RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS
BOLIVIA
RAPID RESPONSE
DROUGHT

RESIDENT/HUMANITARIAN COORDINATOR	**Ms. Katherine Grigsby**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The after action review as it is recommended in the new guidelines was partially undertaken. The purpose, structure and timeline for the reporting process was done through a meeting with all CERF funded agencies the implementing actors. The group familiarized with the new guidelines and templates and then an informal conversation about the main constraints that each agency faced along the process took place. OCHA took note and translated those inputs to complement the lessons learned, reported by each cluster lead.

A specific After Actions Review meeting was programmed but it could not take place because during the last three months, UN agencies, humanitarian partners and government counterparts were mostly in the field developing the 2014 flood response projects, also with the support of CERF Funds.

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

YES ☒ NO ☐

In spite of the aforementioned obstacles each cluster lead has provided inputs to this narrative report including key lessons learned.

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

YES ☒ NO ☐

The dissemination of the final version of the RC Report will start in parallel with its submission to the CERF Secretariat.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: US$ 13,610,289		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,464,176
	COMMON HUMANITARIAN FUND / EMERGENCY RESPONSE FUND (*if applicable*)	None
	OTHER (bilateral/multilateral) Mainly governmental funds[1]	US$ 2,704,326
	TOTAL	US$ **5,168,502**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 11-Oct-13			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	13-RR-CEF-138	Water and sanitation	858,354
FAO	13-RR-FAO-039	Agriculture	685,496
WFP	13-RR-WFP-070	Food	597,094
WHO	13-RR-WHO-073	Health-Nutrition	143,042
UNICEF	13-RR-CEF-139	Health-Nutrition	180,190
TOTAL			**2,464,176**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	1,795,424
Funds forwarded to NGOs for implementation	660,366
Funds forwarded to government partners	8,386
TOTAL	**2,464,176**

HUMANITARIAN NEEDS

In 2013, for the third time since 2009, Bolivia faced a rainfall deficit that affected a significant area of the country comprising five out of nine departments: La Paz, Cochabamba, Santa Cruz, Potosí, Chuquisaca and Tarija. The lack of water harvesting culture combined with scarce efficient water and irrigation management systems seriously hampered the communities' abilities to cope with the rainfall deficit that followed from January to May 2013. Those 5 months of rainfall shortage were followed by the regular dry season from May to October when, the precipitation levels were also under normal parameters. Cumulative rainfall between the months of April and September (cropping season 2013) reached only 94.9 mm, a low reading relative to historical averages of 147.09 mm. The average

[1] At the time of the CERF Request, USD 2,4 million were mobilized mainly and WFP. Additionally CERF funds helped resource mobilization while aditional USD 0.3 million were contributed by WFP.

annual temperature was 28º C, with an extreme maximum of 44°C registered in Villamontes on 7 September. These extremely high temperature peaks accelerated evaporation and diminished water availability in reservoirs (MDRyT, 2013).

The Chaco region is a fragile ecosystem. The process of environmental depletion generates threats such as soil and wind erosion, salinized aquifers and gradual loss of native seed varieties. Anthropogenic threats include: excessive pasturing; over exploitation of forest resources and inadequate water management and governance problems. Extreme poverty conditions are critical in rural Chaco as 90 per cent of Guarani communities show an average of infant mortality (0-3 years) of 75 children per 1,000 live births, above the national average (60 children per 1,000 live births). There is also a high rate of deaths among children aged 2 and 3 years (125.6 /1,000). A core underlying reason is the higher prevalence ADDs (acute diarrheal diseases) and ARI (acute respiratory infections).

According to secondary data provided by the Civil Defense, departmental governments, national and international humanitarian partners and the results of the rapid multi-sectorial assessment[2], the main humanitarian consequences resulted in 48,925 affected families in 17 municipalities in Cochabamba, Santa Cruz, Chuquisaca and Tarija. Agriculture and livestock sectors were mostly affected. The Ministry of Rural Development (MDRyT) reported 38,306 families with crop losses of over 50 per cent, with several livestock heads at risk. Subsistence farmers and small livestock owners reported approximately 80 per cent of losses due to the effects of the drought. The lack of food deteriorated the health of animals and affected the livelihoods of vulnerable population with obvious effects on their food security. The main coping strategy of affected families was food consumption reduction (frequency and quantity). The first foods to be reduced are those that provide protein, minerals and vitamins such as meat, eggs, vegetables and fruits. Most of the families´ main source of income had shifted from the sale of agricultural production (reduced from 66 per cent to 41 per cent) to casual labour (increased from 14 per cent to 38 per cent). This demonstrated that they were moving out of their communities for income opportunities in order to cope with their food losses.

Even though municipal governments were well organized to supply drinking water by hiring water trucks to the most affected communities, it was clear that water supply and water quality were jeopardized in a continuously increasing number of communities. The most affected and vulnerable communities in terms of WASH were typically rural indigenous communities without or with deficient water systems, with small populations (up to 500 inhabitants) and distant from the municipal centre.

Due to a lack of secure water apt for human consumption and diminished access to quality foods, especially among the most vulnerable groups, the health sector acknowledged an urgent need to provide an immediate response which would ultimately prevent a further deterioration on health and nutrition conditions and avoid deaths; particularly among children currently under severe acute malnutrition.

Approximately 123 cases of children under critical severe and moderate acute malnutrition condition were identified. The most critical data described 28 cases of children under severe acute malnutrition conditions. In addition, emergency nutritional needs for children under 2 years in 20 municipalities were identified. The nutritional status of children under five years with an emphasis on children under 2 years old, pregnant and lactating women was of special concern. WHO/PAHO alerted the deterioration of the acute malnutrition in children below 5 years as a direct consequence of the prolonged drought experienced in most affected municipalities as well as prevailing vulnerability conditions of several communities in the Chaco region, was seriously putting at risk the lives of children, pregnant and lactating women. The decision to request CERF Funds was made upon these considerations. Later, in December 2013 WFP carried out an Emergency Food Security Assessment that included the collection of anthropometric information. The results reported an acute malnutrition prevalence of 17 per cent (-2SD) in children under 5 years.

II. FOCUS AREAS AND PRIORITIZATION

In accordance to the National Emergency Decree 1606 issued by the Government and the results from the inter-sectorial and multi-agency field assessment, the severity of the situation had **a geographical focus** in drought-affected municipalities in the Chaco region and the South Cone municipalities in Cochabamba. According to the needs and gaps identified, 15 prioritized municipalities were established for core international humanitarian activities as detailed below:

[2] The Vice ministry of Civil Defence, with the support of WFP, organized a multi-sector assessment. The field data collection was carried out from 29 July to 3 August 2013. WFP, FAO, WHO/PAHO, UNICEF and IOM participated in the assessment. From the National Government level, the Ministry of Rural Development and Land (MDRyT), the Ministry of Environment and Water and the Ministry of Health participated. At Departmental level, the relevant agriculture, risk management, health units of the Departmental Governments of Chuquisaca, Cochabamba, Santa Cruz and Tarija participated in the assessment. In addition, the NGOs ACF, World Vision, CARE and COOPI also participated. The implementing partners are about to conduce a meeting for a final evaluation with communities, Municipalities, National Authorities and UNICEF. In the next weeks results will be available.

- Cochabamba: Mizque, Omereque, Tapacarí and Tarata, V. Rivero.
- Chuquisaca: Macharetí, Huacareta, Huacaya and Villa Vaca Guzmán.
- Santa Cruz: Gutierrez, Charagua, Cuevo, Boyuibe, Camiri.
- Tarija: Villamontes and Yacuiba

Main Sectorial priorities: An important element in the prioritization process was the response capacity of the national government, affected municipalities and departmental governments. In addition, basic services coverage before the emergency and the results of the fast assessment, which took place in 187 communities of 9 municipalities in 4 departments confirming needs in WASH, Nutrition, Agriculture, Food and Health, were considered.

Humanitarian profile: the most vulnerable indigenous people, children, women and elderly people living in the rural areas of El Chaco Region and the south of Cochabamba were prioritized. This population depends mainly on subsistence agriculture and need rainfall for water provision to irrigate crops and also for human consumption. In such cases the drought not only destroyed their crops but generated a significant price increase of the main staple food with serious implications in food security, health and nutritional conditions.

III. CERF PROCESS

The CERF process was undertaken at two levels: general and sectorial.

General Coordination and Decision Making Process

The general coordination arrangements were facilitated through permanent communication between Vice Ministry of Civil Defence VIDECI and the HCT through the RC and with support from OCHA. The coordination and the decision making process is summarized in the following actions:

- Analysis of thee results from the multi-sectoral rapid assessment and definition of next steps.
- Advocacy and coordination with VIDECI to open access for humanitarian operations.
- Information to United Nations Disaster Management Team (UNDMT) about government's priorities and specific requirements.
- Establishment of territorial priorities and proportionate sectorial requirements in the CERF proposal.
- Sectoral analysis and construction of a shared vision within the UN System regarding the kind of actions to be supported by CERF funds.
- Sectoral CERF project design. Promotion of UN interaction with NGOs with sectoral and territorial expertise and capacities.
- Proposals drafting
- Final proposals review progress

The overall process took into account the humanitarian profile of the population emphasising a focus in indigenous rural communities, as mentioned before. The mainstreaming of gender issues was done at the sectorial level.

Cluster/sector decision-making process

WASH

The WASH sectorial group counts on the strong leadership of the national government, through the Ministry of Environment and Water; which is an important advantage to assure a strong coordination in the WASH response among different levels of government and cooperation partners. Therefore, the CERF project proposed is based on the gaps identified by the sectorial analysis carried out by the national government, complemented with the findings of the previously mentioned inter-sectorial rapid assessment carried out at the field level and the implementation of the sectorial group contingency plan elaborated in 2012.

Through the mapping of partners elaborated within the sectorial group, the cluster leader had a clear idea about possible partners with relevant experience within the affected region, as well as availability for WASH emergency response.

The national government sector lead (the Ministry of Environment and Water) and UNICEF maintained constant dialogue with the cluster partners to define the activities within the WASH sector to be prioritized following the local humanitarian needs and capacities in place.

AGRICULTURE

FAO developed a leading and interesting approach as a member of an ongoing Disaster Risk Reduction (DRR) initiative in the Chaco, particularly the Geñoi project. The installed capacity of the actors involved in such project made it easier to respond to emergencies effectively and complement the DRR approach and actions financed by the European Commission´s Humanitarian Aid and Civil Protection ECHO. The CERF proposal was developed in a collaborative and participative manner under the leadership of the MDRyT and FAO in order to determine the intervention area, define gaps, coordinate actions and develop humanitarian actions that were furthered complemented by DRR strategies.

HEALTH AND NUTRITION

The activities identified in CERF were coordinated with the Ministry of Health (MS), Departmental Health Services (SEDES), their health networks and some partners that worked in the affected regions. Sectorial response was led by the MS as the sectorial representative of the National Government, simplifying coordination efforts with other actors involved and ensuring an adequate harmonization with them (governmental levels and humanitarian actors with a sectoral expertise).

Since the Declaration of National Emergency, the Health and Nutrition Sectoral Group decision-making process was based upon a thoughtful sectorial analysis which takes into consideration national and local response capacities (National Government, MS, SEDES and municipalities) as well as health indicators and data from the multi-sectorial assessment. In addition, the group has identified NGO Action Against Hunger (ACF) as a key humanitarian actor with relevant nutrition sectorial expertise. NGO ACF was already working in the affected municipalities and had an installed capacity and simplified the deployment of the response. UNICEF guaranteed the coordination of nutrition response during this emergency together with government authorities and other stakeholders, in order to ensure CERF project implementation, despite of the absence of the Nutrition Cluster. Emergency preparedness and response activities took place under UNICEF leadership, while strengthening the national authority's leadership role.

FOOD

The WFP led the food security sectorial assessment in coordination with VIDECI. The proposal for the food sector was based on a thoughtful analysis of the food security situation in the drought-affected areas. Following strict targeting and prioritization criteria, the analysis identified core needs for 10,000 families in 12 municipalities. The gap analysis took also into account national and local response capacities.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: 295,770

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Water and sanitation	11,971	13,261	25,232
	Agriculture	8,402	24,138	32,540
	Food	24,817	24,738	49,555
	Health-Nutrition	20,343	18,284	38,627

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	25,040	24,817
Male	34,114	24,738
Total individuals (Female and male)	59,154	49,555
Of total, children under age 5[3]	8,050	13,856

BENEFICIARY ESTIMATION

The beneficiary estimation required two steps: a) accountability and monitoring within each sector and b) the intersectorial analysis to obtain the aggregated figures. This second part of the estimation is always hard to establish but in this case it was relatively easy given that, at the beginning of the CERF planning process, geographic areas and the communities involved were harmonized and agreed among sectors. Efforts were made to implement CERF Funds as a joint initiative with a multi-sectoral approach in each community, where possible. The scope of the food sector was significantly higher, thus the food beneficiaries comprise the total amount of male and female beneficiaries. In the case of children, the nutrition figures represent the total number of beneficiary children under 5.

Regarding the sectorial estimation, each agency applied a different methodology to ensure a precise appreciation. For the WASH project, continuous monitoring and reporting by the implementing organizations enabled a rigorous analysis of attended communities and beneficiaries in each municipality. Regular field missions with participation of the national government, UNICEF, implementing partners and departmental and municipal governments were useful to ensure the required impact for the most affected population and beneficiaries. As different activities were implemented in each community, implementing partners reported through a detailed matrix with disaggregation per activity and community, in order to avoid double-counting of beneficiaries.

In the case of nutrition, direct beneficiaries from the CERF nutrition project included: women and community leaders trained in nutritional practices, health facilitators trained in 10 key nutrition practices, and children with monitored nutritional status. To avoid beneficiaries' double-counting names, personal details of each beneficiary were collected and reported. The beneficiaries of nutritional supplies were harder to estimate, as supplies were administered according to individual needs in each municipality.

CERF RESULTS

CERF results can be considered highly relevant since humanitarian assistance reached 54,159 people, including relief to 24,817 women and 13,856 children. Water and sanitation, food, health, nutrition and agriculture planned outcomes were reached making a significant difference for the affected communities. These CERF outcomes were positively received and valued by the local authorities and the affected communities. In cases where the national sector lead monitored the intervention, projects were also evaluated positively by the national government authorities. The complexity of certain interventions and the limited timespan of the project were recognized by all as an important challenge. Formal agreements established at the beginning of the operations with municipal and/or departmental partners were productive and resulted in the strategic definition of responsibilities, scope of the project and participation. Those agreements were functional to anticipate certain difficulties that rose during project implementation, and were crucial to assure that the projected target was fully achieved after the conclusion of the project.

In spite of the large scale of the territories involved, field visits and dialogue with affected families, community leaders and authorities of municipal governments was a constant in all sectors, generating qualitative evidence on the change and positive impact on the humanitarian situation.

The CERF funding made an important contribution to saving lives and avoiding human suffering by mitigating food insecurity, restoring livelihoods and improving the health and nutrition of the most vulnerable affected population. It is important to remark that although most of the CERF funded activities were aimed at emergency response, they contributed to improving the resilience of affected people towards future events.

[3] In the original Chapeau the estimation of children targeted by CERF funds was included within the overall estimation, of total beneficiaries.

CERF's ADDED VALUE

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

Yes partially. Even though the decision making process to request CERF funds and the formulation of projects remains too slow, once the application and approval process was completed, CERF funds led to a fast delivery of assistance to beneficiaries.

b) Did CERF funds help respond to time critical needs[4]?
YES ☒ PARTIALLY ☐ NO ☐

Yes, CERF funds were used to pay the costs of essential, rapid and time-limited actions to minimize additional losses and damages and to restore minimal human security conditions.

As expected during the planning process all prioritized sectors were key to deliver time critical assistance. The WASH sector in particular had one of the most important challenges because water for human consumption and nutrition for young children was among the most urgent needs. Isolated population was rapidly reached where municipal and departmental efforts were not able to cope with basic needs. The Agriculture sector was also essential in terms of rapid response considering that the sowing season was close to the start of operations. A delay in supporting the agriculture sector would have seriously undermined food security in the affected region.

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

CERF funds helped improve resource mobilization in the case of the food sector. Once the CERF projects were approved, the World Food Programme was able to mobilize additional resources to enlarge the scope of its operations. After the confirmation of the CERF contribution, WFP provided additional USD 300,000 to the project. The total amount contributed by WFP from its own multilateral funds was USD915, 000.

In the case of Agriculture, CERF was complemented by another ongoing project, funded by ECHO and implemented by the FAO and its partners. Both initiatives converged in activities such as training; knowledge exchange and dissemination of agricultural best practices, as well as communication activities were possible.[5]

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

Yes. The CERF funds brought VIDECI together with the RC Office, and with the support of OCHA, the concerned parties were able to carry out a very participative HCT planning process to jointly determine sectorial and geographical priorities. This CERF planning and implementing process was the first to be actually conducted with an HCT multi-sectorial approach. In this case, national and international NGOs, as well as the Bolivia Red Cross, were key participants. Not only did they provide field information, but also contributed substantial inputs to the humanitarian strategy in terms of priorities and the definition of pertinent possible actions for each sector. The UN Agencies, in turn, were able to achieve close coordination with each national sectorial lead.

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

The CERF has become a catalyst between humanitarian aid organizations and communities and affected families, allowing an appropriate coordination and a larger coverage of beneficiaries and municipalities where early attention was vital.

The CERF process added value to the humanitarian aid by creating a coordination space between humanitarian actors, the Government and other parties involved. It also helped to create an enabling environment inside the government for future drought interventions. The

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

[5] Aproximately USD 2,4 million (Indicated in Table 1) were mobilized by Government Agencies at the time of the CERF Request.

transparent and participatory planning process allowed the Government to value international assistance as long as it does not debilitate the national structures or disturbs governmental development programmes.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
The consecutive rainfall deficits registered in Bolivia during the last five years are a key evidence to consider that each particular drought episode is usually a part of a larger continuum or cycle in which damage and negative effects occur repeatedly with an accumulative impact for human security conditions over the years, perpetrating poverty conditions with increasing humanitarian needs. Due to the close connection between drought-related humanitarian crises and poverty conditions, and given that fighting against poverty is considered a development concern, most of the traditional emergency donors are reluctant to finance short or medium term response actions even though they are indeed urgent. This usually leaves CERF Funds as the only option to support communities, especially in countries where an appeal is not an option for different reasons. While DRR and development actions take place and have an impact in vulnerable communities; the relief of essential humanitarian needs continuous to be as relevant and urgent as in rapid onset disasters. On the other hand, even though pertinent and efficient humanitarian response measures are frequently demanded, it is important to consider that recurrent humanitarian operations can also generate a harmful dependence on international aid. Therefore, under the "Do No Harm (DNH)" approach,the humanitarian community is called to bring relief through lifesaving activities but also to have a mandate to innovate with non-structural but durable solutions that reduce the possibility of new humanitarian interventions soon after the CERF projects finish. This is frequently very hard to frame within the rapid response and the lifesaving criteria as it is currently stated in the CERF mechanism.	Drought-related humanitarian Crises, and also some slow onset recurrent flooding do not fit exactly into the rapid response or protracted crisis windows. A third window as a specific option for **recurrent** slow onset emergencies could have a greater impact. It should have a precise balance in preserving the lifesaving criteria but allowing the incorporation of some basic or essential resilience building measures such as capacity building actions, innovative ways to restore food security while restoring basic local economic conditions, etc. Slight changes in the current planning, request and implementation process of CERF funds could promote a significant change in the pertinence of the CERF Process.	OCHA ROLAC OCHA and the CERF secretariat could start the reflection around a third window for recurrent medium scale disasters.The Latin American Region (In particular, Guatemala, Honduras, Paraguay and Bolivia) has interesting examples to illustrate the importance of exploring new funding mechanisms for such emergencies.
During the 2013 CERF implementation process, one of the main objectives of the HCT planning and implementing processes was based on the principle that presumes humanitarian assistance in case of **recurrent slow onset emergencies** can and should save lives without impeding resilience building. Every effort was taken to avoid disruption to DRR initiatives or creation of aid dependence by humanitarian operations. At the same time, the CERF rules were respected.	An important consideration of the Do No Harm principles and emphasis in the need of better humanitarian exit strategies designed at the request phase could also enhance the current weak articulation with further recovery processes. DNH principle should be an explicit part of the CERF guidelines.	CERF secretariat in conversation with donors/member states
The large time-frame of drought and flooding emergencies in Bolivia has become an important coordination and information management challenge for emergency governmental authorities as well as for the humanitarian community. Additionally, the large scale and diversity of the territories involved make it almost impossible to carry on rapid and efficient assessments that could really fill the information gaps	Humanitarian impact and information flow in new slow onset emergencies differ from the traditional procedures that can be applied to gather evidence and design a pertinent six month response project. This kind of crises would be better understood and	CERF Secretariat/ OCHA

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
at the right moment for the planning process. A rapid assessment at the beginning of the crises would hardly conclude in categorical statements that could guide a detailed planning process as it is required by the current rapid response window. As mentioned before, in the past events, particularly in the case of the drought-emergency in 2013, the slow pace of the deterioration of human security, the uncertainty of the scope of governmental response and evolution of humanitarian consequences made it very difficult to establish the threshold upon which international assistance, using CERF Rapid response, could add value to governmental response, and how it should be used. The HCT had to wait until more signs of deterioration and the need for international assistance manifested themselves. Once some evidence of the presence of important humanitarian impact was gathered, the HCT could finally advocate for humanitarian assistance and it took a long time until the government accepted to proceed with the CERF request.	alleviated with a **multi-stepped CERF process**. A first dibursement could allow to jumpstart urgent humanitarian evident needs while assessing the progress of the event for further actions. OCHA ROLAC should conduct a regional reflection around the Humanitarian Program Cycle implications in the light of new slow onset recurrent emergencies would be very useful and pertinent to Bolivia and similar countries.	
Both document revision and approval are too lengthy	The WFP suggests that the approval should be delegated to the RC Office and/or OCHA-ROLAC	CERF Secretariat
The CERF Request template has been increasing its complexity compared to the first years of CERF impomentation. The HCT recognized that such detail in the information is important but some innovative software tools could facilitate the proces both at the country level and in the CERF Secretariat. This is also valid for the reporting process.	Given the complexity of the drafting process, considering that there is a fluent exchange of information and many people trying to bring imputs into each project at the country level. A CERF drafting plataform could be created. This plataform could automatically control contradictions between figures in separate sectors and also limit the length of the text provided by each cluster lead.	CERF Secretariat
Requirement and approval criteria to access CERF funds seem to be increasingly demanding, with information request that not always readily available in the midst of an emergency. This situation sometimes delays the rapidity of disbursement of funds, which limits the ability to respond immediately to provide the life-saving assistance needed. This is even more acute when agencies do not have their own resources to respond immediately to an emergency or disaster.	Despite these difficulties, CERF funds remain strategic and crucial resources to respond swiftly to emergencies. As truly life-saving activities are the ones implemented within the first 48-72 hours of an emergency, it is suggested that the concept be reviewed and expanded to include activities that are not always considered as life-saving but which indirectly “save lives" by preventing mortality and reducing risks.	CERF Secretariat
Given that the CERF Process should be considered as a part of a broader humanitarian strategic plan and eventually an appeal, the template considers the concept of Total project budget as the amount required to cover the whole gap. The concept of **total project budget** instead of only **the total gap** generates a generalized confusion because people usually understands project as the CERF Project and a set of projects as a	*The concept of **total project budget** could be better understood if it stated in terms of **total humanitarian gap.***	CERF Secretariat

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
programme. So in the case of an appeal a set of diverse sectorial projects (including CERF Project), should contribute to a **sectorial programme.**		
To assess the proportion of how CERF is contributing to close humanitarian gaps, at the country level it would be very useful to also include the total gap in terms of people in need which is different *from the total affected population.*	*In the first page of the template it would be very useful to integrate a figure regarding the* total gap in terms of people in need which is different *from the total affected population.*	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-**	**Responsible entity**
A Food security-Health and nutrition monitoring and evaluation system (EWS) should be set up at a very early stage with broad consensus among participating Agencies	The FAO has a monitoring and evaluation system (SMEP) which could be serving as a basis.	RC-OCHA
Coordination with on-going projects (such as the Geñoi project) allowed the capitalization of risk management practices implemented in the area, avoiding stepping back to an assistance-only approach and shifting towards a risk management strategy with improved impacts on vulnerable populations	It is essential that from the design phase of CERF projects, inter-institutional coordination is integrated, as well as a participatory and inclusive design of the project proposal	HCT
Agreed selection criteria of municipalities, communities and families resulted in an improved identification of beneficiaries	The establishment of agreed criteria, under the coordination of the VIDECI (the leading country institution for mitigation and rehabilitation) should be a key action for projects preparation and implementation.	VIDECI, RC-OCHA
Interinstitutional coordination between UN Agencies, NGOs and Government entities (through three administrative levels) allowed a greater geographical coverage of the project and an increase of beneficiary families targetted	Coordination led by the Government should continue, not only for project preparation and implementation, but also for project closure	VIDECI - RC-OCHA
Participation of NGOs that work in the municipalities targeted by the CERF is extremely important, in order to rapidly reach families with the appropriate support	OCHA should have a database of NGOs working in the country, with identification of the areas in which they work and their coverage.	OCHA
Use of funds from various sources could be improved	The implementation at field level should be done in close collaboration with local authorities and stakeholders to ensure a more efficient use of the resources. Joint planification can be improved to avoid	All with OCHA/Government leadership

	duplication of efforts.	
The activity to cover 15,000 samples against parasites which was planned to be implemented in part by the zoonosis team of the Ministry of Health, could not be completed entirely as most of the MoH staff was mobilized to support more urgent needs associated with the flooding emergency situation that affected part of the country at the beginning of 2014. The activity was only carried out in the 5 targeted municipalities of the department of Santa Cruz, instead of the 15 selected municipalities under this project. The investigation of parasitosis in children 1 to 16 years in the municipalities of Santa Cruz showed that 90 per cent of 800 tested children had parasites. All infected children and adolescents were treated and the results of investigations of water and sanitation and subsequent recommendations were shared with the health authorities of the affected department (SEDES) for future implementation. Important These results demonstrated the critical situation in areas affected by drought and the need for increased interventions in the future.	The recommendation made to the departmental and municipal health authorities included in particular the need to improve water and sanitation systems and to better track parasitosis through improved epidemiological surveillance and environmental health interventions. PAHO/WHO will advocate for such interventions with the SEDES and health networks and provide technical assistance.	SEDES, PAHO/WHO
The rigidity of some internal administratives procedures made it difficult to meet the need of swift actions to respond to the drought emergency covered by this CERF project.	It will be necessary to review and streamline administrative procedures in time of emergencies to facilitate the flow of actions in-house. New processes might also need to be identified to provide the flexibility and rapidity necessary to respond to an emergency while ensury proper accountability and transparency.	PAHO/WHO, OCHA
Standards of family rations to be agreed among all partners	When food assistance is delivered, there should be an agreement with all partners - including the Government at central, regional and municipal levels, other UN agencies and NGOs- as to the standards of a family ration. Need to agree on this matter.	All partners delivering food assistance

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	[01.11.2013 – 30.04.2014
2. CERF project code:	13-RR-CEF-138	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	WASH		☒ Concluded
4. Project title:	Access to safe water for rural communities and families affected by drought		

7.Funding				
	a. Total project budget:	US$ 4,500,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 1,441,897	▪ *NGO partners and Red Cross/Crescent:*	US$ 496,204
	c. Amount received from CERF:	US$ 858,354	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	12,460	11,971	No significant discrepancies between planned and reached beneficiaries
b. Male	12,460	13,261	
c. Total individuals (female + male):	24,920	25,232	
d. Of total, children under age 5	3,984	4,037	

9. Original project objective from approved CERF proposal

Provide access to safe water in sufficient quantity, for 4,950 families in rural communities affected by drought in the municipalities of Mizque, Omereque and Tapacarí (Cochabamba department), Huacaya, Huacareta and Macharetí (Chuquisaca department), and Gutierrez and Charagua (Santa Cruz department), and support the local, subnational and national response mechanisms currently in place.

10. Original expected outcomes from approved CERF proposal

- Outcome 1: The national WASH cluster holds monthly coordination meetings for response planning, implementation and monitoring from onset of the intervention until its closure;
- Outcome 2: Subnational governments (departmental and municipal) are trained for a coordinated intervention within the first month of project implementation through 1 departmental event in each department;
- Outcome 3: 85 communities with 4,950 families and 100 schools and health centers in the municipalities of Mizque, Omereque, Tapacarí, Huacaya, Huacareta, Macharetí, Gutierrez and Charagua reestablish access to safe water within 3 months after the start of the intervention at local level, through water trucking, equipment and perforation of 15 wells in affected communities where water trucking is not feasible (due to accessibility), installation of 20 water tanks of 10,000 liters for community level storage, and installation of 250 water tanks of 1,000 liters for households in affected and disperse communities;
- Outcome 4: 4,950 families and 100 schools and health centers are provided with and trained on the use of necessary equipment (ceramic filters and/or purification tablets, water containers and hygiene kits), within 3 months after the start of the intervention at local level to assure water transport and safe storage and application of key hygiene practices.

11. Actual outcomes achieved with CERF funds

Outcome 1:

The project started with a coordination meeting in each municipality involved in the project, with participation of implementing partners, UNICEF, departmental and national government. These meetings were key to establish clear agreements between the stakeholders. Afterwards, coordination meetings were held every two weeks during the project implementation, at either the national, departmental and municipal level. At the national level, meetings between the national government, UNICEF and implementing partners were hold at least every two weeks to monitor project progress and make adjustments as required. The Ministry also shared a monitoring matrix with the implementing partners to be able to receive the required information at national level. In coordination with the health project (led by WHO), UNICEF and its implementing partners participated in 2 departmental meetings on water quality surveillance. This initiative addressed issues related to water quality surveillance as well as institutional roles and responsibilities in a coordinated manner.

Outcome 2:

Training activities were held at the municipal level, and conceptualized as continuous technical assistance by the implementing partners and UNICEF towards the municipal governments and technicians. Through these training activities and technical assistance, 16 municipal technicians are strengthened for WASH response in a humanitarian context of drought. Also 244 teachers were trained to take the necessary decisions in drought context on the importance of hygiene practices and access to safe water for school children. Field visits evidenced the involvement of Municipal Governments in the project with good to excellent performance from municipal technicians, depending on the varying context of every municipality. A valuable and interesting experience was the involvement of a local technical school Tecobe Katu located in the Municipality of Gutierrez; the Environmental Health students participated in hygiene promotion interventions at community level in the 5 municipalities of the Chaco region involved in the project (Gutierrez, Charagua, Macharetí, Huacaya, Huacareta).

Outcomes 3 an 4:

Regarding the interventions related to access to safe water and hygiene practices, the following targets were reached:

Indicator		Cochabamba			Santa Cruz		Chuquisaca			Total
		Omereque	Mizque	Tapacarí	Gutierrez	Charagua	Huacareta	Huacaya	Macha-retí	
Outcome 3*: Safe water	**Communties**	9	18	9	3	8	17	12	13	**89**
	Families	105	618	992	230	306	260	124	147	**2782**
	Water committees	9	16	8	3	6	5	3	3	**53**
	Schools	22	6	10	32	30	5	10	9	**124**
	Health centers	0	0	0	8	13	1	1	2	**25**
	Water tanks 10,000l	1	4	3	4	3		2	3	**20**
	Water tanks 1,200l	68	0	15	40	43	20	30	30	**246**
Outcome 4**: Supply and hygiene promotion	**Families**	454	530	499	1	754	145	130	135	**2648**
	Communties	14	16	14	15	22	8	12	13	**114**
	Schools	22	6	25	42	80	8	12	13	**208**
	Scholars	1458	371	1388	441	620	649	649	649	**6225**
	Teachers	76	30	94	20		5	10	9	**244**
	Health centers	0	0	0	3	7	1	1	2	**14**

Implementing partner	SODIS Foundation and Plan Int.	Cooperazione Internationale	Action Against Hunger

***Indicator 1**:85 communities with 4,950 families and 100 schools and health centers in the municipalities of Mizque, Omereque, Tapacarí, Huacaya, Huacareta, Machareti, Gutierrez and Charagua reestablish access to safe water within 3 months after the start of the intervention at local level, through water trucking, equipment and perforation of 15 wells in affected communities where water trucking is not feasible (due to accessibility), installation of 20 water tanks of 10,000 liters for community level storage, and installation of 250 water tanks of 1,000 liters for households in affected and disperse communities;*

***Indicator 2**:4,950 families and 100 schools and health centers are provided with and trained on the use of necessary equipment (ceramic filters and/or purification tablets, water containers and hygiene kits), within 3 months after the start of the intervention at local level to assure water transport and safe storage and application of key hygiene practices.*

The third and fourth outcomes were originally planned to be achieved within 3 months, but this was not possible due to the following reasons:

- Changes in the technical staff at municipal levels
- Difficulties in finding social technicians (DESCOM) for the communities
- While NGOs have logistical capacity on field, their actions in emergency response situations are still limited, so we must strengthen their capabilities in this regard.
- Accessibility to communities (climate problems)

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Planned and actual outcomes are highly congruent. Although certain intervention strategies or modalities were slightly modified to respond to the dynamics of the situation, the outcomes never deviated. Although more communities reached than initially planned, the number of families reached was fewer than planned. This was due to the fact that the communities of intervention, agreed with the municipal governments at the start of the project, were less populated communities than initially estimated. A careful planning exercise with participation of the implementing partners and municipalities ensured the inclusion of concrete indicators within the work plans of the implementing partners. These work plans were aligned with the indicators and outcomes in the CERF project and this process contributed to the congruency between the planned and actual outcomes.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):

If 'NO' (or if GM score is 1 or 0): Gender issues are very important in the planning and implementation of WASH emergency response projects. Project design included specific gender focussed activities as menstrual hygiene management within hygiene promotion activities, differentiated supplies (hygiene kits) for male and female students and a strong focus of participation of women in community management and decision making within water committees.

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

EVALUATION CARRIED OUT ☐

An evaluation at the end of the project is at its final stage. The final evaluation meeting by the implementing partners recently took place with the participation of municipal level. The final report with conclusions and recommendations is not available yet.

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO UNICEF	5. CERF grant period:	WHO [13.11.2013 – 12.05.14] UNICEF: [13.11.2013 – 12.05.14]
2. CERF project code:	13-RR-WHO-073 13-RR-CEF-139	6. Status of CERF grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health-Nutrition		
4. Project title:	Provide access to essential health care services and nutritional attention to drought affected families in Bolivia		

7.Funding			
	a. Total project budget:	Health and Nutrition US$ 750,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	Health US$ 143,042 Nutrition US$ 323,232	▪ *NGO partners and Red Cross/Crescent:* WHO: US$ 0 UNICEF: US$ 72,400
	c. Amount received from CERF:	US$323,232 (WHO US$ 143,042 UNICEF US$ 180,190)	▪ *Government Partners:* WHO: US$ 8,386 UNICEF: US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	14,925	20,343	**Health:** A total of 38,627 individuals directly benefited from improved diagnostic and treatment capacity, distribution of medicines, health supplies, nutrients and food supplements, etc. In addition, some 226,937 individuals, who comprise the total population of the 15 municipalities of intervention (80,197 in urban areas and 146,740 in rural areas) indirectly benefitted from improved water supply systems and increased access to safe water. **Nutrition:** Some discrepancies between planned and reached beneficiaries are due to the high number of children directly monitored, or gathered from secondary data.
b. Male	13,697	18,284	
c. Total individuals (female + male):	28,622	38,627	
d. Of total, children under age 5	5,348	18.104	

9. Original project objective from approved CERF proposal

- Health (WHO/PAHO):
  - Improve access to basic health care and essential treatment to reduce the mortality and morbidity rates in drought-affected communities in the departments of Santa Cruz, Tarija, and Cochabamba y Chuquisaca.
- Nutrition (UNICEF):
  - Improve the nutritional status among children under 5 years old, with an especial emphasis on children under 2 years old, pregnant and lactating women, in drought affected communities in the departments of Santa Cruz, Tarija, and Cochabamba y Chuquisaca.

10. Original expected outcomes from approved CERF proposal

Health:

R1. - Health-care services with improved capacity to provide essential health-care services to drought-emergency affected populations,

especially children under 5 years of age.

- Number of kits of essential medicines and medical supply delivered to local health-care services sufficient to meet the health needs of 5.000 sick persons.

R2. - Children between 1 and 16 years of age among affected communities are tested and treated against parasites.

- 15,000 samples taken for geohelminths laboratory tests among children between 1 and 16 years old
- 80% of children diagnosed with parasitic infections who received parasitoids treatment.

R3. Drought-affected communities with improve access to water apt for human consumption.

- 100 of water supply systems for human consumption evaluated in affected communities. This action relates to and will complement WASH measures to be undertaken by UNICEF as included in the WASH sectoral proposal.

R.4. – Reduced rate of malnutrition among pregnant women

- 126 of pregnant women receiving anemia medicines

Nutrition:

R1.- Improved nutritional status of most vulnerable groups in drought-affected communities

- 5,348 children under 5 years old, pregnant and lactating women, receive supplementary foods, micronutrient and vitamin supplies and therapeutic food both to prevent and treat malnutrition
- 1774 of children under 2 years old with acute severe malnutrition and acute moderate malnutrition treated with Plumpy'nut.
- 5348 of children between 6 months and 2 years old receiving supplementary food (implemented by WHO/PAHO).
- 942 of children with acute severe malnutrition between 6 months and 2 years receiving CMV
- 5.348 of between 6 months and 2 years old receiving Chispitas nutricionales.
- 5348 of between 6 months and 2 years old receiving Vitamin A.

R.2. - Communities and health personnel trained on essential good practices on health nutrition and hygiene.

- 24 health facilitators and 360 community leader-women from affected communities trained and implementing good practices as contained on brochures

11. Actual outcomes achieved with CERF funds

Health

R1. - Health-care services with improved capacity to provide essential health-care services to drought-emergency affected populations, especially children under 5 years of age.

- Number of kits of essential medicines and medical supply delivered to local health-care services sufficient to meet the health needs of 5,000 sick persons.

CERF funds were instrumental to provide immediate health and nutritional assistance to the population of 15 municipalities of the Departments of Santa Cruz, Chuquisaca, Cochabamba and Tarija most affected by the drought resulting in loss of livelihoods and crops and limited access to food and safe water and limiting its overall impact on the health of the most vulnerable. The main results of actions carried out with CERF funds are presented below:

- Five (5) basic kits of medicines and essential health supplies to treat 1,000 people over three months were provided to the four departments of interventions to cover all 15 prioritized municipalities. These supplies ensure the provision of basic health care to 5,000 people.
- The kits of medicines and health supplies delivered to the health authorities and health facilities included iron sulphate to be prescribed to 83 pregnant women for their prenatal control against anaemia and reduce rates of malnutrition among pregnant women, as complement.

R2. - Children between 1 and 16 years of age among affected communities are tested and treated against parasites.

- 15,000 samples taken for geohelminths laboratory tests among children between 1 and 16 years old
- 80 per cent of children diagnosed with parasitic infections who received parasitoids treatment.
  - 800 children between 1 and 16 years of age were tested for geohelminths and treated against parasites in cooperation with the Departmental health authorities of Santa Cruz. Testing activities were carried out in schools of five municipalities affected by the drought of the province of Cordillera in the department of Santa Cruz where 800 samples were taken in children 1-16 years. The analysis of laboratory test results indicate an infestation in 90 per cent of children by different parasites, including lumbricoide Ascaris, Giardia lamblia, Trichuris trichuria, Himenolepis, Pinworms. The majority of children and adolescents were

affected by the parasite Ascaris lumbricoides, followed by Giardia lamblia and pinworms. In 10 per cent of the tested children, no parasite was observed.

This activity, which was planned to be implemented in part by the zoonosis team of the Ministry of Health, could not be completed entirely as most of the MS staff was mobilized to support more urgent needs associated with the flooding emergency situation that affected part of the country at the beginning of 2014. The activity was only carried out in the 5 targeted municipalities of the department of Santa Cruz, instead of the 15 selected municipalities under this project.

- 100 per cent of the children detected with parasite affectation received appropriate anti-parasitic treatment.

R3. Drought-affected communities with improve access to water apt for human consumption.

- 100 of water supply systems for human consumption evaluated in affected communities. This action relates to and will complement WASH measures to be undertaken by UNICEF as included in the WASH sectoral proposal.

CERF funds also contributed to increase access to safe water and proper sanitation in flood-affected areas, therefore reducing rates of water-borne disease and other environmental health risks.

- Diagnostics of the water supply systems including sanitary inspection and water sample testing were performed in the 15 target municipalities located in 4 flood-affected areas. Results of the assessment of public water and sanitation systems indicated that most of the municipalities had a functioning water distribution network but highlighted the poor state of operation and maintenance of the systems, and the absence of routinely disinfection of drinking water, as required by national regulations. Only one municipal system was properly treating its water to ensure the quality was apt for human consumption. All the other municipalities did not have a water treatment system in place or did not have the appropriate supplies to disinfect water. In the rural communities, water sources include springs, wells or even the river, as well as reservoirs built directly in the ground to harvest rainwater or filled by tankers; where no water treatment is performed at these sources. WASH activities were carried out in cooperation with UNICEF and its partners in the field. Reports on each of the evaluated systems, presenting the full finding of the diagnostic as well as recommendations to improve water quality, were shared with the national, departmental and municipal authorities.

- Two trainings on water and sanitation were carried out in coordination with UNICEF and the municipal and departmental health authorities; one in Camiri (Santa Cruz), with the participation of the municipalities of Chuquisaca, Tarija and Santa Cruz, and one in Cochabamba with the participation of the 5 municipalities targeted in that department. In both workshops, participants were presented with the results of the water system analysis carried out and the recommendations to improve water quality. An intervention plan on water quality was developed and participants were trained in the use of portable laboratory equipment for water quality monitoring. Training participants visited a water treatment plant, where water quality monitoring and treatment procedures were demonstrated and put in practice by the trainees. Participants were health personnel, directors of hospitals, heads of water cooperatives and representatives departmental health authorities, the Ministry of Environment and Water and the Ministry of Health.

- Technical and educational material were reproduced and distributed to support response operations and ensure good water and sanitation and hygiene practices. Information material included: 1000 brochures on hygiene practices; 1000 flyers on water chlorination; 1000 manual on disinfection for treated of drinking water; 200 WHO water quality guidelines (CD); 200 Guidelines for Mayors of Small Communities and Rural Communities (CD) as well as other digital electronic materials on water and sanitation on emergencies and disasters. Trainings of 80 health personnel and local communities were carried out directly by PAHO/WHO and UNICEF and its partners.

R.4. – Reduced rate of malnutrition among pregnant women

- 126 of pregnant women receiving anemia medicines

PAHO/WHO work in close coordination with UNICEF to address nutritional needs of the affected communities in the 15 targeted municipalities and prevent acute malnutrition among the most vulnerable groups (children under 5 and pregnant and lactating women).

10,548 bags of 750g of Nutribebé were distributed to the affected areas, benefitting a total of 4,248 children under 5 in the affected municipalities. This activity was complementary to the nutrition interventions carried out by UNICEF and partners, including the nutrition team of the Ministry of Health, which included the provision of supplementary food and vitamin A to the affected population.126 pregnant

women, received anemia medicines.

Nutrition

The main result expected was to improve the nutrition response implemented by health facilities in order to give nutrition attention to children at risk. To reach this result the main activities were training in nutrition and malnutrition management, training in nutrition in emergencies, educational activities in nutrition key practices for women, distribution of nutrition supplies and child nutrition status monitoring.

Below the report of Expected Outcomes and Indicators

R1.- Improved nutritional status of most vulnerable groups in drought-affected communities

- 5,348 children under 5 years old, pregnant and lactating women, receive supplementary foods, micronutrient and vitamin supplies and therapeutic food both to prevent and treat malnutrition
- 1774 of children under 2 years old with acute severe malnutrition and acute moderate malnutrition treated with Plumpy'nut.
- 5348 of children between 6 months and 2 years old receiving supplementary food (implemented by WHO/PAHO).
- 942 of children with acute severe malnutrition between 6 months and 2 years receiving CMV
- 5.348 of between 6 months and 2 years old receiving Chispitas nutricionales.
- 5348 of between 6 months and 2 years old receiving Vitamin A.

The project provided nutritional food supplements as ready-for-use therapeutic food, supplementary micronutrients (Fe and Vitamin A), therapeutic multivitamin complex and complementary foods. The supplies were delivered to National Health Government, departmental health networks and municipal health services, following a plan distribution elaborated within MoH and UNICEF. The supplies joined the stocks of FIMs (Municipal institutional Pharmacies) in each municipality and departmental level. The local health services have been responsible of the management of children with acute malnutrition, and the administration of nutritional supplements to children under 5. As this point, the project has not reached the monitoring of the administration of each supply to the person, but we have delivered the quantity of supplies to reach and overcome the number of children expected in our indicators.

R.2.- Communities and health personnel trained on essential good practices on health nutrition and hygiene.

2.1. 24 health facilitators and 360 community leader-women from affected communities trained and implementing good practices as contained on brochures This outcome was satisfactory reached. Training activities were essential to improve the response and nutrition care provided at health facilities during the emergency. At the municipal level, training activities were focused on women community leaders, mothers of affected families, and health workers. Women community leaders, and mothers participated in nutrition promotion training, on the other hand, health workers participated in trainings oriented to improve nutrition care at health facility level. Workshops were planned in the 15 municipalities of Chaco and Cochabamba. Nutrition staff from the departmental level was involved in all trainings activities. Counselling activities and dissemination of nutritional messages also took place, at departmental and municipality level, as a way to reach a community nutrition improvement. Finally, the number of people trained was: 512 health staff participating in training activities focused at health facility level, and 1,162 people at community level training, with participation of community leaders, and community agents. 87 health staff at departmental level participated in Nutrition in Emergencies different trainings. (The municipal details of people trained are developed at the end of this item)

Nutrition in Emergencies workshops for improving nutrition response in emergencies were given to health facilitators, and authorities from municipal and departmental governments. Trainings took place in Chaco and Cochabamba with the support of Ministry of Health. The National Government elaborated recently a new Guide for Nutrition Interventions in Emergencies, which was disseminated during CERF project activities.

Nutritional status of children was monitored together with nutritional supplies distribution for treatment and prevention of malnutrition. 13.856 children under the age of 5 were monitored by CERF project. Some of them were monitored directly by the partner action in affected communities, and other were monitored indirectly since health facilities activities and data. As a result 11 children were identified with Severe Acute Malnutrition and 26 children identified with Moderate Acute Malnutrition, whom were derivate to malnutrition treatment at health facilities, achieving the main goal of CERF project: Life Saving.

Coordination meetings aiming at socialize objectives and activities to be implemented in each targeted municipality took place at the beginning of the project with participation of ACH (implementing partner), UNICEF, and departmental and national authorities. These meetings were key to establish clear agreements between all stakeholders. WASH staff from UNICEF also implementing CERF activities in the selected municipalities joined some of these field visits. Coordination was permanent with national authorities, especially with the Food and Nutrition Unit from the Ministry of Health. Meetings among the national government, UNICEF and implementing partners took place frequently (at least monthly), to plan the activities, monitor project progress and make adjustments if required. Besides that, coordination meetings were held frequently during the project implementation, at national departmental and municipal level.

Number of health staff involved in trainings activities on 10 key nutritional practices to improve promotion and counselling activities by

health municipality services:

N°	MUNICIPALITY	DOCTORS	NURSES	NURSING ASSISTANT	NUTRIITIONIST	OTHER HEALTH STAFF	COMMUNITY AGENTS	COMMUNITY LEADERS	TOTAL
1	BOYUIBE	12	3	6	0	6	0	0	27
2	CAMIRI	12	9	0	0	0	0	0	21
3	GUTIERREZ	13	2	12	0	11	6	3	47
4	HUACARETA	4	3	14	0	6	0	0	27
5	HUACAYA	5	0	6	3	0	8	2	24
6	MACHARETI	10	4	8	0	1	0	6	29
7	OMEREQUE	0	0	0	0	0	0	30	30
8	PASORAPA	0	1	1	2	5	0	27	36
9	TAPACARI	1	0	0	3	0	0	27	31
10	VILLA RIVERO	3	4	14	0	14	0	8	43
11	CUEVO	10	1	10	0	5	3	17	46
12	CHARAGUA	0	4	10	0	5	2	3	24
13	VILLA MONTES	3	10	17	0	12	5	3	50
14	BOYUIBE PUEBLO NUEVO	0	0	0	0	0	2	23	25
15	MUYUPAMPA	3	1	13	0	0	5	0	22
16	TARATA	0	3	1	0	0	0	26	30
	TOTAL:	**76**	**45**	**112**	**8**	**65**	**31**	**175**	**512**

Interventions at community level, prioritizing community leader's participation. Targets reached:

N°	MUNICIPALITY	DOCTORS	NURSES	NURSING ASSISTANTS	NUTRIITIO NIST	OTHERS	COMMUNITY AGENTS	COMMUNITY LEADRES	TOTAL
1.	CHARAGUA	1	7	1	0	2	0	0	11
2.	CAMIRI ITANAMBICUA	0	1	1	0	0	0	24	26
3.	VILLA VACA GUZMAN ITICUPE	1	0	0	0	3	2	16	22
4.	CHARAGUA SAN ANTONIO	0	0	2	0	0	2	36	40
5.	VILLA VACA GUZMAN TIMBOY PAMPA	0	0	0	0	0	0	34	34
6.	VILLA VACA GUZMAN TAPERILLAS	0	0	0	0	0	0	42	42
7.	VILLAMONTES PALMAR GRANDE	0	0	0	0	0	0	31	31
8.	VILLAMONTES TIGUIPA	0	0	0	0	0	0	40	40
9.	VILLA VACA GUZMAN AGUAIRENDA	0	0	0	0	0	0	22	22
10.	VILLA VACA GUZMAN ENTIERRILLOS	0	0	0	0	0	0	17	17
11.	VILLA VACA GUZMAN SAPIRANGUIMIRI	0	0	0	0	0	0	22	22
12.	VILLA VACA GUZMAN ITY	0	0	0	0	0	0	20	20
13.	VILLA VACA GUZMAN KARATINDI	0	2	1	0	2	0	13	18
14.	VILLA MONTES CAPIRENDITA	0	0	0	0	10	0	30	40
15.	VILLA VACA GUZMAN TENTAYAPE	0	0	0	0	0	0	40	40

16.	VILLA VACA GUZMAN TAPERA	0	0	0	0	0	0	23	23
17.	VILLA MONTES TARAIRI	0	0	0	0	0	0	29	29
18.	VILLA VACA GUZMAN ITAPOCHI	0	0	0	0	0	0	19	19
19.	VILLA VACA GUZMAN IGUEMBE	0	0	0	0	0	0	16	16
20.	VILLA VACA GUZMAN MUYUPAMPA	4	2	1	0	9	0	14	30
21.	VILLA MONTES LA MISION	0	0	0	0	0	0	43	43
22.	BOYUIBE LAGUNA CAMATINDI	2	0	0	0	0	0	24	26
23.	MACHARETI ISIPOTINDI	0	0	1	0	1	0	25	27
24.	CUEVO TIMBOYRENDA	0	0	0	0	0	0	14	14
25.	CAMIRI GUASUIGUA ALTO	0	0	1	0	0	0	21	22
26.	BOYUIBE TACUARANDI	0	0	0	0	0	0	11	11
27.	BOYUIBE TAQUIPERENDA	0	0	0	0	0	0	30	30
28.	BOYUIBE POZO DEL MONTE	0	0	0	0	0	0	21	21
29.	VILLA MONTES TRES POZOS	0	0	0	0	0	0	14	14
30.	VILLA MONTES LOS POZOS	0	0	0	0	0	0	8	8
31.	MACHARETI TIGUIPA PUEBLO TENTAMI	2	0	3	0	1	1	28	35
32.	CAMIRI GUASUIGUA BAJO	0	0	0	0	0	0	12	12
33.	CHARAGUA EL ESPINO	0	0	0	0	0	0	31	31
34.	BOYUIBE YUQUERITI	0	0	0	0	0	0	28	28
35.	GUTIERREZ PALMARITO	0	0	0	0	0	0	19	19
36.	CHARAGUA LA ESTACION	0	0	0	0	0	0	24	24
37.	CAMIRI RODEO	0	0	0	0	0	0	19	19
38.	HUACAYA SANTA ROSA	0	1	0	0	2	1	26	30
39.	VILLA MONTES EL CRUCE	0	0	0	0	0	0	9	9
40.	HUACARETA	1	1	2	0	7	3	86	100
41.	CHARAGUA TAPUTA	0	0	0	0	0	0	35	35
42.	GUTIERREZ IPATIMIRI	2	0	1	0	0	0	59	62
	TOTAL:	**13**	**14**	**14**	**0**	**37**	**9**	**1075**	**1162**

Health personnel from municipal and departmental levels that attended Nutrition in Emergencies Workshops:

Nutrition in Emergency Workshops	Male	Female	Total
Cochabamba	12	16	28
Camiri (Santa Cruz, Chuquisaca, Tarija)	28	31	59
Total	**40**	**47**	**87**

Children nutritional status monitoring by departments:

January to March 2014 COCHABAMBA

MUNICIPALITY	Obesity (O)	Overweight (S)	Normal (N)	Mild Acute Malnutrition (L)	Moderate Acute Malnutrition (M)	Severe acute Malnutrition(G)	Total
OMEREQUE	12	29	552	14	0	0	607
PASORAPA	0	17	304	5	1	0	327

TAPACARI	122	362	3820	87	4	1	4396
TARATA	5	11	164	2	0	0	182
VILLA RIVERO	4	20	311	16	0	1	352
Total	**143**	**439**	**5151**	**124**	**5**	**2**	**5864**

January to March 2014 SANTA CRUZ

MUNICIPALITY	Obesity (O)	Overweight (S)	Normal (N)	Mild Acute Malnutrition (L)	Moderate Acute Malnutrition (M)	Severe acute Malnutrition(G)	Total
CUEVO	12	48	546	23	10	3	642
BOYUIBE	9	11	225	14	2	4	265
Total	**21**	**59**	**771**	**37**	**12**	**7**	**907**

January to March 2014 CHUQUISACA

MUNICIPALITY	Obesity (O)	Overweight (S)	Normal (N)	Mild Acute Malnutrition (L)	Moderate Acute Malnutrition (M)	Severe acute Malnutrition(G)	Total
VILLA VACA GUZMAN	0	5	1447	5	2	0	1461
HUACARETA	3	11	323	19	0	0	356
Total	**3**	**16**	**1770**	**24**	**2**	**0**	**1817**

November to December 2013 TARIJA

MUNICIPALITY	Obesity (O)	Overweight (S)	Normal (N)	Mild Acute Malnutrition (L)	Moderate Acute Malnutrition (M)	Severe acute Malnutrition(G)	Total
NOVEMBER	4	19	97	25	6	2	153
DECEMBER	8	18	56	19	3	0	104
Total	12	37	153	44	9	2	257

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Health: The activity to cover 15,000 samples against parasites which was planned to be implemented in the 15 targeted municipalities of the four selected departments by the zoonosis team of the Ministry of Health, could not be completed entirely as most of the MoH staff became unavailable as health professionals of the MS had been mobilized to attend the rising health needs in territories affected by extensive flooding. As a result, parasitic testing and treatment interventions were only conducted in five municipalities of the selected department of Santa Cruz, where 800 samples taken in children attending local schools and colleges.

Nutrition: Some discrepancies between planned and reached beneficiaries are due to the high number of children monitored directly or gathered from secondary data. The number of children reached is higher than planned, due to the number of children monitored through Health Services data base. So, we have monitored more children than planned, because we obtained local data from health monitoring system.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES ☐ For Health
NO ☒ for Nutrition

If 'YES', what is the code (0, 1, 2a or 2b):

If 'NO' (or if GM score is 1 or 0):
Nutrition: Gender issues are very important in the planning and implementation of nutrition emergency response projects, especially because women are main persons responsible for child nutrition. Women and men participation in community activities, and nutrition educational activities has been high.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT for Nutrition ☒
Health: No specific evaluation of the project was planned or carried out under this CERF. However, regular monitoring and assessments of progress were done through field visits in the municipalities and communities of interventions. The site visits and the training workshops organized with local actors helped verify that the actions carried out by the personnel of the departmental health authorities, health facilities staff and municipal officials directly benefitted to the affected population and contributed to improving the health status of vulnerable individuals in the short, medium and long term. Nutrition: Evaluation has been partially done at the end of the project. Implementing partners presented the general conclusions and achievements in each municipality and a final report has been analysed by the Ministry of Health and UNICEF. The evaluation carried out by ACH, UNICEF CERF partner, has analysed and compared the CERF drought project and the CERF floods project in order to propose recommendations for the next emergency interventions. Key findings of the evaluation are: • The national nutritional surveillance system is weak in regular conditions but much more in emergency situations. It must be strengthened to improve the quality of nutritional data even in emergencies. • Shortage of health personnel specialized in nutrition. Trainings in Nutrition in Emergencies and in the Management of Health Project are needed. Also a Database of professionals specialized in Nutrition in Emergencies is needed. • Trainings in emergency response must be realized in national and subnational helth levels. • To establish the Nutrition Cluster (Sectorial table) in Bolivia is a priority in order to coordinate the response in Nutrition given by the humanitarian actors. • The administrative process (customs, supplies, hiring, etc) must be reviewed to promote softer and easier process for emergencies. • Actions in preparedness for emergencies in nutrition sector must be implemented. • The monitoring system of NGO partner must be focused in the accomplishment of indicators and outcomes, with a timely periodicity in reports. • Counselling in health service must be improved. • Strengthen the empowering of local leaders in nutrition. Define deeply the roles and responsibilities of staff in the field from ACH and UNICEF.	EVALUATION PENDING ☐ NO EVALUATION PLANNED for Health ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	FAO	5. CERF grant period:	[14.11.2013. – 13.05.2014]
2. CERF project code:	13-RR-FAO-039	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Agriculture		☒ Concluded
4. Project title:	Emergency assistance to vulnerable populations that reported losses in their livelihoods due to drought in the Chaco region and Cochabamba		

7.Funding		
	a. Total project budget:	US$ 6,060,289
	b. Total funding received for the project:	US$ 1,144,326
	c. Amount received from CERF:	US$ 685,496

d. CERF funds forwarded to implementing partners:

- *NGO partners and Red Cross/Crescent:*
  91,762
  Ayuda en Acción US$ 25.291
  Asongs US$ 22.195
  Nativa US$ 24.224
  Construyendo Comunidades US$ 20.052
- *Government Partners:* US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	7,812	8,786	The actual beneficiary number is much higher as the original project did not include the vaccination against clostridriosis. The integration of the vaccine in the project resulted in increased interest of potential beneficiaries and therefore in more people demanding the services delivered by the project.
b. Male	11,718	20,500	
c. Total individuals (female + male):	19, 530	29,286	
d. Of total, children under age 5	2,170	2,184	

9. Original project objective from approved CERF proposal

To avoid further deterioration of livelihoods among small and subsistence farmers by supporting the continuity of agricultural cycle and ensuring livestock survival (cattle, small ruminants and other small species) belonging to the most vulnerable families in the affected regions.

10. Original expected outcomes from approved CERF proposal

- 1) 4,340 drought-affected families that are not covered by any other agricultural assistance have regained their basic capacity for basic food production.
- 2) 500 livestock farming and indigenous families have received healthcare support of at least 20,000 domestic animals among cattle and minor species such small ruminants and pigs or hens, to avoid death and consequent economic losses of livestock families.
- 3) Increased availability of safe food (grains) at household level
- 4) Increased nutrient availability for livestock production in approximately 500 households, for the reconstitution of at least 70 % of the animals, during the dry season.
- 5) 30 communities highly vulnerable to drought have basic water storage capacity.

11. Actual outcomes achieved with CERF funds

- 1) The count of beneficiaries reached by the project (6 508 families) is 49.9 per cent more than the target set (4 340 families).
- 2) Early attention to livestock and supply of mineral salts, vitamins, de-worming and vaccination benefited 1 769 families of small farmers whose main livelihood is livestock raisin, 253 per cent beneficiaries more than planned were reached. This activity serviced 29,229 heads (cows, pigs and sheep).
- 3) The availability of safe food (grains and tubers) in 5 360 households of 301 communities was increased through the distribution of 44 ton of corn, 11 ton of cumanda, 35 ton of wheat and 478 qq of potatoes (seeds).
- 4) The project increased the availability of nutrients for livestock production in 698 households of small farmers, 39.6 per cent above the planned target.
- 5) The project supported 159 water systems, of which: 116 were new, 18 were drinking through repaired and 25 were water harvest and irrigation systems built with the cooperation of three NGOS (Action Aid, Building Communities and ASONG). This activity benefited 1 238 low-income and highly vulnerable families living in 30 communities. The count of water systems is 267 per cent more than foreseen.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

- 1 and 2) This higher target has been achieved through the sound identification of families and the vaccination of livestock against clostridiosis at low costs, thus preventing the death of livestock (this means also increased number of treated animals).
- 3) Based on a requirement of the government (VIDECI), FAO had to increase the number of served communities, with agricultural practices and it rehabilitation, using proved best agricultural practices developed by FAO.
- 4) The increase achieved in amount of food available for livestock is due to the fact that FAO acceded to purchase picks mills for forage, which were delivered in the municipalities of the Chaco, in order to facilitate the distribution of forage and avoid losses during it transportation and distribution to each family beneficiary.
- 5) The FAO, together with its strategic partners, could increase the number of water systems because in addition to building new systems, also several existing systems that were destroyed without function, were repaired, and also because the technical team of the FAO and strategic partners, could improve the mechanical systems installation.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation

Gender equality was incorporated into project implementation; FAO has been working through a gender perspective in the Chaco, training women as promoters of agriculture.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The FAO has its own monitoring and evaluation system developed (SMEP) which was extremely useful for the implementation and constant evaluation of all activities included in this project. The results of this monitoring process are not yet systematized.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	5. CERF grant period:	[13.11.2013 – 12.05.2014]
2. CERF project code:	13-RR-WFP-070	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Food		☒ Concluded
4. Project title:	Food assistance to drought affected households in El Chaco and southern Cochabamba		

7.Funding				
	a. Total project budget:	US$ 2,200,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 1,512,576	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 597,094	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	25,040	24,817	The original proposal, as submitted to CERF, included the provision of food aid to children under 5 under the pregnant and lactating women scheme. Children under 5 were not included because there was no sufficient evidence of malnutrition rates and, thus, the figure presented here corresponds only to the children under 5 receiving food from the household food ration through food for work/assets.
b. Male	24,960	24,738	
c. Total individuals (female + male):	50,000	49,555	
d. Of total, children under age 5	5,045	5,000	

9. Original project objective from approved CERF proposal

Protect lives and livelihoods while enabling safe access to food and nutrition for the affected families

10. Original expected outcomes from approved CERF proposal

Result	Indicator	Target
Outcome 1. Stabilized or improved food consumption over assistance period for target households	1.1 Food consumption score 1.2 Daily average dietary diversity	Target: 100 per cent of targeted households have at least borderline consumption Target: 100 per cent of targeted households consume at least 3 food groups on average per day
Output 1.1 Food, nutritional products and non-food items, distributed in sufficient quantity, quality and in a timely manner to targeted households	1.1 Number of beneficiaries receiving assistance as per cent of planned (disaggregated by activity; by food, non-food items, vouchers; and by women, men, girls, boys) 1.2 Quantity of food assistance distributed, as per cent of planned distribution (disaggregated by type)	Beneficiaries: 50,000 Quantity of food: 494.4 tm

11. Actual outcomes achieved with CERF funds

Outcome 1: As far as food consumption, preliminary results showed that 92 per cent of households report at least borderline consumption. Disaggregated data showed: 8 percent poor consumption level, 36 per cent of borderline consumption and 56 per cent an acceptable consumption level. These results were collected in December 2013, when the project was still ongoing.

Regarding the daily average dietary diversity, 99 percent of the households consumed at least three food groups on average per day.

As for Output 1.1, the results are as follows:

CERF Beneficiaries

Transfer modality	Department	Number of municipalities	Number of beneficiaries	Type of food assistance
FFW (Food for Work)	Santa Cruz, Tarija, Chuquisaca, Cochabamba	12	9.911 Families (49.555 persons)	Family rations: 462.87 mt
Vouchers for Work	Tarija	1 (Yacuiba)	776 Families (68 per cent women)	59.997 vouchers distributed for a value of Bs. 1.199.940 (1 voucher = Bs 20)
Nutrition	Santa Cruz, Tarija, Chuquisaca, Cochabamba	12	1,932 Women	Family rations: 31.53 mt

As planned, WFP and its counterparts have implemented Food for Work and Voucher for Work activities to add value to the food assistance. These activities were implemented by communities mainly to support the storage and access to drinking water, and recovery of the food production. The table below, provides the details of the outputs achieved through this food assistance modality:

Activity	Executed	Number of Communities	Number of beneficiaries (families)
Agricultural land rehabilitated	2.694 ha	100	3.997
Irrigation systems rehabilitated	6.000 meters of channels	10	50
Gravity irrigation system rehabilitated	1 unit	1	126
Installation drip irrigation system	0,25 ha	6	256
Agricultural land rehabilitated (of which 23 ha have an irrigation system)	182 ha	18	776
Wells for animals constructed	35 wells	11	172
Forested land rehabilitated	570 ha	13	748
Construction of wells, channels and water reservoir systems	1 reservoir	1	17
Construction and improvement of community roads	43 Km.	10	438
Improvement of houses and rural schools	22 units	1	37
Cleaning of water systems (human and animal consumption)	60 units	3	72

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

There are no discrepancies.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0): As per WFP policies towards women, the project will ensure that women benefit from, have control over, and have access to food assistance and voucher transfers. Women will make up at least 50 percent of distribution committees. FFW activities will also aim at reducing women's burden caused by the daily tasks of water, food and firewood collection. Specific activities that ease the access to water (water systems restoration and improvement), such as fuel efficient stoves and family gardens, will be supported.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No funds were budgeted for project evaluation.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
13-RR-CEF-138	Water, Sanitation and Hygiene	UNICEF	Action contre le Faim (ACH)	No	INGO	$165,596	11-Dec-13	12-Nov-13	Partner pre-financing
13-RR-CEF-138	Water, Sanitation and Hygiene	UNICEF	Cooperazione Internationale COOPI	No	INGO	$165,634	10-Dec-13	14-Nov-13	Partner pre-financing
13-RR-CEF-138	Water, Sanitation and Hygiene	UNICEF	SODIS Foundation	No	INGO	$80,061	12-Dec-13	22-Nov-13	Partner pre-financing
13-RR-CEF-138	Water, Sanitation and Hygiene	UNICEF	Plan Int.	No	INGO	$84,912	12-Dec-13	22-Nov-13	Partner pre-financing
13-RR-CEF-139	Nutrition	UNICEF	Acción Contra el Hambre- España	Yes	INGO	$72,400	11-Dec-13	16-Dec-13	
13-RR-FAO-039	Water, Sanitation and Hygiene	FAO	Construyendo comunidades	Yes	NNGO	$20,052	21-Feb-14	21-Feb-14	Construction and improvement of drinking troughs
13-RR-FAO-039	Livelihoods	FAO	Nativa	Yes	NNGO	$24,224	12-Dec-13	12-Dec-13	Seed and hay distribution
13-RR-FAO-039	Water, Sanitation and Hygiene	FAO	ASONGS	Yes	NNGO	$22,195	5-Mar-14	5-Mar-14	Construction of water harvesting systems
13-RR-FAO-039	Water, Sanitation and Hygiene	FAO	Ayuda en Accion	Yes	INGO	$25,291	19-Feb-14	19-Feb-14	Construction and improvement of drinking troughs
13-RR-WHO-073	Health	WHO	Departamental Health Service (SEDES) Santa Cruz	No	GOV	$8,386	12-Nov-13	20-Dec-13	Transfer to SEDES for: . Distribution of medicines for the affected municipalities; . Implementing the Geohelmintos project: Sampling, laboratory analysis and treatment of 800 schoolchildren. Transportation costs and prsonnel to 5 affected municipalities in Santa Cruz.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Against Hunger
ADD	Acute Diarrheal Diseases
ARI	Acute Respiratory Infections
ASONGS	Association of Non-Governmental Organizations working in Health
COOPI	Cooperazione Internationale
DNH	Do No Harm
DRR	Disaster Risk Reduction
ECHO	European Commission´s Humanitarian Aid and Civil Protection
FAO	Food and Agriculture Organization of the United Nations
HCT	Humanitarian Country Team
IASC	International
MDRyT	Ministry of Rural Development and Lands
MMAyA	Ministry of Environment and Water
MSyD	Ministry of Health and Sports
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OSRO	Office for Special Relief Operations
RC/HC	Resident Coordinator/Humanitarian Coordinator
PAHO/WHO	Pan American Health Organization / World Health Organization
SEDES	Departmental Health Services
SENAMHI	National Meteorological an Hydrological Service
SMEP	Monitoring and Evaluation System
SODIS Foundation	Solar Water Disinfection Foundation
UNDMT	United Nations Disaster Management Team
UNICEF	United Nations Children's Fund
VIDECI	Vice Ministry of Civil Defence
WFP	World Food Program
WASH	Water, sanitization and hygiene