive cooperation and technical assistance
Include agriculture as a priority line of financing, due to a large number of families affected by events such as the dependent drought.	Update the criteria for the allocation of funds for agriculture.

**TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The political contexts in the countries of Latin America generate a lot of expectation in local leaders, hence, the importance of having clarity in the mechanisms of communication and socialization of the intervention to avoid being used for political purposes and generate difficulties at the community level. (By WFP)	Develop clear communication and socialization mechanisms for interventions to avoid confusion at the community level	UNICEF, FAO, PAHO/WHO, WFP.
This project has tested the coordination and complementarity between the CERF implementing agencies, each generating an input required for another, which demands to improve the coordination and synchronization of the development of activities. (By PAHO/WHO)	Continue promoting the development of articulated work between the Agencies, Funds or Programs, with the aim of getting the best out of each one, according to the profile and technical expertise.	RCO, OCHA, and UN agencies
To ensure greater precision in the proposals, the selection criteria for the beneficiaries could be defined or included. (By FAO)	Ensure the rapid multi-sectoral evaluations with all partners.	RCO, OCHA, and UN agencies
This intervention evidenced the direct link between the lack of safe water and the nutritional status of children. An integrated response from the WASH and nutritional sector was essential to respond to this emergency. (By UNICEF)	The criteria for the selection of beneficiary families should be established based on multi sectoral indicators, including access to water and nutrition.	UNICEF, UN Agencies

## PART II

### 8. PROJECT REPORTS

#### 8.1 Project Report 19-RR-FAO-027 - FAO

1. Project Information			
1. Agency:	FAO	2. Country:	El Salvador
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	4. Project Code (CERF):	19-RR-FAO-027
5. Project Title:	Contribute with Immediate Assistance to Restore Food Security and Livelihoods of Households Farming Affected by the Prolonged Drought 2018-2019 in Eastern El Salvador		
6.a Original Start Date:	15/07/2019	6.b Original End Date:	14/01/2020
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 33,600,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 345,000
	c. Amount received from CERF:		US\$ 345,000
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 40,000</b>
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 40,000
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

### 2. Project Results Summary/Overall Performance

A total of 4,448 households (22,240 persons) from the municipalities of Chirilagua and El Transito (department of San Miguel), and Jiquilisco and Puerto El Triunfo (department of Usulután), improved their Food Security situation and strength their capacities for adaptation and resilience to face the drought impact. The actions implemented by the project allowed the recovery of households affected by the drought by improving/increasing their productive capacity. Specifically increased basic grain production and protected poultry and cattle through the provision of reserves of food and vaccination campaigns to prevent diseases and death of livestock.

The project includes:

- Technical Assistance to 4,448 households for the implementation of Good Agricultural Practices for basic grains production.
- Complementary feed for poultry and cattle of 1,257 households.
- Vaccine campaigns for creole poultry and cattle of 2,299 households.
- Technical Assistance through the National Center for Agricultural and Forestry Technology "Enrique Álvarez Córdova" (CENTA), the General Direction of Animal Health from the Ministry of Agriculture and Livestock (MAG) and the Agriculture-Environment Units from the municipalities.

The actions were coordinated with WFP, UNICEF and OPS, the implementation partner (OXFAM), the municipalities and the participant households, this allowed an effective response to the needs of those families affected.

### 3. Changes and Amendments

The approved package was:

- 100 pounds of fertilizer (15-15-15) and 22 pounds of corn for 2,500 Households.
- 100 pounds of ammonium sulphate for 500 producers.
- 1,500 households with vaccines and Feed for poultry and cattle.

When CERF's Project was approved, many producers were in the process or had already planted their grains with seeds delivered by the government or that were part of the families' stock. Approximately 30 days after, an intense 3 days raining event caused floods, interrupting agriculture activities with a major effect on the crops. After this happening, the implementation partners, CENTA and producers, identified as the best option the delivery of fertilizer to improve the crop conditions stressed by the rain. As a result, the package was modified:

- 100 pounds of fertilizer (15-15-15) and 200 pounds of ammonium sulphate for 2,500 households.
- Vaccines and Feed for creole poultry of 1,232 households.
- Vaccines and Feed for cattle of 563 households\*.

\*The number of families with poultry and cattle are those that provided that information during the recollection of the family data.

The number of beneficiaries increased considerably compared to the initial planning. Additional 1,948 households received a package of 100 pounds of fertilizer (15-15-15) and 100 pounds of ammonium sulphate as a complementary nutrient for their crops (corn, beans, and sorghum). This was possible due to the savings obtained during the procurement process of the agricultural packages delivered by the project.

The high nutrients feed allowed improvement of livestock conditions, preparing animals for situations of food shortage. Vaccines campaign protected poultry and cattle from parasites and other diseases. The program was considered highly relevant by the participants and local partners. The target households participated actively in the project workshops organised by CENTA, OXFAM, FAO and the agricultural experts of the communities.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	3,350	4,100	2,563	2,487	12,500
<b>Total</b>	<b>3,350</b>	<b>4,100</b>	<b>2,563</b>	<b>2,487</b>	<b>12,500</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0

Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	4,957	6,009	2,442	9,012	22,420
<b>Total</b>	<b>4,957</b>	<b>6,009</b>	<b>2,442</b>	<b>9,012</b>	<b>22,420</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Goal exceed
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#### 4.c Persons Indirectly Targeted by the Project

N/A

### 5. CERF Result Framework

<b>Project Objective</b>	Increased food production through early response actions improving recovery capacity in 5 municipalities of the dry corridor of El Salvador.
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<b>Output 1</b>	The crop production of 2,500 households highly vulnerable to food security that has been affected by the drought is restored			
<b>Sector</b>	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of households that re-establish the production of corn and beans for self-consumption.	2,500 households	4,448	Delivery reception act
Indicator 1.2	Percentage of households that applies good agricultural practices to reduce the risk of suffering damage and losses due to drought	80% (2,000 households)	2,454	OXFAM report /Attending lists
<b>Explanation of output and indicators variance:</b>		Output overcome, as a result of the increased of supplies due to the savings generated.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of inputs	FAO		
Activity 1.2	Prioritization and delivery of seed, fertilizer and inputs allowing 2,500 households to establish food production	FAO, OXFAM, MAG/CENTA, Municipalities		
Activity 1.3	Technical support to food production	FAO, OXFAM, MAG/CENTA, Municipalities		

<b>Output 2</b>	The animal protein food production is protected for the food security of 2,500 households.
<b>Sector</b>	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)

Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of livelihoods that receive food for poultry and livestock.	1500 (60%)	1,257	Delivery reception act
Indicator 2.2	Number of livelihoods that participate in vaccination campaigns for the poultry and livestock survival.	2500	2,299	Technical reports and OXFAM report.
<b>Explanation of output and indicators variance:</b>		Output not reached. Because not all households participating on the project had poultry and cattle		
Activities	Description	Implemented by		
Activity 2.1	Prioritization of households and delivery of food and mineral salts for vulnerable productive animals.	FAO, MAG/CENTA, OXFAM		
Activity 2.2	Provision of technical assistance to 2,500 households to implement feeding practices and prophylaxis to protect their livestock livelihoods.	FAO, MAG/CENTA, OXFAM, General Direction of Animal Health from the Ministry of Agriculture and Livestock (MAG), Municipalities.		
Activity 2.3	Delivery of complementary packages of animal feed (poultry and livestock) to 1500 households with highly vulnerable livelihoods.	FAO, MAG/CENTA, OXFAM y Municipalities		
Activity 2.4	Implementation of poultry and livestock vaccination campaigns for 2,500 households highly vulnerable to loss.	FAO, OXFAM, General Direction of Animal Health from the Ministry of Agriculture and Livestock (MAG), Municipalities.		

<b>Output 3</b>	Ministry of Agriculture and Livestock and local governments receive assistance for the response and efficiently and effectively management of the emergency and risk reduction in the face of the impact of drought and food and nutrition security (FSN)			
<b>Sector</b>	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of MAG technicians that participate and are strengthened in response to drought	10	10	Technicians from the extension agencies in the municipalities.
Indicator 3.2	Number of local government technicians that participate and are strengthened in response to drought	17	20	Municipal technicians
<b>Explanation of output and indicators variance:</b>		Output reached.		
Activities	Description	Implemented by		
Activity 3.1	Ministry of Agriculture and Livestock, local government's technicians implement action plans to drought emergency.	5		

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

**How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

Affected households were represented through:

- Communities' representatives in the local governments (councilors).
- Communal Development Associations (ADESCO) representatives Communities' leaders

**Where existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

Local mechanisms were used to involve all parts of the communities: The Women and Youth Unit, and the Agricultural Unit of the municipality were involved in the participant's selection process, supplies delivery, and capacity strengthening.

### 6.b IASC AAP Commitment 3 – Information, Feedback and Action

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

Agencies, municipalities, partners, and representatives of affected households attended the presentation of beneficiary selection criteria, carried out at the first stage of the project implementation. Afterward, the list of selected participants was validated by UN agencies, CENTA, Ministry of Health and municipalities' representatives.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

N/A

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

N/A

**Any other comments (optional):**

N/A

### 7. Cash and Voucher Assistance (CVA)

**Did the project include Cash and Voucher Assistance (CVA)?**

Planned	Achieved
No	No

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

N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## 8.2. Project Report 19-RR-CEF-084 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	El Salvador
3. Cluster/Sector:	Nutrition - Nutrition Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	19-RR-CEF-084
5. Project Title:	Nutrition and WASH assistance intervention in response to the 2019 drought in five municipalities in El Salvador.		
6.a Original Start Date:	15/07/2019	6.b Original End Date:	14/01/2020
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 33,600,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 480,000
	c. Amount received from CERF:		US\$ 480,000
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 178,113</b>
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 178,113
	Red Cross/Crescent		US\$ 0

### 2. Project Results Summary/Overall Performance

UNICEF designed and implemented a comprehensive intervention in nutrition and WASH designed and implemented in coordination with the Ministry of Health to address acute malnutrition at the community level using RUTF for the first time in the country. As part of the intervention, 3,396 children under the age of nine passed a nutritional assessment, and 121 malnourished children were referred for treatment to health services. 382 health workers were trained in the management of severe malnutrition. 1500 children received MUAC, RUTF, ReSoMal, and micronutrients to improve their nutritional status. 752 pregnant and lactating women were trained on child nutrition and provided information to 1060 parents and caretakers. In the WASH component, 702 families received a hygiene kit with supplies to store and transport water to ensure the consumption of safe water. UNICEF supported the affected communities installing 30 points of safe water that benefited 5,546 families in the five municipalities of intervention, assisting families in reducing the negative impact of drought and helped improve the prevalence of acute malnutrition. Water safety plans were elaborated. The response was implemented between July 2019 to January 2020.

### 3. Changes and Amendments

No change or amendment to the document was necessary.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Number of People
Nutrition - Nutrition	

<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	385	700	700	1,785
<b>Total</b>	<b>0</b>	<b>385</b>	<b>700</b>	<b>700</b>	<b>1,785</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	0	15	50	50	115

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

<b>Cluster/Sector</b>	Nutrition - Nutrition				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	00	00	00	00	00
Refugees	00	00	00	00	00
Returnees	00	00	00	00	00
Internally displaced persons	00	00	00	00	00
Other affected persons	00	752	564	545	1,861
<b>Total</b>	<b>00</b>	<b>752</b>	<b>564</b>	<b>545</b>	<b>1,861</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	00	00	8	4	12

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

<b>Cluster/Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	1,120	1,280	460	430	3,290
<b>Total</b>	<b>1,120</b>	<b>1,280</b>	<b>460</b>	<b>430</b>	<b>3,290</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	70	80	30	30	210



#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	2,268	3,057	1,108	1,266	7,699
<b>Total</b>	<b>2,268</b>	<b>3,057</b>	<b>1,108</b>	<b>1,266</b>	<b>7,699</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	2	1	2	3	8

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

The discrepancy among project goals can be summarized in: Goals exceeded

- The lack of water services increased the demands of families to access safe water points. The prioritization of families changed from families under malnutrition to families without access to water.
- MoH asked to expand the training of environmental health personnel on WASH and of health workers on the care and treatment of SAM/MAM from the five municipalities originally planned to 4 departments of the Eastern region.
- UNICEF optimized resources (efficiency) and increased the number of participants in the nutritional screening process to identify children at nutritional risk, moderate and severe acute malnutrition and select the families that will benefit from the safe water points to reach the target population.
- Goals underachieved
- The MoH measure underweight twice a year and does not have updated data on cases in the communities, which makes it challenging to identify malnutrition cases in a short period.
- Gang related violence prevents health providers and project personnel to enter in some communities, and some activities had to be postponed or rescheduled.
- In the selected communities, people with disabilities were not identified to reach the expected goal even when the local health workers and staff of the implementation partners conducted an active and inclusive search.
- The anthropometric measurement assessments to identify children with acute malnutrition or at nutritional risk did not happen during the most critical months of the seasonal calendar in the area. Anthropometric evaluations to identify children with SAM / MAM or with nutritional risk did not occur during the most critical months of the seasonal calendar of food shortages. Therefore, the number of malnourished children identified was less than planned. The nutritional indicators for the identification of acute malnutrition are sensitive and can be modified in a short period.
- •WASH and Hygiene workshops were delivered to women and children with malnutrition in health centres and not in the community as planned because of safety reasons.

#### 4.c Persons Indirectly Targeted by the Project

UNICEF introduced an innovative treatment for acute malnutrition at the community level, including the elaboration of technical guidelines for nutritionist and the use of RUFT for the first time in El Salvador that could be implemented in future emergencies.

UNICEF and MoH provided technical assistance to 57 self-governing community water boards, and the staff were trained to elaborate Water Safety Plans (WSP), and these community organizations received technical advice from implementing partners on how to improve the quality of drinking water. This intervention may have a positive impact on 43519 families that received water from these community organizations. The Ministry of Health compromised to follow up on Water Safety Plans in the region.

## 5. CERF Result Framework

<b>Project Objective</b>	Saving lives of children and their families in 6 municipalities where nutrition and WASH conditions are rapidly declining due to loss of livelihoods among families affected by the drought.
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<b>Output 1</b>	1,500 children under 9 years old, and 400 pregnant women and breastfeeding mothers recovered their nutritional condition.			
<b>Sector</b>	Nutrition - Nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# (100%) of children under the age of 9 years, with moderate and severe acute malnutrition, in the intervention areas who outgrow conditions of moderate and severe acute malnutrition and are protected from MAM and SAM and with food-and nutrition security.	1,500	1,062	Registration forms
Indicator 1.2	# (100%) of children under 5 in target areas, identified as in highest risk to fall into moderate and severe acute malnutrition who receive immediate attention by Ministry of Health	1,500	1,062	Registration forms
Indicator 1.3	# (100%) of pregnant women and Breastfeeding mothers who are identified as in highest risk to fall acute malnutrition, and receive immediate attention by Ministry of Health	400	752	Registration forms
Indicator 1.4	# (100%) of people living with disabilities who are identified as in highest risk to fall acute malnutrition will receive nutrition services by ministry of health.	210	12	Registration forms
Indicator 1.5	# (100%) of pregnant women and breastfeeding mothers who received information about good practices of nutrition in drought context.	400	440	Registration forms
Indicator 1.6	# (100%) of providers who received information about good practices of nutrition in drought context.	20	382	Registration forms
<b>Explanation of output and indicators variance:</b>	Indicators 1.1 and 1.2 were achieved to 70.8% due to difficulties to identify children with moderate and severe acute malnutrition in that period of the year. In other months of the year, the population is more affected by food insecurity, so the number of children with acute malnourishment may increase. 121 children under 9 years with SAM/MAM were treated with Ready-To-Use Therapeutic Food, 972 children at nutritional risk received micronutrients, and 1096 children received micronutrients as part of the health care scheme for their age. The personnel of the MoH at the local level were cooperative and made a significant effort to identify children at nutritional risk			

	<p>or with SAM/MAM.</p> <p>Indicator 1.3 was exceeded to 188%; the MoH health workers were efficient in identifying pregnant and nursing women. The strategy of mother-to-mother communication to inform on the anthropometric and educational sessions. All pregnant or nursing women of the communities participated in these informative sessions, and they received prenatal multivitamins to prevent nutritional deficiencies.</p> <p>Indicator 1.4. was met to 5.7% due to the limited population identified with disabilities living in the selected communities. The MoH local health workers provided support to detect people with disabilities, but this indicator could not be met. When possible, they were included in the components of WASH and/or Nutrition.</p> <p>Indicator 1.5 was reached and exceeded at 110%. Nevertheless, not all the 752 pregnant and nursing women identified, could not participate in the "good practices of nutrition in drought context" educational sessions. These sessions were planned, but a violent outbreak in the area started, and a health worker and civilians died as of result of gang-related violence.</p> <p>Indicator 1.6 was exceeded to 1860%. The MoH demanded the strengthening of the technical skills of the health workers and health care providers for the identification of children with SAM/MAM in the Eastern Region. Instead of working with 20 health providers in 5 municipalities, UNICEF trained 382 health providers in 4 departments (La Unión, Morazán, San Miguel and Usulután) of different health care attention levels (hospitals, SIBASI, MoH Regional Offices and local health care centres) strengthening the local capacities to identify and asses cases.</p>
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Activities	Description	Implemented by
Activity 1.1	Signing PCAs, including operational plans, with NGO partners.	UNICEF and Seraphim Foundation as an implementing partner
Activity 1.2	Active search, evaluation and detection of malnourished children at risk to fall in acute and severe malnutrition.	UNICEF and Seraphim Foundation as an implementing partner
Activity 1.3	Increase service delivery by Ministry of Health to prevent chronically malnourished children from falling into SAM.	UNICEF and MoH
Activity 1.4	Procurement of MUAC and therapeutic food for children and adults	UNICEF
Activity 1.5	Procurement of RUTF, and ReSoMal at local level to attend an estimated 1,500 children with severely or moderately malnourished condition, pregnant women and Breastfeeding mother.	UNICEF
Activity 1.6	Procurement of micronutrients, Vitamin A, Iron and Anthelmintic first level of attention on health system	UNICEF
Activity 1.7	Distribution of MUAC, therapeutic food, RUTF, ReSoMal and micronutrients to 1,500 children with severely or moderately malnourished condition, pregnant women and Breastfeeding mother.	UNICEF and MoH
Activity 1.8	Educational sessions to health providers about good practices of nutrition in drought context.	UNICEF, Seraphim Foundation and MoH
Activity 1.9	Field monitoring	UNICEF and Seraphim Foundation as an implementing partner
Activity 1.10	Prepare final report.	UNICEF

<b>Output 2</b>	Improved provision of safe water and hygiene promotion to priority municipalities
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Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of women, men, girls and boys with access to safe water points at the community level.	3,500	5,546	Delivery records
Indicator 2.2	Number of families possessing appropriate water-storage containers (disaggregate male and woman head of family).	700	702	Delivery records
Indicator 2.3	Number of families possessing hygiene supplies (disaggregate male and woman head of family).	700	702	Delivery records
Indicator 2.4	Number of women, men, girls and boys with access to appropriate washing hands stands with water and soap.	3,500	5,546	Delivery records
Indicator 2.5	Number of women, men, girls and boys with access to information regarding hygiene, water-related diseases prevention and safe water management.	3,500	2,098	Delivery records
Indicator 2.6	Number of providers trained in fundamental hygienic practices, water-related diseases prevention and safe water management.	15	63	Attendance lists
<b>Explanation of output and indicators variance:</b>		<p>Indicators 2.1 and 2.4 were exceeded to 159% due to lack of water services which increased demands of access to safe water from families in intervention areas. The use of resources was optimized to reach more people, and the participant's selections process was associated with the identification of children in nutritional risk, moderate and severe acute malnutrition. The participants were: W: 2152, M: 1953, G: 777, B: 664 representing 5546 families.</p> <p>Indicators 2.2 and 2.3 is 100.3% reached.</p> <p>Indicator 2.4 Safe Water Points (SWP) were installed with handwashing stand each to ensure its correct use and maintenance.</p> <p>Indicator 2.5 had 60% compliance due to changes in the distribution of appropriate water storage containers, hygiene supplies and the associated training activities. Deliveries were made at the same time as educational activities to women and children affected by malnutrition were conducted and not to the entire families as planned. Participants: W:894, M: 263, G: 489, B: 444, D: 8</p> <p>Indicator 2.6 was exceeded to the 420% because MoH demanded the strengthening of the technical skills of all the environmental health personnel of the Eastern Region, so instead of working just with 15 health providers in 5 municipalities, UNICEF trained health providers in 4 departments (La Unión, Morazán, San Miguel and Usulután). Staff from 65 self-governing community water boards were trained, and 53 made their own Water Safety Plan (WSP). Participants: W:11, M: 52, 65 community water boards.</p>		
Activities	Description	Implemented by		
Activity 2.1	Signing PCAs, including operational plans, with NGO partners.	UNICEF and PROVIDA as implementing partner		
Activity 2.2	Identify providers and make procurements of the WASH commodities and supplies.	UNICEF and PROVIDA as implementing partner		
Activity 2.3	Select beneficiary population, jointly with the MoH and the	UNICEF, MoH and PROVIDA		

	support of NGO partners.	
Activity 2.4	Installation of safe water point and washing hands stands (with soap and water) at the community level (according with the community characteristics and needs). Installation of washing hand stands in Health Facilities where Nutrition activities will take place.	UNICEF, MoH and PROVIDA
Activity 2.5	Provision of monitoring and treatment supplies ensuring water quality (chloride tablets, residual chlorine testing kits)	UNICEF, MoH and PROVIDA
Activity 2.6	Provision of water-treatment filters and water-storage containers per household.	UNICEF, MoH and PROVIDA
Activity 2.7	Training for women and men in the use of tablets for water purification and water filters, fundamental hygienic practices and water-related diseases prevention.	[UNICEF, MoH and PROVIDA
Activity 2.8	Educational sessions to health and education providers in fundamental hygienic practices, water-related diseases prevention and safe water management.	UNICEF, MoH and PROVIDA
Activity 2.9	Field monitoring and evaluation	UNICEF and PROVIDA
Activity 2.10	Prepare Final report	UNICEF

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

**How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

The participants were selected in coordination with the municipalities, the staff of the Ministry of Health (both WASH and nutrition component) and local leaders. Families of children under 9 with acute malnutrition (severe or moderate), with high demand for water and sanitation, among other vulnerabilities were prioritized to receive water and hygiene kits. The health personnel, in coordination with UNICEF and the implementing partners, monitored the implementation of the activities. The families involved, including pregnant and lactating women, actively participated in educational and health activities, and helped sharing information in the communities. In coordination with the MoH, UNICEF visited communities with a lack of water services. Community leaders participated in information sessions and assist in selecting the beneficiary families in their communities, and in workshops for the installation and maintenance of water safety points were conducted with a participatory methodology.

**Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

UNICEF and their implementing partners worked with all national health system from the central level to the first level of care, including community-based organizations. The coordination, information sharing, and planning mechanisms established prioritized the participation of local leaderships, community water organizations, churches and faith organizations (these organizations include women and young people). Mother-to-mother communication strategies were used to inform the dates of the anthropometric and educational sessions to ensure participation. Both caregivers participated in the nutrition and WASH activities, so men got involved in activities that usually are perceived as “women activities”. This transition is a good practice of how the creation of new masculinities should be included in any project as a cross-cutting component.

### 6.b IASC AAP Commitment 3 – Information, Feedback and Action

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

UNICEF in coordination with MoH, and their implementing partners, promoted the participation of communities, children’s primary caregivers, health providers, municipalities and families in the selection of beneficiaries, distribution of supplies / hygiene items, RUTF

micronutrients) and the provision of nutritional and health services for malnourished children, pregnant and nursing women. UNICEF, through planning sessions with health providers at the local level, field monitoring actions and the promotion of active community participation in Nutrition and WASH, always guaranteed direct communication with project beneficiaries to make improvements in the intervention if necessary.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

N/A

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

N/A

**Any other comments (optional):**

N/A

### 7. Cash and Voucher Assistance (CVA)

**Did the project include Cash and Voucher Assistance (CVA)?**

**Planned**

**Achieved**

No

No

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

N/A

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

### 8.3. Project Report 19-RR-WFP-051 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	El Salvador
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-051
5. Project Title:	Food Assistance Intervention in Response to the 2019 Drought in Five Municipalities in El Salvador		
6.a Original Start Date:	16/07/2019	6.b Original End Date:	15/01/2020
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 33,600,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 958,859
	c. Amount received from CERF:		US\$ 958,859
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 37,500</b>
	Government Partners		US\$ 0
International NGOs		US\$ 37,500	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

### 2. Project Results Summary/Overall Performance

Using resources coming from the United Nations Central Emergency Response Fund, UNCERF, the World Food Program gave assistance to 12,500 people (2,500 households), targeted as to be in food and nutritional insecurity in 5 municipalities of El Salvador: Jiquilisco, Puerto el Triunfo, Usulután, Chirilagua and El Transito Those who participated in the food assistance project were families who were heavily dependent over subsistence agriculture and who had recurrently been affected by climatic phenomena; During 2019, these same families faced, once again, climatic related hardships, such as drought, which caused significant losses in their production of basic grains, and thus many of these families lost their investments relative to the purchase of agricultural inputs, which lead them to register higher levels of indebtedness. To make things worse the drought was followed by intense rains at the end of the winter season which meant that the most of any remaining crops surviving from the dry period were lost out excessive precipitation levels and floods. These families have no other source of income, other than agriculture, which makes them more vulnerable. Many of these households' food reserves were already depleted; the composition of these families heavily comprises the presence of children under 5 years old, pregnant and lactating women, which all were facing risks related to the lack of sufficient nutrients in their food intaking. These households received three months food assistance through direct cash transfers, which allowed them to decide the type of food they would buy, according to their preferences and food culture; During the assistance period, awareness-raising and training activities which related to the proper use of the resources provided were conducted. This allowed to improve and diversify participants families' diets.

### 3. Changes and Amendments

N/A

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Food Assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	3,350	4,100	2,562	2,488	12,500
<b>Total</b>	<b>3,350</b>	<b>4,100</b>	<b>2,562</b>	<b>2,488</b>	<b>12,500</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Food Assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	3,350	4,100	2,562	2,488	12,500
<b>Total</b>	<b>3,350</b>	<b>4,100</b>	<b>2,562</b>	<b>2,488</b>	<b>12,500</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

N/A

#### 4.c Persons Indirectly Targeted by the Project

The cash transfer mechanism used in the food assistance program, allowed to indirectly benefit other households at the communities where food assistance was implemented. Injecting cash to communities, where participants live, allows small shops and local businesses to sell their products, thus contributing to the revitalization of local economy. Likewise, transport sector at the local level, gets benefited by providing mobilization services to beneficiaries from their communities to cash transfer points.

#### 5. CERF Result Framework

<b>Project Objective</b>	The main objective of this project is to provide lifesaving relief through general food distribution (GFD) to
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	12,500 drought-affected people (2,500 families) located in five municipalities among the 40 classified as priority by the government.
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<b>Output 1</b>	12,500 food insecure people receive lifesaving food assistance			
<b>Sector</b>	Food Security - Food Assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Food insecure HH have received general food assistance for a period of three months	2500	2,500	Data sets – participant families
Indicator 1.2	Number of cash transfers, with a value of US\$75 per month for the initial three months of the project	3	3	Transfers cycles internal Report
Indicator 1.3	Food consumption is maintained during the humanitarian assistance period	80% targeted HH	98%	Monitoring reports
Indicator 1.4	Diet diversity is improved through cash transfers with a food assistance focus	From 4 to 6 food groups	73%	Monitoring reports
Indicator 1.5	Assisted households no longer apply crisis or emergency coping strategies	80% of targeted HH do not apply coping strategies	73%	Monitoring reports
<b>Explanation of output and indicators variance:</b>		Food assistance helped 7 out of 10 participating families to achieve a diversified food intake: meats, vegetables and fruits are among the food groups that families reported as having increased its consumption. Regarding the use of survival strategies, 73% of families at the end of the intervention indicated that they do not use emergency strategies, therefore, they do not exhibit a loss or deterioration of their productive assets.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Signing of FLA, including operational plans, with NGO partners	Field level agreement with Fundación Educación y Cooperación, EDUCO.		
Activity 1.2	Identify and select Financial Service Providers (FSP) for the delivery of cash transfers and sign respective LTA	WFP has an agreement and an LTA with Punto Xpress		
Activity 1.3	Target and select beneficiary HH, jointly with the government and the support of NGO partners	N/A		
Activity 1.4	General Food Distribution through cash transfers to beneficiary HH	WFP was responsible of the provider recruitment process, and field scheduling and planning was conducted through EDUCO		
Activity 1.5	Monitoring and Evaluation	EDUCO conducted field data gathering, after being its personnel was trained by WFP staff. Data Analysis was performed by WFP staff.		
Activity 1.6	Reconciliation of beneficiary figures and cash transfers amounts	WFP took charge of this task, just as the same as in every cash transfers program conducted by any other program implemented at the Country Office.		
Activity 1.7	Final reconciliation: Cash transfers – transaction vouchers - beneficiaries	WFP was responsible of conducting reconciliations with the supplier		
Activity 1.8	Final report	EDUCO Foundation sends a final report about field level activities conducted during the intervention		

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

**How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

In every WFP intervention project committees are formed at the community level. These committees are comprised of five members, and the inclusion of women in leadership position is highly encouraged. These committees work along with local authorities, partner institutions and with WFP regarding resources focalization and targeting activities. Given the non-conditional nature of the distribution of the food assistance, families that help at the selection to the transfer mechanism, also provide help regarding the security and protection analysis that allows to determine which mechanism used by WFP is the most adequate to conduct cash withdrawals. Committees also provide help regarding community level coordination with beneficiary families to inform them regarding periods and place to make cash withdrawals effective.

**Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

Mechanism were designed and replicated at the five municipalities that took party in the assistance scheme. These mechanisms were validated by different parties: WFP, UNICEF, PAHO, FAO and local authorities.

The identification and selection of participants process began with the targeting of those territories that were more severely affected by frequent drought periods during the last few years. Once these municipalities were identified, an analysis was conducted to determine which of those faced food insecurity, either moderate or severe. These allows for the final selection of municipalities, and then working roundtables including municipal governments, and central government institutions at the local level are conformed. The above, so as to have a wider diversity of actors, which allowed to conduct a more transparent targeting process, that guaranteed to help those who needed it the most. Health promoters from the health Ministry that work at the community level are very well acquainted to community's families and thus can highly contribute to validate the roster of participants. Decisions regarding who gets included in the assistance programs are taken through different actors present on the territories, with the objective to take the best decisions possible regarding to target those who need assistance the most.

### 6.b IASC AAP Commitment 3 – Information, Feedback and Action

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

As part of its Accountability to Participants Strategy, WFP provides all information regarding interventions, defining roles, duties and stating the benefits and rights that steam out of beneficiaries' participation in the intervention. All of this to guarantee an effective accountability and achieve that participant families are properly informed. Based upon the Post Distribution Monitoring exercise (PDM), 98 % of families reported to know or to be informed about the details concerning intervention's objectives and duration, selection criteria, benefits from the intervention and to know enabled communication channels to request information, to pose questions or to suggest improvements to the intervention (community leaderships and field monitors staff identify themselves as the main communication channel).

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

Thanks to the extensive coverage and use of mobile devices by participating families, communication becomes more efficient between participants and WFP. Regarding this intervention, different communication channels were identified: 1) the designation by WFP of a mobile device so that the participating families could request information, evacuate doubts or offer suggestions, this channel could receive SMS and messages by WhatsApp, 2) Thanks to the presence of field monitors staff at the communities, the participating families could convey their concerns or suggestions through them. 3) Through the monitoring exercises, the participating families were consulted for recommendations and opportunities for improvement in the framework of the intervention. Through these mechanisms, some adjustments were made in favor of the participating families: such as the adjustment of the places where the cash transfers were conducted, or extensions to the periods for families to withdraw the transfers.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes  No

A phone number was provided for participants to report any type of abuse through a secure line, but families are not very prone to use this channel and many times, complaints or reports were obtained through focus groups meetings with, either women or men; However, in this intervention, no abuse difficulties were identified under any of the modalities.

Any other comments (optional):

N/A

## 7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project

7.b Please specify below the parameters of the CVA 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).

CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Vouchers	US\$ 75	Sector-specific	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	Unconditional	Unrestricted

Supplementary information (optional):

N/A

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

As part of WFP's monitoring and evaluation activities, a baseline and final evaluation of outcome indicators related to food and nutrition security was conducted. In terms of **consumption and diet quality**, the number of food groups consumed at the household level increased positively. Foods rich in vitamin A and proteins present a daily consumption rate, and there was a 57% increase of households that reported to included iron-rich foods from animal origin in their daily diet, compared to the baseline.

EVALUATION CARRIED OUT

Regarding the prevalence of **survival strategies related to food consumption**, it was positive to register that a 15% reduction in the average score of this indicator was reported, which implies that there was a noticeable reduction in the use of strategies related to deterioration in food consumption. **Regarding livelihood survival and coping strategies**, a 24% increase was reported relative to the number of families that joined the category of households that do not use livelihood survival strategies.

EVALUATION PENDING

Relative to **protection and gender**, 73% of the participating families perceive that the intervention has dignified them as persons and 99% did not present protection incidents derived from their participation in the intervention. Regarding the inclusion of the gender approach and the empowerment of women, 49% of two-parent households report that the decisions relative to the use cash (what to use it, where to use it or when to buy) were a consensual decisions that were taken as a couple.

NO EVALUATION PLANNED

## 8.4. Project Report 19-RR-WHO-041 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	El Salvador
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-041
5. Project Title:	Health Assistance Intervention in Response to the 2019 Drought in Five Municipalities in El Salvador		
6.a Original Start Date:	12/07/2019	6.b Original End Date:	11/01/2020
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 33,600,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 215,000
	c. Amount received from CERF:		US\$ 215,000
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 0</b>
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

## 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, PAHO/WHO scaled-up the capacity of 22 community family health units and 4 national reference hospitals to conduct nutritional assessments and provide timely and quality care to children with deteriorated nutritional status through the procurement of anthropometric measurement equipment, and medical kit for the treatment of health complications among children with severe acute malnutrition; trained 136 nursing auxiliaries and health promoters in the clinical detection of severe acute malnutrition using the procured anthropometric kit; provided education on nutrition to 400 individuals who attended the Health facilities (330 women and 70 men) through the organization of Nutritional Food Education sessions in the waiting rooms; and provided nutritional consultations to 665 people, and 4 national reference hospitals were equipped with a kit each for the care of 50 boys and girls with health complications from severe malnutrition.

Through the project, 168 professionals of the 22 Community Family Health Units as well as members of the community were trained in first aid and were equipped with supplies to provide prehospital care to polytrauma patients. A total of 872 individuals participated in the community campaigns for cleaning, search and control of mosquito breeding grounds as well as health education, during which a total of 5,131 families (19,036 persons according to population projection MINSAL-DIGESTYC) received key information about health prevention measures and other education material and consultations from the health units. PAHO/WHO trained environmental health promoters and environmental sanitation inspectors in the control of residual chlorine and supported in the analysis of the water distribution network in community meetings. With CERF funds, equipment for the production and preparation of 0.5% Sodium Hypochlorite (PURIAGUA) was installed in 7 communities where access to safe water was limited. The produced 0.5% Sodium Hypochlorite produced with this equipment was distributed by the Ministry of Health to families to ensure proper disinfection and treatment of water to make it apt for human consumption such as drinking or washing fruits and vegetables. In addition, CERF funds contributed to the delivery of 10 thermo mist pumps to be used in fumigation campaigns to support the intensification of vector control efforts in targeted communities, along with community engagement activities on community cleaning, vector control interventions and Health education.

### 3. Changes and Amendments

This interventions implemented by PAHO / WHO under this CERF project corresponded to the health component of the joint UN implementation strategy that also included food assistance, the strengthening the production capacity of families and the active search for children with malnutrition to be referred to the health care facilities for medical attention in case of health complications.

Given this dynamic, several activities contemplated under PAHO's project were dependent on the completion of interventions carried out by other UN agencies, such as the active search at community level and referral of children with acute malnutrition. In addition, the lack of declaration of a national emergency by the Government of El Salvador in the face of the prolonged drought (red alert declared only), prevented the ease of administrative processes for contracting and import of goods and materials procured internationally, which resulted in some delays in the delivery of the supplies and equipment contemplated under this project.

The rejection of the no-cost extension request, which was presented to the CERF secretariat on 27 December 2019, denied the additional time necessary for PAHO to complete the nutritional monitoring and care delivery in health care settings of the individuals referred by UNICEF and to carry out the training of emergency personnel of the reference hospitals in the use of the SAM-KIT for the management of complications from respiratory and diarrheal infections in patients with severe malnutrition. Similarly, additional time was required to support the production of sodium hypochlorite (PURIAGUA) and its distribution in the communities in larger quantities. Delays in implementation resulted in an unspent balance in the amount of \$ 24,270, which is in the process of being returned to CERF.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	2,500	3,000	3,500	3,500	12,500
<b>Total</b>	<b>2,500</b>	<b>3,000</b>	<b>3,500</b>	<b>3,500</b>	<b>12,500</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	50	100	100	250

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	7,309	8,341	1,616	1,769	19,036
<b>Total</b>	<b>7,309</b>	<b>8,341</b>	<b>1,616</b>	<b>1,769</b>	<b>19,036</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	33	25	16	19	93

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	As the final identification of individuals suffering from acute malnutrition took longer than anticipated, many of the individuals referred to health facilities of the MINSAL were attended outside of the implementation period of this project. Given the rejection of the no-cost extension, the contracts of the nutritionists covered by this project could not be extended and the monitoring of children with malnutrition could not be carried out. Therapeutic food supply was provided to those individuals directly by the MINSAL. However, more individual than anticipated were reached through the community engagement activities on nutrition, health education and vector control.
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#### 4.c Persons Indirectly Targeted by the Project

The project indirectly benefitted an estimated 76,000 members of the communities which correspond to the catchment population of the 22 selected community family health units.

### 5. CERF Result Framework

<b>Project Objective</b>	Contribute to the reduction of mortality and morbidity in children under 5 years of age and pregnant women from acute malnutrition and medical complications from other drought-associated diseases such as water- and vector-borne diseases
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<b>Output 1</b>	Minimum detection and treatment capacity of 22 community family health units increased to monitor, diagnose, care for and/or rapidly refer cases of water- and vector-borne diseases and other medical complications among vulnerable individuals with degraded nutritional status.			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of campaigns for active health surveillance of outbreaks of water-borne and vector diseases in drought-affected communities	22	22	Attendance list
Indicator 1.2	Number of family community health units located in the area of intervention that are equipped to rapidly detect and treat minor medical emergencies among children with degraded nutritional status	22	22	Donation acts
Indicator 1.3	Number of persons with disabilities (PWD) at-risk of medical complication associated with acute malnutrition and vector-borne diseases that are monitored, screened and referred to healthcare facilities, as needed	250	93	Donation acts
<b>Explanation of output and indicators variance:</b>		Indicator 1.3: Only 93 individuals with disabilities were identified and attended through this project. There was no further identification of people with disabilities in the area of influence of the targeted health units. Domiciliary visits were carried out to search for patients with disabilities at risk of complication due to acute malnutrition or vector-borne diseases, in coordination with MINSAL. At this occasion, nutritional assessment and medical consultations were performed,		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Purchase of basic health supplies and equipment to equip 22 community family health units for diagnosis and treatment of cases of diarrheal and vector-borne diseases among children under 5	WHO/PAHO		

Activity 1.2	Delivery of basic health supplies and equipment to equip 22 community family health units for diagnosis and treatment of cases of diarrheal and vector-borne diseases among children under 5	WHO/PAHO
Activity 1.3	Mobilization of nutritionists/pediatric nurses to support local health units in the pediatric assessment and case management of infectious diseases and medical complications among children with moderate and severe acute malnutrition.	WHO/PAHO
Activity 1.4	Rapid onsite training of the personnel of the 22 family health units in the technical guidelines for adequate management of outbreaks of water-borne and vector-borne diseases	WHO/PAHO
Activity 1.5	Mobilization of emergency operations/log officers to support to outbreak management and vector-control interventions in targeted communities	WHO/PAHO

<b>Output 2</b>	100% of referred children suffering from complications associated with severe acute malnutrition receive timely and quality treatment			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Percentage of reference hospitals located in areas of influence of the 5 prioritized municipalities equipped with essential supplies and equipment to provide timely treat medical complication of severe acute malnutrition in children under 5	100% (4 reference hospitals)	100% (4 hospitals)	Donation acts
Indicator 2.2	Percentage of children under 5 with severe acute malnutrition who present medical complications who are referred to and attend by reference hospitals	100% (200 targeted)	N/A	N/A
Indicator 2.3	Percentage of hospital emergency personnel that know and can apply the national guidelines for the management of severe acute malnutrition in children under 5	100% of emergency personnel of all 4 reference hospitals	0	N/A
<b>Explanation of output and indicators variance:</b>		<p>Indicator 2.2: There are no data available for this indicator. PAHO provided the MINSAL with an initial 10,000 data sheets of first-time nutritional records and a subsequent 20,000 nutritional records, in addition to 40,000 weight and length curves for premature boys and girls under 1,500 grams and 20,000 weight and length curves for boys and girls between 1,501 and 2,500 grams. No data has been provided to PAHO regarding the number/% of those nutritionally screened children who presented complications and were referred to reference hospitals. In addition, due to delays linked to international procurement out of PAHO's control, the procured SAM-MC Kit were only delivered in December to the 4 reference hospitals targeted under the Project. As a result, there are no records of the use of the kits within the implementation period of the project.</p> <p>Indicator 2.3: This indicator could not be met within the framework of project. An evaluation of training needs was conducted with hospital pediatric emergency personnel which identified knowledge gaps mainly in the</p>		

		management of medical complications from respiratory and diarrheal infections in the severely malnourished patient and the stabilization of patients in the critical phase and shock in pediatric emergencies. Such training was planned to be taught by specialists from the Benjamin Bloom National Children's Hospital. Due to the limited availability of health personnel and the launch of the national response plan of the Ministry of Health (Plan Belem), this training could not be completed on time.
Activities	Description	Implemented by
Activity 2.1	Dissemination of technical guidelines for the management of severe acute malnutrition in children under 5 to hospital emergency personnel	WHO/PAHO
Activity 2.2	Procurement of WHO medical kit for inpatient management of severe acute malnutrition with medical complications in children (SAM-MC Kit)	WHO/PAHO
Activity 2.3	Distribution of WHO medical kit for inpatient management of severe acute malnutrition with medical complications in children (SAM-MC Kit)	WHO/PAHO
Activity 2.4	Rapid onsite training of health personnel in the use of WHO medical kit for inpatient management of severe acute malnutrition with medical complications in children (SAM-MC Kit)	WHO/PAHO

<b>Output 3</b>	12,500 persons located in drought-affected communities have restored access to water apt for human consumption			
<b>Sector</b>	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of community health units that are equipped to produce sodium hypochlorite to be distributed to community members for household use	7	7	Donation acts
Indicator 3.2	Number of community members that are provided with PURIAGUA to support water chlorination	12,500	1,250	Delivery reports
<b>Explanation of output and indicators variance:</b>		Indicator 3.2: Only 10% of the set target was reached, PAHO procured and installed the necessary equipment to support the local production of PURIAGUA (0.5% sodium hypochlorite) to be distributed to community members to support treatment of water for human consumption. During the life of the Project, the installed equipment facilitated the production of 120 liters of PURIAGUA at the rate of 480 ml per family, benefitting an estimated 1,250 community members. The targeted number of beneficiaries for this indicator could not be achieved despite the fact that the donated equipment has been operating at its maximum capacity since installation. This donated equipment will continue producing sodium hypochlorite for sanitation actions in health facilities and Access to safe water in communities over time, which will be critical to prevent future outbreaks such as diarrheal diseases as well as other diseases. This established capacity will be Paramount in the context of the response to COVID-19 to slow down transmission of the virus in healthcare settings.		
Activities	Description	Implemented by		
Activity 3.1	Purchase of equipment to produce 0.5% sodium hypochlorite (PURIAGUA)	WHO/PAHO		



Activity 3.2	Installation of equipment to produce 0.5% sodium hypochlorite (PURIAGUA) at health unit level	WHO/PAHO
Activity 3.3	Dissemination and promotion of good hygiene practices and use of PURIAGUA among drought-affected community members	WHO/PAHO
Activity 3.4	Provision of PURIAGUA to community members	WHO/PAHO

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

**How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

The identification of the beneficiaries was carried out jointly between the CERF implementing agencies, local governments and MINSAL. The nutritional care, sanitation and vectors community engagement activities were developed and carried out in direct coordination with the health promoters of the 22 community family health units and community leaders to ensure appropriateness of the content and approach according to the local context and culture.

**Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

PAHO/WHO implemented the project in very close coordination with the health authorities at the different levels of organization, including through the National Coordination of Hospitals, the Coordination of the First Level of Care, the director of the Eastern Region of Health, the Basic Systems of Integral Health (SIBASI) of Usulután and San Miguel and the Nutrition Unit at Central Level. At the local level, interventions were coordinated and implemented with the Municipal Governments, the Municipal Commission for Civil Protection, the Community Units for Family Health, the Community Health Teams (ECOS) and the Community Health Committees.

Under this implementation structure, the participation of all the key actors at territorial level was ensured. This included the direct involvement of the end beneficiaries who actively participated in the different community campaigns on community cleaning, vector control and health education. 65% of the community participants were women, reflecting their key role of caregivers within the communities.

### 6.b IASC AAP Commitment 3 – Information, Feedback and Action

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

PAHO/WHO presented the scope of the project and the implementation criteria to beneficiary institutions at national and subnational levels in order to guarantee transparency in the process. PAHO/WHO maintained open and fluid communication with the directors of the targeted hospitals and health units, the coordinators of SIBASI and of the Eastern Region of Health. Constant update on programme delivery was provided in order to facilitate implementation of the proposed activities and make necessary adjustments based on evolving local needs/context. During field monitoring visits, consultations were held by PAHO personnel with the direct beneficiaries to provide additional information on the programme and facilitate feedback from Project beneficiaries

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.**

Yes  No

N/A

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.**

Yes  No

N/A

Any other comments (optional):

N/A

### 7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned

Achieved

No

No

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

N/A

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\$
19-RR-FAO-027	Agriculture	FAO	INGO	\$40,000
19-RR-CEF-084	Nutrition	UNICEF	NNGO	\$77,650
19-RR-CEF-084	Water, Sanitation and Hygiene	UNICEF	NNGO	\$100,463
19-RR-WFP-051	Food Assistance	WFP	INGO	\$37,500

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

<b>MAG</b>	Ministry of Agriculture and Livestock
<b>EFSA</b>	Emergency Food Security Assessment
<b>CENTA</b>	National Center for Agricultural and Forestry Technology "Enrique Álvarez Córdova"
<b>MoH</b>	Ministry of Health
<b>HCT</b>	Humanitarian Country Team
<b>MUAC</b>	Mid-upper arm circumference measuring
<b>RUTF</b>	Ready-to-use therapeutic foods