



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS GAMBIA

RESIDENT/HUMANITARIAN COORDINATOR

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PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
Breakdown of total response funding received by source	CERF	4,834,117
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	0
	OTHER (Bilateral/Multilateral)	9,362,395
	TOTAL	14,196,512
Breakdown of CERF funds received by window and emergency	Underfunded Emergencies	
	<i>First Round</i>	0
	<i>Second Round</i>	0
	Rapid Response	
	Drought	4,834,117

II. REPORTING PROCESS AND CONSULTATION SUMMARY

<p>a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>b. 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, cluster/sector coordinators and members and relevant government counterparts)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Government, UN agencies and other humanitarian partners</p>

PART 2: CERF EMERGENCY RESPONSE – DROUGHT (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		30,000,000
Breakdown of total response funding received by source	Source	Amount
	CERF	4,834,117
	OTHER (Bilateral/Multilateral)	9,362,395
	TOTAL	14,196,512

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 14 March 2012			
Agency	Project Code	Cluster/Sector	Amount
FAO	12-FAO-017	Agriculture	1,426,171
UNFPA	12-FPA-018	Health	42,709
UNICEF	12-CEF-029	Multisector	136,261
WFP	12-WFP-028	Food	3,165,066
WHO	12-WHO-025	Health	63,910
Sub-total CERF Allocation			4,834,117
TOTAL			4,834,117

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	4,676,325
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	157,792
TOTAL	4,834,117

Late, erratic and unevenly distributed rainfall during the 2011/2012 cropping season led to a significant decline and low quality of agricultural production in The Gambia. The findings of various joint assessments, including the Post-Harvest Assessment and the Multi-sectorial Emergency Needs Assessment together with consultations with the Government and other partners indicated that approximately 428,000 people, including 73,802 children under the age 5, were affected by drought-induced food crises.

Overall, the crop production in 2011 was estimated to have dropped by 62 per cent compared to 2010 and by 50 per cent compared to the five-year average. The period that subsistence farmers can source food from own production dropped from six

to seven months, to an average of three to four months after the 2011 harvest. In the most affected areas, food availability was below two months. About 37 per cent of households in areas severely affected had implored severe coping strategies such as reducing number of meals from three to one meal per day, restricting consumption by adults, borrowing and/or sending some members of family to relatives in less affected areas to reduce the burden.

The nutritional status of the most vulnerable groups (in particular people with HIV/AIDS and children under age 5) was found to be at risk of further declining. According to the routine nutrition surveillance system conducted by the National Nutrition Agency (NaNA) and UNICEF in February 2012, the proportion of children under age 5 malnourished in the rural areas was 11.4 per cent, which is a 1 per cent increase compared to the previous year and the highest record since 2006.

II. FOCUS AREAS AND PRIORITIZATION

Implementation took place in the 19 districts which were considered most affected by crop failure, according to the Post Harvest Assessment Report of January 2012. These are Foni Brefet, Foni Bintang-Karanai, Foni Bondali and Foni Jarrol in West Coast Region; Kiang West, Kiang Central, Kiang East and Jarra Central in Lower River Region; Jokadu, Central Baddibu, Sabach Sanjal and Upper Baddibu in North Bank Region; Lower Saloum and Upper Saloum in Central River North Region; Niamina East, Fulladu West (upper) and Janjanbureh in Central River South Region; and Jimara and Tumana districts in Upper River Region.

Crop failure was reported to have resulted in low seed quality and general scarcity for the 2012/2013 planting season. As a consequence of declining yield, The Gambia experienced a significant decline of agricultural production for the 2011/2012 cropping season. Particularly affected were key staple food crops such as rice and millet as well as groundnut as the main cash crop. This had a negative consequence on the Gambian economy which is heavily dependent on agriculture for economic growth, foreign exchange earnings and poverty reduction, as it provides employment to 75 per cent of the country's population, including 91 per cent of the extremely poor and 72 per cent of the poor.

A Joint Rapid Food Security Assessment of the most vulnerable areas in The Gambia (as of October 2011) and a Multi-sectoral Needs Assessment (March 2012) also revealed that access to safe water was inadequate in affected communities as many water points were damaged. Therefore, households' access to clean water was reduced, leading to worsening health and hygiene situations, which increased risk of diarrheal disease outbreak among the already vulnerable communities. Diarrhoea usually accounts for 25-40 per cent of childhood deaths during an emergency.

In view of the above, the following sectors were identified for priority interventions by the UN system in The Gambia: i) food security and nutrition, ii) water and sanitation, iii) health and protection with special emphasis on pregnant and lactating mothers, people living with HIV/AIDS, children under age 5 and disabled.

III. CERF PROCESS

The assessment report findings were discussed at the level of the United Nations Country Team (UNCT), at government level and at a technical level among UN agencies. On 6 March 2012, the Government issued a Crop Failure Emergency Declaration. Meetings with the Government were led by the Ministry of Agriculture and the National Disaster Management Agency. A High Level Food Security Committee was established under leadership of the Office of the Vice President.

The overall needs were computed and discussed at all these levels. In view of limited availability of resources, it was decided that the UN agencies should focus on the nineteen most affected districts while the Government and other partners would address the needs of the six affected districts at the borderline.

A Joint Humanitarian Strategy, "The Gambia Strategy in Response to the Food Security and Nutrition Crisis", was prepared under the guidance of OCHA, Dakar, to prioritise additional needs, not covered by CERF, for resource mobilisation. This exercise was jointly conducted by OCHA, the Government, UN agencies and the broader humanitarian community, following CERF's grant approval. Activities targeted for funds received from CERF were not part of this proposal. The total funding requirement identified in the strategy was \$27.4 million.

A total of 26,750 pregnant and lactating women, 73,803 children under age 5 and 4,314 people living with HIV/AIDS were targeted. In all interventions, these categories of individuals were considered a priority and benefitted. Given the nature of

required assistance for the treatment of severe and acute malnutrition among children under age 5, both UNICEF and WFP worked with the National Nutrition Agency and Health in implementing activities. People living with HIV/AIDS were targeted through the existing outreach groups in Brikama. Blanket supplementary feeding for children included mixed cereal blend, oil and plumpy nut, while for pregnant and lactating women food security rations of rice and oil were distributed.

Women have also been directly involved in the planning and implementation of WASH and nutrition interventions through the promotion of gender-positive changes in activity implementation. The targeting of mothers/caregivers of malnourished children was not only to increase their awareness level, but also to empower them with functional knowledge and skills required for improving the overall health status and wellbeing of themselves and their children.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis:</i> 428,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	53,398	35,600	88,998
	Food	103,860	102,435	206,295
	Health	69,089	56,528	125,617
	Multisector	53,570	30,430	84,000

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	135,550	103,860
Male	112,800	102,435
Total individuals (Female and male)	248,350	206,295
Of total, children <u>under 5</u>	73,803	38,075

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

YES PARTIALLY NO

Approval was granted for use of CERF funds without any delays. Once it was approved, it led to fast delivery of assistance. Transfer of funds to UN agencies was efficiently conducted to facilitate food aid to food insecure households, seeds, fertilizer, health and farm inputs to identified farming communities as per the multisectoral needs assessment. In some instances, however, start of implementation activities by partners took longer than expected.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

¹ 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 and locust control).

All the highlighted priority areas were funded, and this facilitated the multi-faceted response in a timely manner. CERF funds provided the opportunity for all areas identified in the multi-sectoral needs assessment to be supported simultaneously. It made complementarity of intervention areas possible, since all the identified sectors in the multi-sectoral needs assessment were inextricably linked. It also facilitated quick assistance in the health and nutrition sectors, particularly, support to malnourished children who the most critically in need of assistance as we entered the onset of an early lean season when lives were beginning to be at risk.

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

YES PARTIALLY NO

The general humanitarian community made pledges in relation to the outstanding resource gap, following approval of the CERF proposal. More resources were mobilized in addition to the CERF funds. These included resources from the European Union (EU), the Department of International Development (DFID), the United States Agency for International Development (USAID), the governments of Canada, Brazil and Norway, respectively, mainly to meet the food security needs of vulnerable populations affected by the emergency.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Upon receipt of CERF funds, thematic groups were formed to facilitate coordination and guide the implementation. All of these were highlighted in lessons learnt exercise that was undertaken towards the end of the emergency.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Resource Mobilization: Cluster approach was not fully applied – UN prepared joint request with much involvement of other stakeholders.	More frequent use of cluster approach / revision of TORs; Best practice to be promoted – UN agency coordination of the assessments – pooling of resources and harmonised approach.	CERF secretariat, Government, UN agencies and NGOs
CERF was the only resource mobilization tool available for use in-country; agencies not very familiar with other tools.	Need to have more awareness on resource mobilization tools and approaches for emergencies; Increased advocacy at high levels.	CERF secretariat, Government, UN agencies and NGOs

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Needs Assessments: Timely dissemination of assessment reports and early warning information on basic and selected indicators.	Fill in Maintain the Surveillance Systems; Develop the capacity of partners to collect and analyse information; Need for improved data communication and data flow.	Government and UN agencies
Targeting:	Common understanding of targeting criteria is important;	Government and UN

	<p>differentiation between households and beneficiaries;</p> <p>Need to have in place a system of targeting – reinforce ownership of the process;</p> <p>Need for an information database on the villages affected and population demographics, malnourished children and locations.</p>	agencies
Implementation and Performance Monitoring:	<p>Ensure gender balance in the participation of women in food management committees;</p> <p>Nutritional needs of women to be addressed in the future;</p> <p>To consider using improved versions of super cereal for children in future;</p> <p>Using blanket supplementary as a platform for other interventions, targeting the mothers;</p> <p>Protocols to be updated; adopted and must be enforced.</p>	Government, UN agencies and NGOs
Coordination and Communication: Joint Humanitarian situation reports	<p>To commence the joint humanitarian situation report immediately following the assessments</p> <p>Team work is key in revising the document</p> <p>Improvement required for interdepartmental coordination, roles and responsibilities (health, NaNA, National Disaster Management Agency (NDMA), agriculture and water resources).</p>	Government and UN agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS					
CERF Project Information					
1. Agency:		WFP		5. CERF Grant Period:	4 Jan 2012 – 30 Sep 2012
2. CERF project code:		12-WFP-028		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Food			
4. Project Title:		Assistance to Vulnerable Populations in the Districts most affected by Crop Failure in The Gambia			
7. Funding	a. Total project budget:			US\$ 15,278,304	
	b. Total funding received for the project:			US\$ 10,132,783	
	c. Amount received from CERF:			US\$ 3,165,066	
Results					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).					
<i>Direct Beneficiaries</i>		<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female		69,089	103,860	The planned figures were based on incomplete data analysis assessment data.	
b. Male		56,528	102,435		
c. Total individuals (female + male):		125,617	206,295		
d. Of total, children <u>under 5</u>		58,803	38,075		
9. Original project objective from approved CERF proposal					
<ul style="list-style-type: none"> • To save lives by providing family rations to the poorest households in the most affected districts which also have high food insecurity and malnutrition levels during normal times from April to May 2012, with a total of 62,500 beneficiaries. • To prevent malnutrition through targeted distributions to vulnerable groups in the most affected areas as follows: <ul style="list-style-type: none"> ○ Targeted (Corn Soy Blend (CSB) and oil); ○ 58,803 children under age 5; ○ Targeted (CSB, rice, peas, oil and iodized salt); ○ 2,500 people living with HIV/AIDS. 					
10. Original expected outcomes from approved CERF proposal					
Nutritional status of vulnerable groups, particularly women, younger children and other vulnerable groups is safeguarded.					
11. Actual outcomes achieved with CERF funds					
The nutritional status of vulnerable populations in the 19 most affected farming districts were improved by the provision of five months of food in sufficient quantities during the lean season when food was scarce. Prevention of acute malnutrition was also achieved for children under age 5 during the same period.					
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:					

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Women constituted more than 75 per cent of the Food Management Committees. They played a critical role in beneficiary identification during assessments and in the measurement of rations distribution process.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Site visits and post distribution monitoring during intervention were conducted by WFP staff and partners. The following were key findings that were highlighted during a joint humanitarian lessons learnt evaluation session.</p> <ul style="list-style-type: none"> • Reduced vulnerability; • Cash and voucher enhance beneficiaries' choice of food; • Identification of distribution centres, store keepers and consignees is important; • Community sensitization and participation is central to the success of the operation; • Proper selection of distribution points taking into consideration distances, storage capacity and means of transportation; • Sensitization of beneficiaries, authorities, and the general public, on the modalities of food distribution; • Exit strategy should have been clear at all levels; • Better coordination among partners (WFP, NDMA and other humanitarian actors) needs to be enhanced. 	

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CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	1 April 2012 – 28 Feb 2013 ²
2. CERF project code:	12-FAO-017	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency rehabilitation of the productive capacity of households affected by the 2012 severe weather conditions in The Gambia.		
7. Funding	a. Total project budget:		US\$ 5,076,945
	b. Total funding received for the project:		US\$ 3,526,171
	c. Amount received from CERF:		US\$ 1,426,171
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	53,398	54,700	
b. Male	35,600	34,935	
c. Total individuals (female + male):	88,998	89,635	
d. Of total, children <u>under 5</u>	30,893	30,200	
9. Original project objective from approved CERF proposal			
The overall objective is to restore and reinforce the livelihoods of vulnerable farming households affected by the severe crop failure and soaring food prices through provision of seeds, fertilizer, vegetable gardening and vaccination campaign of livestock in most affected areas.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Each targeted beneficiary will receive seeds to plant 0.25 ha of rice, 0.25 ha of maize and 0.25 ha of ground nut along with fertilizers; Increased vegetable production to farming households supplied with vegetable seeds and fertilizers; • Increased cereal production of 28,563 targeted household beneficiaries supplied with seeds and fertilizers; • Reduced the incidence of livestock diseases and deaths; • Construction of 20 wells; • Rehabilitation of 30 wells; • Food insecurity reduced by 50 per cent in targeted households; • Vaccinate 50,000 cattle, 100,000 sheep and goat in targeted communities; • Dewormed 100,000 livestock in targeted areas; • Train 100 stakeholders, partners and beneficiaries on disaster preparedness, mitigation and risk reduction. 			

² Owing to late ceasure of rains and reported high water tables almost throughout the country in 2012, FAO was technically advised by the Department of Water Resources to postpone the activity for rehabilitation and construction of wells until January 2013. This would have allowed enough time for water levels to normalize before any works were initiated. Community participation could also be enhanced during the same period when all post harvest activities would have been completed. For these reasons, no cost extension were granted on an exceptional basis.

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> Beneficiaries secured 90 mt of rice and 79 MT of maize. They were also provided with 96 mt of NPK 15-15-15 fertilizer and 309.5 mt of Urea; each targeted beneficiary received 0.25 ha of rice and 0.25 ha of maize. Horticultural inputs (assorted 2,325 kg vegetable seeds, fertilizer 250 bags of NPK and 125 bags of Urea, 730 different types of garden tools and 120 litres of pesticides) were provided to affected communal garden schemes. In total 613 hectares of vegetables was planted 132,326 small ruminants (sheep and goats) were vaccinated in the targeted communities; 30,754 small ruminants (sheep and goats) were dewormed in the targeted communities; 29,081 heads of cattle were dewormed in the targeted communities; 115,906 of cattle were sprayed in the targeted communities; 1,008 groundnut cake (50 kg/bag); mineral licks 3,000 (5 kg/block); and rice bran 2,000 (50 kg/bag) were distributed as supplementary feed for livestock in the targeted areas. 72 stakeholders including high and middle level officers and technician from the government and partner stakeholder have been trained on “Enhancing DRM in Agriculture”. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Due to crop failure throughout the Sahel region, acquisition of good quality groundnut varieties which are ecologically adoptable in The Gambia was a major challenge. Following a subsequent approval to reprogramme activities, monies initially allocated for that component were utilised for procurement of Urea fertilizer which was also a very scarce resource, impacting negatively on agricultural productivity. Reprogramming and no-cost extensions contributed greatly to maximising the impact of CERF's project by allowing 100 per cent completion of all activities and meeting the overall project objective.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Women were the main recipients of horticultural inputs and improved rice seeds. They also benefitted from livestock intervention on small ruminants. Women also actively participated in planning and decision making activities e.g. they formed part of task forces at regional levels.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The project is yet to be evaluated as it ended on the 28 February 2013. However, during the course of implementation, several monitoring missions were conducted.</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	1 April 2012 – 30 Sep 2012
2. CERF project code:	12-WHO-025	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Health Interventions to prevent disease outbreaks and deaths related to food scarcity due crop failure		
7. Funding	a. Total project budget:		US\$ 79,212
	b. Total funding received for the project:		US\$ 63,910
	c. Amount received from CERF:		US\$ 63,910
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries. please describe reasons:</i>
a. Female	69,089	69,089	
b. Male	56,528	56,528	
c. Total individuals (female + male):	125,617	125,617	
d. Of total, children <u>under 5</u>	53,803	53,803	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To provide medicines, medical supplies and technical assistance to support basic health care services for the affected population. <p>Specific Objective(s)</p> <ul style="list-style-type: none"> To strengthen disease outbreak prevention through the provision of medicines and other essential medical supplies; To improve quality of care through training of health workers on case management of severely malnourished children and breast feeding mothers. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Number of health facilities supplied with stocks of essential medicines and other health supplies; Number of health workers trained on case management of severely malnourished children and breast feeding mothers; Number of health workers trained on disease prevention and control. 			
11. Actual outcomes achieved with CERF funds			
<p>The following are the main achievements:</p> <ul style="list-style-type: none"> Medicines and other medical supplies were procured for the Ministry of Health for use in health facilities near the affected communities; During the training of the 47 health workers a Module on Food Safety and Hygiene was included as a means of preventing and controlling food borne diseases; Comprehensive Emergency Health Kits were procured for use by the Ministry of Health to improve the healthcare for the victims of the food shortage; To improve the quality of care in health facilities in the affected regions, 47 health workers (doctors and nurses) were 			

<p>trained on management of severe acute malnutrition at facility level;</p> <ul style="list-style-type: none"> • Training materials and treatment guidelines (modules) were printed for participants to use as reference material for staff in paediatric units/wards of hospitals and major health facilities. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p> </p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Special attention was given to affected children (mainly children under age 5) and lactating mothers throughout the implementation of health and nutrition interventions. Medicines procured mainly target these groups of vulnerable people.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>This project is yet to evaluate, however plans to jointly (WHO/Ministry of Health (MOH)) undertake this activity have been finalized with the Ministry of Health and Social Welfare. A detailed report will be made available.</p>	

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CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	1 April 2012 – 30 Sep 2012
2. CERF project code:	12-FPA-018	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Saving lives – reproductive health information and services to pregnant and lactating women and adolescent girls		
7. Funding	a. Total project budget:		US\$ 1,042,571
	b. Total funding received for the project:		US\$ 42,709
	c. Amount received from CERF:		US\$ 2,709
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	20,000	19,500	
b. Male	1000	800	
c. Total individuals (female + male):	21,000	20,800	
d. Of total, children <u>under 5</u>	3000	2800	
9. Original project objective from approved CERF proposal			
To reduce vulnerability among women of child bearing age especially pregnant and lactating mothers linked to food crisis in five regions of The Gambia.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Number of trained Service Providers in the implementation of the Minimum Initial Service Package (MISP); • Number of health facilities equipped with reproductive health kits; • Number of beneficiaries of the interventions above. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Forty health supervisors and managers trained on MISP; • Reproductive health kits for special health care services (kits 3, 5, 8, 9 and 12) distributed among four hospitals, six major and 52 minor health centres; • Five hundred dignity kits consisting of assorted items distributed to 500 women and babies; • Magnesium sulphate and iron Supplement (fefa) supplied to four hospitals and six major health centres to a total of 1000 pregnant and lactating women in affected districts benefited; • Information, Education and Communication (IEC) material reproduced and distributed for community sensitization on anaemia prevention. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b):	
If 'NO' (or if GM score is 1 or 0): The project targeted child bearing aged women, including lactating mothers.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
No evaluation was conducted due to the limited number of activities and budget. However routine monitoring was conducted to ensure timely and effective implementation.	

TABLE 8: PROJECT RESULTS

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CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	1 April 2012 – 30 Sep 2012
2. CERF project code:	12-CEF-029	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition and WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Nutrition and WASH interventions		
7. Funding	a. Total project budget:		US\$ 205,649
	b. Total funding received for the project:		US\$ 206,261 ³
	c. Amount received from CERF:		US\$ 136,261
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	75,000	56,734	For some of the interventions, particularly WASH, the reason for the difference between planned and reached beneficiary was because the needs assessment of the affected population did not establish the status of water quality/contamination and the water quality assessment exercise was incomplete at the time of planning. The actual communities in need of water source treatment were later determined.
b. Male	45,000	30,430	
c. Total individuals (female + male):	125,000	87,164	
d. Of total, children <u>under 5</u>	3,320 ⁴	3,164	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To prevent, control and treat malnutrition among children from 0 to 6 months and from 6 to 59 months; To ensure access to improved water, sanitation and hygiene to reduce the risk of water and sanitation related diseases outbreak particularly cholera and other diarrheal diseases. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> At least 90 per cent of the affected population has access to adequate safe water supply, knowledgeable on the importance of improved sanitation and hygiene behaviours; Ready-to-Use Therapeutic Foods (RUTFs) were distributed to all malnourished children in the affected communities; 75 per cent of lactating mothers are knowledgeable of the importance of and practice exclusive and continued breastfeeding. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Treatment of 754 contaminated water sources has made safe water available for 353 affected communities in 19 affected districts, reaching 87,164 people, representing 70 per cent of the targeted affected population of 125,000; A total of 3,164 severely acute malnourished children were treated in the 19 affected districts, representing 98 per cent of the targeted caseload of severe acute malnutrition; A total of 30,000 lactating mothers and caregivers were reached with messages on the importance and practice of exclusive and continued breastfeeding in affected communities, reaching more than the 26,750 targeted persons of 			

³ UNICEF Internal Resources: \$70,000; CERF funds: \$136,261, including indirect programme cost of \$8,914.

⁴ This was the estimated case load of Severe Acute Malnutrition (SAM) among children under age 5 for 2012 using an estimated SAM prevalence rate of 1 per cent in all the regions with no conversion factor.

pregnant and lactating women.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The reason for the difference between planned and reached beneficiaries, particularly for increasing access to safe water supply, was because the needs assessment of the affected population did not establish the status of water quality/contamination and the water quality assessment exercise was incomplete at the time of planning. The actual communities in need of water source treatment were later determined.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Special attention was given to affected children and women through the implementation of health, nutrition and WASH interventions. UNICEF and NaNA have ensured that communities were involved in the designing and implementation of through the Village Support Groups. These structures consisting of both female and male representatives support health and nutrition related activities in communities.</p> <p>Women have also been directly involved in the planning and implementation of WASH and nutrition interventions through the promotion of gender-positive changes in activity implementation. The targeting of mothers/caregivers of malnourished children was not only to increase their awareness level, but also to empower them with functional knowledge and skills required for improving the overall health status and wellbeing of themselves and their children.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Although the project has not been evaluated, regular joint field visits were undertaken by UNICEF, Ministry of Health, NaNA and DWR to monitor the implementation of the project activities. In addition, monitoring of water quality in the intervention communities was conducted by the National Water Quality to assess the effectiveness of the water treatment and positive results have been registered in terms of water source protection from contamination. The findings of the joint humanitarian lesson learnt session include:</p> <ul style="list-style-type: none"> • The screening and management of SAM through the Baby Friendly Community Initiative (BFCI) at community-level has facilitated increased access to Ready to Use Therapeutic Feeding interventions. • The availability of reporting templates on the distribution of Ready to Use Therapeutic Foods (RUTF) has enhanced timely availability of coverage data on number of beneficiaries reached in each region. • The integration of WASH in Nutrition response provided an opportunity to have an integrated response to malnutrition and reduce vulnerability to water borne diseases; • The need to update the protocol for management of Severe Acute Malnutrition is critical as the current protocol does not adequately cover the community management component of acute malnutrition. 	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-CEF-029	Health and Nutrition	UNICEF	National Nutrition Agency	Government	21,142	26/4/2012	26/4/2012	Training of health workers on SAM management
12-CEF-029	Health and Nutrition	UNICEF	Ministry of Health	Government	4,408	30/7/2012	30/7/2012 ⁵	Training of VSGs on promotion of exclusive breastfeeding and hygiene promotion
12-CEF-029	WASH	UNICEF	Department of Water Resources	Government	3,332	03/4/2012	03/4/2012	Water source treatment
12-FAO-017	Agriculture	FAO	Ministry of Agriculture	Government	65,000	30/04/2012	08/07/2012	Mass sensitization campaign, beneficiary consultations, distribution of agricultural/livestock inputs and vaccination campaign
12-WHO-025	Health	WHO	Ministry of Health	Government	63,910	30/04/2012	01/07/2012	Procurement of medicines and other health items and training of health workers to improve quality of care at health facility level

⁵ The delay in funds transfer was because the implementing partner was involved in training of health workers on SAM and community screening for malnutrition.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CERF	Central Emergency Response Fund
CSB	Corn Soy Blend
DFID	Department of International Development
EU	European Union
FAO	Food and Agriculture Organization
IEC	Information Education and Communication
MISP	Minimum Initial Service Package
MOH	Ministry of Health
NaNA	National Nutrition Agency
NDMA	National Disaster Management Agency
NGO	Non-Governmental Organizations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
RUTFs	Ready-to-USE Therapeutic Foods
SAM	Severe Acute Malnutrition
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization