RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS GAMBIA UNDERFUNDED EMERGENCY ROUND II 2014

RESIDENT/HUMANITARIAN COORDINATOR	**Ms. Ade Mamonyane Lekoetje**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR was held on the 28th of September 2015. Prior to the meeting however, technical staff have been in touch and consulted on completing the report template. The meeting was attended by the:

- The Resident Coordinator of the UN System (who is also the Humanitarian Coordinator(HC))
- The Country Representative of World Health Organization (WHO) (one of the agencies received CERF fund from this allocation)
- Also at the meeting were technical staff from:
    - Food and Agriculture Organization (FAO)
    - World Food Programme (WFP)
    - United Nations Children's Fund (UNICEF)

Government and NGO partners assisted with the report compilation but did not participate in the AAR.

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 ☐

The late holding of the AAR afforded us opportunity to discuss the draft report which was circulated prior to the meeting.

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 final consolidated report was shared with Humanitarian Country Team(HCT) members and implementing partners such as National Nutrition Agency, Ministry of Health and Social Welfare, Department of Water Resources and Ministry of Agriculture.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: $18,802,686		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,474,424
	COUNTRY-BASED POOL FUND (*if applicable*)	0
	OTHER (bilateral/multilateral)	1,363,478[1]
	TOTAL	**3,837,902**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 26 August 2014			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	14-UFE-CEF-113	Nutrition	356,250
FAO	14-UFE-FAO-027	Agriculture	749,979
WFP	14-UFE-WFP-055	Nutrition	223,898
WFP	14-UFE-WFP-056	Food Aid	746,300
WHO	14-UFE-WHO-058	Health	397,997
TOTAL			2,474,424

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	2,035,703
Funds forwarded to NGOs for implementation	
Funds forwarded to government partners	438,721
TOTAL	2,474,424

[1] $430,000 from Japan for food security and 700,000 Euros from European Commission Humanitarian Organization (ECHO) for food security and nutrition (at exchange rate of approximately 1euro:$1.3)

HUMANITARIAN NEEDS

After two average successive agricultural seasons since the 2011 food and nutrition Crises in The Gambia, one fifth of the population remains extremely vulnerable and in need of humanitarian assistance. According to the Harmonized Framework Analysis done in March 2014, roughly 14 per cent of the population (202,542 persons) were in the emergency phase of food insecurity. Factors driving this humanitarian situation include poor harvest; increasing commodity prices; recurrence of epidemics and other natural disasters; chronic shortage and limited access to basic social services; and the near total absence of relief support to the affected population.

The Gambia continues to face rising malnutrition rates linked to chronic food insecurity and a deteriorating ability of rural communities to cope due to recurrent drought crises. Wasting among children under five has significantly worsened from a rate of 6.4 per cent (MICS 2005) to 11.5 per cent (DHS 2013). Moreover, the 2014 Strategic Response Plan estimated that approximately 48,627 children under five years; 28,502 pregnant and lactating mothers risk being malnourished. Limited access to safe drinking water and poor sanitation result in frequent episodes of diarrhoea and malaria mainly among children - these coupled with inadequate access to quality health services augment levels of child mortality and malnutrition.

Compounding the situation is a decline in agricultural production, which has an impact on household access to food and income, given that 80 per cent of the rural populations depend primarily on agriculture for their livelihood. The harvest of 2011 was so low that the Government declared a crop failure. A recent assessment by the Department of Agriculture indicated that 2013 crop harvest levels were also low at about 20 percent below those for the previous season. These coupled with the strong inflationary pressures from the depreciation of the local currency (Dalasi) led to rising food prices and deteriorating food security for rural and urban households, most of whom purchase a greater part of what they consume from the market.

The Gambia Early Warning System on Food Security report for 21 – 31 July 2014 showed that as at that time, the average rainfall received was 41 per cent less than the 10 year average. The delayed, reduced and erratic nature of the rainfall raised a strong likelihood of very low harvests for most major crops. The period from June to October marks the annual lean season for most households in the Gambia during which, the majority of households have depleted their food stocks and when acute malnutrition rates reach peak levels. For many farming households, given the difficulties encountered in the previous three years' combined with poor rains of the 2014 season, lack of support for them to produce (both field crops, vegetables , poultry and small ruminants) during the dry season meant that the period they have to wait before they have access to food or income was longer. Moreover, if no assistance was provided immediately, households were likely to face more severe hunger resulting in rising malnutrition, among children, pregnant and lactating mothers. In addition, the situation was expected to worsen as more farming households continue to sell off remaining assets to cope.

Incidence of natural disasters and disease were common in The Gambia. Cholera and Meningitis continued to be major public health concerns in vulnerable communities. There were sporadic outbreaks of meningitis in all regions especially in the east of the country, in the Upper, Lower and Central River Regions. Additionally, according to the National Malaria Sentinel Surveillance System (NMSSS), the Malaria Programmatic Review (MPR) and the Health Information Management Service Statistics for 2012, malaria is endemic in all the districts and therefore affect the entire population. Malaria - a water related disease remain the leading cause of deaths among Gambian children -30 per cent (Lancet 2012). Largely, WASH related diseases account for 20 per cent of deaths among under-five.

Increasing and persistent funding gaps in health sector have serious consequences on the provision of adequate health services and social protection systems. Furthermore, life-saving nutrition and WASH related interventions in response to emergencies for example, were curtailed due to the lack of funds, resulting in loss of lives especially amongst children suffering from severe acute malnutrition and other water borne diseases. Complicating matters we`re reports of families sharing their children's rations with others, a further deterioration of their condition and prolonging their stay and dependency on nutrition programmes.

II. FOCUS AREAS AND PRIORITIZATION

According to the latest harmonized framework analysis of food insecurity (March, 2014), the Lower River Region (LRR) had the highest number of food insecure households 33 per cent followed by Central River Region(CRR) 27 per cent and 23 per cent in North Bank Region(NBR). Agricultural production in LRR was compromised by the invasion of Quelea birds in 2014 that devastated almost 60-80 per cent of rice fields in the region. Livelihoods of women in LRR were greatly affected as they owned and work in most rice fields. Rice and maize farming as well as communal gardens were to be targeted in CRR and LRR.

The prevalence of acute malnutrition was generally worst in URR 11 per cent, CRR 13 per cent and LRR 8.3 per cent; although pockets could however be found in the other regions. Nutrition interventions are planned to reach 2500 Severe acute malnutrition (SAM) and 14,000 Moderate acute malnutrition (MAM) children 6-59 months. In terms of health, URR, CRR, NBR, and LRR owing

to limited access to health services. Poor access to safe drinking water and sanitation leading to frequent episodes of diarrhea and malaria among children coupled with inadequate access to quality health services are critical drivers of child mortality and malnutrition. Access to improved water sources and sanitation remain a challenge in these regions, which also have the highest rates of under-five mortality (Central River - 142/1000 and Upper River 119/1000 live births). Around 30 per cent of the population of Janjanbureh Local Government Area in Central River Region is using unimproved water sources for drinking, while 21 per cent practice open defecation. The proportion of the population with access to improved sanitary means of excreta disposal is lowest in Basse - 39.7 per cent.

Although the overall humanitarian needs in the country affects all regions, four (CRR, URR, LRR and NBR) were prioritized for CERF funding. It was acknowledged that in order to ensure maximum impact of critical life-saving activities, interventions will be integrated and concentrated in these regions. Targeted geographic regions will be reached with a complete package of integrated food security, nutrition, health and WASH support.

III. CERF PROCESS

The request for CERF Grant was prompted by the dismal implementation performance of the Humanitarian Strategic Response plan (SRP)2 2014 – 2016 and a genuine desire on the part of the United Nations County Team (UNCT) and the Humanitarian Country Team (HCT) to stem the downward spiral of vulnerable populations following multiple shocks that affected various facets of their lives. Mid way in to the first year of this three-year response plan, little (11.2 per cent) of the appealed US$ 26 million (now revised to $18 million) was realized to initiate any meaningful response. Meanwhile the conditions of food insecurity, malnutrition aggravated by poor health and WASH status of vulnerable communities continue to deteriorate threatening significant improvements in wellbeing attained prior to the repeated incidence of shocks that the country experienced since the 2011 drought and subsequent crop failure.

The CERF Grant priorities are therefore drawn from the priorities of SRP which were agreed through a process of consultations among humanitarian actors in the country including the UN system, the Government and NGOs. These groups later become the HCT. The priority areas for the Gambia's SRP were: Food Security and Agriculture, Nutrition, WASH, Health, Protection and Early Warning Information System. A meeting involving the government and NGOs was organized to inform partners of the launch and the process leading to the SRP. Subsequently, working groups were formed around each priority area to complete the required tasks first leading to the preparation of the Humanitarian Needs Overview (HNO) and subsequently the SRP to address the needs identified.

Given the humanitarian context above and following an allocation of $2.5 million through the Underfunded Emergency window of CERF, UNCT consulted and agreed on which areas to focus on and how much to allocate to each area of focus. With the SRP, there were thus existing humanitarian projects that were not fully funded - underfunded. The UNCT developed a criteria that took into account the threat to life, the need to prevent adverse effects of shocks on livelihoods of vulnerable populations; the size of the funding received and the fact that interventions must bring maximum possible relief to its recipients. On this basis the UNCT selected four clusters for support namely food security, nutrition, health and water sanitation hygiene. The supported projects were core activities of the SRP and advance the objectives thereof. The prioritisation decision of UNCT was later presented to and endorsed by HCT.

[2] SRP is an UNOCHA initiated and coordinated mechanism for dealing with recurring humanitarian crises in the Sahel.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis: 280,000[3]									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (below 18)	**Women** (above 18)	**Total**	**Boys** (below 18)	**Men** (above 18)	**Total**	**Children** (below 18)	**Adults** (above 18)	**Total**
Agriculture		21,125	**21,125**		9,053	**9,053**		30,178	**30,178**
Nutrition (with WASH component)	7,242	8,660	**15,902**	5,759	4,410	**10,169**	13,001	13,070	**26,071**
Food Aid	1,583	6,601	**8,184**	1,404	6,460	**7,864**	2,987	13,061	**16,048**
Health	23,370	156,630	**180,000**	22,908	77,092	**100,000**	46,278	233,722	**280,000**

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

BENEFICIARY ESTIMATION

The various implementing agencies used different approaches to identify and estimate the number of beneficiaries. UNICEF on its part, worked closely with the National Nutrition Agency (NaNA) and the Ministry of Health and Social Welfare (MoHSW) at central and regional level to estimate beneficiaries for WASH and nutrition interventions. The national protocol for Integrated Management of Acute Malnutrition was used as the basis for screening, referral and treatment of acute malnutrition among children. At the cluster level, 14,000 children were targeted for MAM programme, while 2500 children were targeted for SAM treatment. UNICEF supported the treatment of SAM at the hospital, health centre and community levels, while supplementary blanket feeding was provided to MAM children by WFP. Screening for Severe Acute Malnourished children was conducted at community and health facility, while standard screening for MAM was done at blanket feeding distribution sites. The Community Health workers working in the localities were used to conduct these screenings. They also kept a register of all children reached for MAM and SAM programme and to a large extent, this has helped minimise double counting among beneficiaries. In addition, a SAM database was used at the national level to aggregate the data from the various health facilities for all the beneficiaries admitted, treated and discharged from the SAM program. A SAM child does not only receive therapeutic feed, but also WASH interventions and is therefore considered as one beneficiary to avoid double counting. The biggest challenge has been in the estimation of adult beneficiaries that were reached with nutrition and hygiene education and promotion at the community level where it is very hard to count and disaggregate attendance. In the end, the total adult population of the communities was taken as in most cases the entire community showed up in the sensitisation meetings.

WFP on their part identified beneficiaries through consultation with the targeted communities using the household economy approach. This approach groups communities into possible wealth categories and depending on the resources available and the minimum transfer amount (dictated by the minimum calorie intake), determine how many can be reached with relief starting with those at the lowest wealth category. This way the number of actual beneficiaries reached do not vary from those identified for support.

FAO also worked closely with the Ministry of Agriculture to identify most needy communities in the four local government areas prioritised for CERF funded interventions. To create impact and make a significant contribution towards productive lives and livelihoods, a support package (of at least 0.5 hectare of a selected seed and accompanying require fertiliser) was then defined; this together with resources available determined how many beneficiaries could be reached. As in the case of food aid, the number of actual beneficiaries reached do not vary from those identified for support.
Estimating the number of beneficiaries from the health intervention does not lend itself to easy estimation like the others. This is because most of the support went to health facilities and the number of beneficiaries depended on the number of person that had

[3] The interventions under the health sector covered the other sector population beneficiaries.

sought health services from these facilities during the period of CERF funded support. As a result, there is a huge difference between the planned beneficiary numbers and the actual number of beneficiaries reached. The beneficiary estimation took into account records of patients that received services from the funded health facilities.
The overall beneficiary estimate is ideally the sum of all the beneficiaries reached by each of the funded CERF projects. Form the planning stage, however, it is apparent that the two nutrition and WASH projects (of WFP and UNICEF) targeted the same malnourished population (of 46,278 individuals). This is the same population that guided the health project target. Thus counting this population for each of the project will amount to double counting. It was thus agreed at the AAR to discount the total direct beneficiaries reached through CERF funding by 46,278.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]

	Children (below 18)	**Adults** (above 18)	**Total**
Female	23,370	156,630	180,000
Male	22,908	77,092	100,000
Total individuals (Female and male)	46,278	233,722	280,000

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.*

CERF RESULTS

With the CERF fund the humanitarian situation in The Gambia has improved as immediate lifesaving interventions were provided to affected population. The total number of population that would have gone without food has been addressed through cash transfer and provision of agricultural input for households to cope with the shock. The lives of malnurished children were saved through the therapeutic and supplementary feeding programmes including the prevention of malaria and diarrhoea through seasonal malaria chemotherapy and improving access to WASH services.

Under the joint nutrition and WASH project, the following were achieved with CERF resources:

- Through support from CERF, a huge work has been done to scale up access to quality nutrition and WASH services to prevent deaths among children under five due to severe acute malnutrition and associated diseases. A total of 19 health facilities were supported with nutrition supplies, training of staff and WASH services to implement quality IMAM program. A total of 100 health workers were trained on Integrated Management of Acute Malnutrition (IMAM) and counselling of mothers/caregivers on hygiene practices and in addition 102 health workers were also trained on promotion of improved Infant and Young Child Feeding Practices (IYCF) at community level.

- Through the grant, 3250 cartons of Ready to use Therapeutic Foods (RUTFs), 250 cartons of F75; 250 cartons of F100 and 9000 packets of routine antibiotics were procured and distributed to all the 19 health facilities implementing IMAM supplies. The project supported NaNA and the MOHSW to estimate monthly requirements and monitor usage of RUTF and other supplies based on admission rates into the SAM program and stock balances. The timely prepositioning of nutrition supplies made it possible to effectively ensure there were not breaks in pipelines at national level. However, end-user distribution and stock management at health facility has been a challenge resulting in some minor stock outs in some health facilities due to distribution problems by Central medical Stores (CMS).

- The capacity of the UNICEF country office as the cluster lead for nutrition was strengthened by the presence of an International Nutrition consultant who provided technical assistance to implementing partners during the period of the program. Through this technical support, NaNA and MoHSW were able to revitalize the IMAM Technical Working Group and the Nutrition Technical Advisory Committee for nutrition coordination and information sharing. This has also improved the quality of implementation of the IMAM program as the group was also able to conduct three joint supervision and monitoring visits to IMAM implementing sites to support health workers on the implementation of IMAM protocols.

- UNICEF has ensured that there is integration between WASH and nutrition to address underlying causes of child malnutrition and mortality. Through the CERF funding, the WASH in nutrition minimum package has been mainstreamed and promoted in all the OTP and ITP facilities for SAM children. Essential WASH supplies (2,840 packets of soap, 600 cartons of bleach and 2583 hand washing kits) were procured and distributed along with RUTF to 19 health facilities to promote hygiene practices among staff and caregivers of SAM children during admission. A total of 2,744 caregivers of children with SAM were provided with hand washing kits and counselled on improved hygiene practices. A total of 70 hygiene animators were also trained on hygiene education and promotion in high risk communities. As a result 13,000 men and women at community level were reached with hygiene messages. However, educating caregivers on hygiene practices is weak during admission in IPF due to the heavy workloads of the health workers.

- Access to WASH services in health facilities delivering IMAM program is a challenge and therefore affects the overall quality of IMAM programme. In some of health facilities, the toilets are in a bad state of repair, while in others they are inadequate which leads to escorts resorting to open defecation within the vicinity of the health facilities. Toilet facilities, hand washing sinks and showers were rehabilitated in 8 nutrition centres. To complement the CERF funding, UNICEF used internal resources to construct two new units of Ventilated Improved Pit (VIP) latrines, bathing places and laundry in five health facilities bringing the total health facilities covered to eight from the three targeted by the CERF. In addition, access to water supply has also been restored in 3 nutrition centres and 20 communities with high rates of GAM, while 395 water points were treated with chlorine in 200 communities.

- Overall, between November 2014 and June 2015, a total of 2,744 severely malnourished children under-five were admitted in the integrated WASH and Nutrition programs. During the same period 1634 were discharged with 88 per cent discharged cured, 3 per cent died and 9 per cent defaulted. These results show that the project's performance was within the minimum acceptable SPHERE standards for the management of severe acute malnutrition.

Under the Health project, the following were achieved with CERF resources:

- CERF funds were used to conduct one round each of Seasonal Malaria Chemoprevention (SMC) mass drug administration campaign in URR and CRR. The SMC campaign was preceded by a three-day orientation of field workers (drug administrators and data collectors). The intervention, in addition to other malaria control strategies, contributed to a drastic reduction in the malaria prevalence rate in children less than five years of age from 9 per cent in CRR and 4.4 per cent in URR to the current level of 0.1 per cent.

- The project supported the training of 40 health workers (Doctors and midwives) on emergency obstetric and new born care (EmONC) to improve their knowledge and skills in the provision of quality services to mothers, new born and children. The three-day training covered different areas including putting emergencies care of mothers and new born into context, airway and breathing management and early pregnancy complications.

- The project also supported the provision of 40 delivery kits (Part 6A) to 39 health facilities (hospitals and major health facilities) in the four targeted regions to facilitate adequate and quality service delivery by the trained midwives on EmNOC with a view to reducing maternal and new born morbidity and mortality.

- Medicines and other medical items including antibiotics, infusions and canulae were also procured by WHO on behalf of the Ministry of Health and Social Welfare. These medicines were then distributed to health facilities throughout the affected regions by the Ministry of Health and Social Welfare thereby increasing access to quality health care services for the affected community.

- To prevent and control infection, a series of social mobilization activities was conducted in the affected regions (URR, CRR, LRR and NBR) to sensitize and engage the different communities. Open field days were organized in 105 communities, bringing together a coalition of decision makers, opinion leaders, health workers and the affected communities in support of the fight against waterborne diseases such as cholera, diarrhoea, dysentery and water related skin infections.

- Infection prevention and control materials such as detergents and other disinfectant solutions, light gloves, 0.5 per cent chlorine solutions and plastic buckets were also provided and distributed to all health facilities in the affected regions. This has immensely contributed towards improving infection prevention and control at health facility level.

- CERF funds were also used to provide interagency emergency health kits (IEHK) for prepositioning in readiness for meeting priority health needs of the targeted communities during emergency situations.

- Central level and regional health teams conducted quarterly and other regular monitoring and supervisory visits throughout the period of implementing the CERF project

Under the Agriculture component, the following were achieved:

- Emergency provision of 50 metric tons of improved irrigated rice varieties and 57 metric tons of early maturing maize variety seeds and 635 metric tons of high quality fertilizer to restore and increase crop production capacities of 3200 vulnerable and food insecure farming households who no longer had resources to obtain seed and fertilizer without external assistance. Beneficiaries received rice, maize seeds and fertilizer to plant 0.5 Ha of a selected crop.

- 348 Kg of assorted vegetable seeds was provided to enhance capacity of women and youth in production of high-value vegetables in 30 communal gardens (average number of 150 beneficiaries per garden).

- 55 well rehabilitated and 28 new ones constructed to improve access to water, for improved productivity in the 30 communal gardens. The beneficiaries were victim of food security shocks over 3 consecutive years, whose productive capacities had been eroded.

Under the Food Aid component, the following were achieved:

- With support from the CERF, 2006 very poor and vulnerable household in Niani and Nianija districts were supported in meeting the daily food needs. This represents 86 per cent of the planned targeted number of households.
- An improvement in the number of households with acceptable food consumption score (FCS) increased from 84.3 percent to 88.1 percent.
- An improvement in the Diet diversity score with households consuming more than 3 food groups increasing from 86.6 per cent to 98.1 per cent.

CERF's ADDED VALUE

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

The timely and lump sum disbursement of CERF funds ensured that the implementation of interventions was on schedule and with no funding gaps. All the activities including start up planning meetings with partners, screening for malnutrition, training of health workers, procurement and distribution of RUTF and other essential supplies were done as planned. In addition this enabled UNICEF to scale up the coverage and quality of IMAM program in 19 health facilities. The dire WASH situation of health facilities were also improved on time for admission of SAM children.

Yes CERF funds lead to a fast delivery of assistance to beneficiaries as the funds were readily available at a critical time when no other source of funding was available. The critical shortage of medicines in health facilities was quickly addressed without any delay. Similarly, the transfer also facilitated cash (food) assistance to targeted food insecure households.

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

- The quality of IMAM programming has been a challenge due to insufficient funding and inadequate staffing. The CERF funds made it possible for delivery of the national nutrition response at a time when funding was a challenge and ongoing ECHO grant was expiring and only reached 2,178 out of the 7,859 targeted SAM cases. A critical mass of SAM children who had not been reached were eventually reached with the CERF funds. The funding made it possible to mobilize and engage communities on active screening, referral of malnourished children and follow up during the lean periods when the prevalence of malnutrition is high.

- CERF was the only funding source with available resources at that particular time to address the critical shortage of medicines within health system. A severe shortage of reproductive health kits in key primary healthcare villages was also affecting the country's reproductive health services. The medical supplies specific to reproductive and maternal health interventions were procured on behalf of WHO by UNFPA and distributed in the country by the Ministry of Health and Social Welfare. CERF funds contributed significantly to responding to critical needs when no other sources of funding were available within the country.

- It also facilitated quick assistance in food security support to very poor and vulnerable households, particularly with harvests from the last cropping season below than expected. Support to malnourished children who are the most critically in need of assistance as we entered the onset of an early lean season was also made possible.

- The above notwithstanding, CERF funds were received in late September into early October. By this time the humanitarian that peaks during the lean season (July – October) are subsiding. For maximum impact, it is ideal that fund are received on or before the onset of the lean season.

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

- UNICEF was able to leverage on the CERF funds to mobilize additional resources from the Swedish Natcom ($148,000) and from ECHO ($612,830) to cover other areas like staffing costs, nutrition prevention interventions and procurement of supplies. In health also, CERF fund has also helped stimulate some complementary funding from the government enabling the intervention to reach many more people.

- More resources were mobilized from EU's Humanitarian Aid and Civil Protection Agency (ECHO) to extend coverage to an additional district in CRR.

[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.).

- It is pertinent to mention here that the availability of CERF fund has also helped stimulate some complementary funding from the government enabling the intervention to reach many more.

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

- During the design and implementation of the CERF, there was good coordination and consultations among humanitarian agencies including UN agencies, government partners, International NGOs and other CSOs. The projects were jointly developed by lead UN agency working in close collaboration with partners from government, NGO and donor community. Plan implementation and monitoring were similarly coordinated among the partners.

- Integrated planning and implementation of WASH and nutrition interventions has strengthened the impact of the intervention by providing a holistic approach to addressing malnutrition and other child related complications.

- Throughout the implementation period, update on CERF projects was a permanent agenda item at monthly UNCT meetings enabling implementing agencies to share experiences.

- Partners included National Disaster Management Agency, National Nutrition Agency, Gambia Bureau of Statistics and The Gambia Red Cross Society

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

- Overall, CERF funding has substantially contributed to increasing and maintaining access to improved basic healthcare services through the provision of essential medicines, delivery kits and training of doctors and midwives to reduce maternal mortality in the targeted regions.

- The intervention created sustainable means of making available improved seed varieties to farming communities through the distribution of high quality seed which is grown in the off-season under irrigation and part of the produce kept as seed for rainy season.

- It promoted gender equality and women empowerment, as women have a key role in household food security and nutrition. The project supported women groups by giving them access to inputs, water and extension services to produce irrigated rice and vegetable crops.

- Environmental concerns were addressed with the promotion of agricultural biodiversity to sustainably increase the productivity of small-scale farmers and increase their resilience to climate change and shocks.

- Adaptive mechanisms of farmers to climate change are enhanced through the introduction of high yielding early maturing maize and rice varieties that will be productive even in short growing seasons and erratic rainfall patterns.

- It improved the coping mechanism of rural communities by creating extra sources of income through production and sale of vegetables in the off-season.
- CERF fund provided the much need boost to the recovery of vulnerable populations following the 2012 crop failure and the recent natural disasters such as the 2012 flooding and the 2014 droughts that exacerbated the food security and vulnerability of most at risk populations in The Gambia.

V. LESSONS LEARNED

This was completed after the lesson learned meeting organised by RCH - *UNICEF*

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Knowledge of CERF Guidelines of fund recipients is weak.	There is a need to conduct CERF training courses in the Gambia.	CERF secretariat
Frequent amendments to CERF Reporting format	CERF to have a standardized report	CERF secretariat
Humanitarian crises is at its peak during the lean season	CERF funding should be provided before the onset of the lean season for timely response	CERF secretariat
Short project duration to implement activities especially taking into account the limited capacity of partners (recipient agencies are mostly not implementing) to implement project activities; and the length of time required for international procurement.	Consider increasing project implementation period to 12 months	CERF secretariat
Lump sum receipt of the support was helpful in preventing pipeline breaks during implementation	This practice should be adopted in all subsequent supported projects	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Coordination of CERF project related activities has a cost	Budget should be allocated to coordination	RCO
Measles intervention is more effective when it is followed with a second round (booster)	Mobilise resources to support a second round administration of Measle vaccination	Country team
Targeting for food assistance is a sensitive exercise as it has both political and social ramifications. Those excluded tend to feel unfairly treated and lodge complain to politician.	Continue the sensitisation on the need for targeting since resources are limited . Engage political authorities in the targeting process and procedures	Implementing agency
Changes in the economic environment could affect the cash transfer amount and the impact of the intervention	Factor possible changes in the plan	Implementing agency
Integrated interventions amplifies the impact	Agencies should work together more	Country team
Difficulty in monitoring the end user of WASH supplies for example, to prevent it from being used by a wrong person	Increase sensitisation of beneficiary communities on the importance of utilising support for the right purpose and people.	Implementing agency

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF WFP	**5. CERF grant period:**	16.10.14 – 30.06.15 (UNICEF) 22.10.14 – 30.06.15 (WFP)
2. CERF project code:	14-UFE-CEF-113 14-UFE-WFP-055	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Nutrition		
4. Project title:	Integrated management of acute malnutrition and WASH Project		

7.Funding				
a. Total project budget:	US$ 9,975,500	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 685,148	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 580,148 (UNICEF: 356,250; WFP: 223,898)	▪ *Government Partners:*	US$ 109,140

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	7,700	6,300	14,000	7,242	5,759	13,001
Adults (above 18)	15,670	16,608	32,278	8,660	4,410	13,070
Total	23, 370	22, 908	46,278	15,902	10,169	26,071

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	46,278	26,071
Total (same as in 8a)	46,278	26,071
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The case load for malnutrition was 46,278 for the entire country. However, the funding was only able to cover 26,071 representing 56 percent of the target.	

CERF Result Framework			
9. Project objective	Support and strengthen the capacity of the MoHSW to treat severe acute malnutrition integrate WASH services in the Gambia by June 2015		
10. Outcome statement	The quality and coverage of SAM treatment (OTP and IPF) and access to WASH services is improved per cent SAM cases discharged cured > 75 per cent per cent SAM cases discharged dead < 10 per cent		
11. Outputs			
Output 1	Quality and coverage of SAM treatment strengthened		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of health workers trained	100	100
Indicator 1.2	Number IMAM sites established	19	19
Indicator 1.3	Number of admissions	2,500 (1,300 girls, 1,200 boys)	2,744
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Scaling up IMAM activities in all health facilities	MoHSW, CREN, MRC, UNICEF	MoHSW, CREN, MRC, UNICEF
Activity 1.2	Train health workers in IMAM	MoHSW, NANA, UNICEF	MoHSW, NANA, UNICEF
Activity 1.3	Strengthen nutrition data management and monitoring system	MoHSW, NANA, UNICEF	MoHSW, NANA, UNICEF
Output 2	The nutrition supply chain is adequately managed		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Adequate stocks of RUTF supplies in all IMAM implementation sites	0 months stock outs	0 months stock outs
Indicator 2.2	Systematic control of RUTF consumption versus number of children in program	150 sachets/ child	150 sachets/ child
Indicator 2.3	Adequate stocks of F75 and F100 in all IMAM Inpatient care sites	0 months stock out	0 months of stock out
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procure and distribute therapeutic foods and routine drugs	UNICEF, NANA	UNICEF, NANA
Activity 2.2	Monthly reporting of therapeutic food stocks and usage	MoHSW, NANA	MoHSW, NANA
Activity 2.3	Integrated storage of IMAM supplies within the MOH drug stores	MoHSW	MoHSW
Output 3	WASH adequately integrated in IMAM		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of nutritional centers delivering WASH minimum package (safe drinking water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation)	11 out of 19	14 out of 19 nutrition centres reached
Indicator 3.2	Number of children admitted for SAM treatment	100 per cent	2,744 children and

	benefitting from hygiene kits with key messages or behaviours counselled to care-givers	(1,300girls, 1,200 boys) 2500 parents/ caregivers	13,070 men and women
Indicator 3.3	Number of functional and disinfected water facilities in communities with high GAM rates	20 communities	22 communities
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Procure essential WASH supplies (10 drums of chlorine, 600 cartons of bleach, 840 packets of soap, 2500 hygiene kits)	UNICEF	UNICEF
Activity 3.2	Implement WASH in nutrition package for mothers/caregivers and malnourished children in collaboration with government and NGO partners	UNICEF, NaNA, MOH, DWR, CREN,CU,NAFOREE	UNICEF, DWR and MoH
Activity 3.3	Promote hygiene and distribute of WASH supplies to affected MAM children and caregivers	UNICEF, NaNA, MOH, DWR, CREN,CU,NAFOREE	UNICEF and MoH
Activity 3.4	Rehabilitate damaged water points in selected nutrition centres and communities	DWR	DWR
Activity 3.5	Water quality monitoring and treatment in communities	DWR	DWR
Activity 3.6	Construction of two units of VIP latrines and bathing places in 3 nutrition centres	DWR	DWR

CERF Result Framework			
Project objective 2	Deliver coordinated and integrated life-saving assistance to people affected by emergencies.		
Outcome statement	Improved nutrition status of children under five in the targeted regions		
Outputs			
Output 4	Improved coverage of MAM treatment in the targeted regions		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Number of health workers trained	80	20
Indicator 4.2	Number children (boys and girls 6-59 months) admitted in the MAM treatment program	14,000 (7,700 girls, 6,300 boys)	10,527
Indicator 4.3	Proportion of planned FBF distributed for MAM treatment	110MT	132MT
Output 4 Activities	**Improved coverage of MAM treatment in the targeted regions**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Screening of children for acute malnutrition, distribution of food supplements.	MoHSW, NaNA	MoHSW, NaNA
Activity 4.2	Train health workers on management of MAM	MoHSW, NANA, WFP	MoHSW, NANA, WFP
Activity 4.3	Strengthen nutrition data management and monitoring system	MoHSW, NANA,WFP	MoHSW, NANA,WFP
Activity 4.4	Nutrition education for mothers and caregivers participating in the MAM program	MoHSW, NANA, WFP	MoHSW, NANA, WFP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
Affected populations were consulted during the planning, implementation and monitoring of the project either directly for example the caregivers or through their representative Village Support Groups and Water Management Committees at community levels.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project. No major evaluation has been carried out. However, the IMAM technical working group including WASH has organised review meetings of the findings of the joint monitoring visits to track progress, success and challenges.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	**5. CERF grant period:**	22.10.14 – 30.06.15
2. CERF project code:	14-UFE-WHO-058	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health		
4. Project title:	To protect the affected population from excess morbidity and mortality from communicable disease		

7.Funding				
	a. Total project budget:	US$ 2,230,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 397,997	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 397,997	▪ *Government Partners:*	US$ 173,945

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	23, 370	22,908	46,278	23,370	22,908	46,278
Adults (above 18)				156,630	77,092	233,722
Total	23,370	22,908	46,278	180,000	100,000	280,000

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	46,278	280,000
Total (same as in 8a)	46,278	280,000
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The planned figure 46,278 was exceeded as there were additional government funding to support health interventions under CERF and hence the large number of people reached.	

CERF Result Framework			
9. Project objective	Address the urgent health needs of mothers and children at risk and protect the affected population from excess morbidity and mortality by re-establishing a robust and equitable primary, secondary and referral healthcare system		
10. Outcome statement	Reduced morbidity and mortality with quality and affordable health care services for targeted population over assistance period		
11. Outputs			
Output 1	46,278 vulnerable and affected population have access to proper health care services		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of health facilities that own a stock of essential medicines and tracer products for case management of diseases most likely to occur locally as per contingency plan, taking into account diseases' caseload seasonality	100 per cent of targeted health (29 health centres, 4 major health centres and 3 hospitals) facilities that own a stock of essential medicines	All the 33 health facilities (2 hospitals and 31 health centres) in the targeted areas were provided with essential medicines through the CERF project
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of medicine for diseases most likely to occur in the affected community (Targeted Regions CRR and URR)	MOH, WHO and Partners	WHO
Activity 1.2	Distribution of essential medicines in the health facilities of the targeted regions (URR, CRR, LRR and NBR)	Ministry of Health	Ministry of Health and Social Welfare
Output 2	100,000 mothers have access to health services with delivery kits		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of delivery kits distributed (to health Facilities)	100 per cent (36 health facilities have access to delivery kits)	All 36 health facilities in the targeted regions were provided with delivery kits. 100 per cent
Indicator 2.2	Number of staff trained (midwives) in emergency obstetric care	100 per cent (60 midwives) trained on emergency obstetric care	A total of 40 health workers (doctors and midwives) 67 per cent were trained on EmONC
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement and distribution of delivery kits and supplies for the prevention and control of obstetric situations	MOH and WHO Partners	WHO and MOH partners
Activity 2.2	Provision of medical services to 100,000 mothers and new born babies	Ministry of Health	Ministry of Health and Social Welfare
Output 3	100,000 mothers and children have access to health services for waterborne diseases		
Output 3 Indicators	**Description**	**Target**	**Reached**

Indicator 3.1	Number of mothers and children in the four regions provided with access to medical services for the control of waterborne diseases	100,000 (30,000 mothers, 35,000 girls, 35,000 boys)	135,205 mothers and children (65,205 mothers, 40,000 boys and 30,000 girls)
Indicator 3.2	Number of functional health facilities providing selected relevant services (treatment of waterborne diseases)	33 health facilities (3 hospital and 29 health centres)	33 health facilities (2 hospitals and 31 health facilities)
Indicator 3.3	Number of communities in the targeted regions sensitized on available health services for water borne diseases, safe delivery and SMC	100 per cent (communities) sensitized on hygiene and infection control and prevention	73 of the targeted communities were sensitized on waterborne diseases, safe delivery and SMC
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Procurement of comprehensive IEHK (health kits) and other medical supplies for distribution in the affected regions	Ministry of Health	Ministry of Health and Social Welfare
Activity 3.2	Distribution of medical kits and supplies to health facilities for 100,000 mothers and children	Ministry of Health	Ministry of Health and Social Welfare
Activity 3.3	Provision of medical services to 100,000 mothers and children	Ministry of Health	Ministry of Health and Social Welfare
Activity 3.4	Provision of communication materials for awareness raising, such as posters, pamphlets, etc., as well as the reproduction of these items and community sensitization	Ministry of Health	Ministry of Health and Social Welfare
Output 4	Implementation of Seasonal Malaria Chemoprevention (SMC) for children under five years (URR and CRR)		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Number of children 3-11 months that have SMC	100 per cent of targeted children (54,970) 3-11 months received SMC	20,003 (36.3 per cent)
Indicator 4.2	Number of children 1-4 years that have SMC	100 per cent of targeted children (238,208)	103,397 (43.4 per cent)
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Training of Health workers and Volunteers on the administration of SMC drugs	Ministry of Health	Ministry of Health and Social Welfare
Activity 4.2	Social Mobilization /Community Sensitization of SMC administration	Ministry of Health	Ministry of Health and Social Welfare
Activity 4.3	Field operations for SMC (drugs administration, data collection and segregation and follow up for compliance and side effects)	Ministry of Health	Ministry of Health and Social Welfare

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
Only 40 Part 6A delivery kits (reusable equipment) were procured due mainly to the 300,000 fact that Ministry of Health has allocated only USD 25,000 for the said purchase. Whereas the total procurement of 60 Part 6 delivery kits (Part 6A & B) through UNFPA would cost above USD 300,000 It was planned to train 60 midwives on Emergency Obstetric care but the funds that were allocated for the training was able to only train 40 doctors and midwives. Output 4 indicators 4.1 and 4.2 are misleading, as the planning target of 238, 208 is a national planning figure for SMC mass drug administration for the entire country. The combined planning target (3-59 months) for CRR and URR where SMC is currently being implemented is 89,000.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
The project design was guided by secondary data which is collected through participatory methods involving communities and beneficiaries. They were also consulted during monitoring visits for their views on the project implementation.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No final evaluation has been planned; however joint quarterly monitoring and supervisory visits by central and regional level teams were conducted during implementation of planned activities.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	09.10.14 – 30.06.15
2. CERF project code:	14-UFE-WFP-056	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Food Aid		☒ Concluded
4. Project title:	Ensure Food Access to Affected Communities		

7.Funding

a. Total project budget:	US$ 13,897,079	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 5,869,371	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 746,300	▪ *Government Partners:*	US$ 24,250

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	1,601	1,570	3,171	1,583	1,404	2,987
Adults (above 18)	7,816	7,661	15,477	6,601	6,460	13,061
Total	9,417	9,231	18,648	8,184	7,864	16,048

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	18,648	16,048
Total (same as in 8a)	18,648	16,048
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	There is no significant discrepancy	

CERF Result Framework			
9. Project objective	Deliver coordinated and integrated life-saving assistance to people affected by emergencies.		
10. Outcome statement	Improve food consumption status of targeted households.		
11. Outputs			
Output 1	Cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Amount of cash distributed	$615,384	$481,328
Indicator 1.2	Number of households receiving unconditional cash transfer	2,331	2,006
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	4 months unconditional cash transfers to targeted households	NDMA, WFP plus partners (NaNA, GBoS, Local NGO, and a MFI).	NDMA, WFP NaNA, GBoS, Gambia Red Cross Society, and Reliance Financial Services).
Activity 1.2	Sensitisation of beneficiaries Communities	NDMA, WFP plus partners (NaNA, GBoS, Local NGO, and a MFI).	NDMA, WFP NaNA, GBoS, Gambia Red Cross Society, and Reliance Financial Services).
Activity 1.3	Project implementation monitoring	NDMA, WFP plus partners (NaNA, GBoS, Local NGO, and a MFI).	NDMA, WFP NaNA, GBoS, Gambia Red Cross Society, and Reliance Financial Services).

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
A directive from the Presidency that mandated the reduction of the exchange rate for all major foreign currencies against the Dalasi in May 2015 mean that the funds to be transferred to the beneficiaries was reduced due to the foreign exchange losses incurred. This also affected the operational costs.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
A lessons learned exercise which included project beneficiaries was conducted at the end of the operation. Affected populations also took part in the targeting committees and complaints committees that were put in place for the project.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
An evaluation has started and it is scheduled to be completed by 31st December 2015.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	FAO	**5. CERF grant period:**	09.10.14 – 30.06.15
2. CERF project code:	14-UFE-FAO-027	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Agriculture		☒ Concluded
4. Project title:	Emergency rehabilitation of productive capacities and livelihoods of households affected by recurrent weather related shocks		

7. Funding

a. Total project budget:	US$ 3,266,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 1,179,979	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 749,979	▪ *Government Partners:*	US$ 131,385

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)						
Adults (above 18)	18,060	12,040	30,100	21,125	9,053	30,178
Total			30,100	21,125	9,053	30,178

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	30,100	30,178
Total (same as in 8a)	30,100	30,178
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A	

CERF Result Framework			
9. Project objective	Restore and reinforce the livelihoods and productive capacities of food insecure farming households through increased agricultural production.		
10. Outcome statement	Food insecure farming households have increased resources for the next productive season and experience a shortened hunger period through own production.		
11. Outputs			
Output 1	Improved varieties of irrigated rice ,maize seeds and fertilizer have been provided to targeted farmers		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of households benefitting from the seeds and fertilizer distributed	3,200 farming households	3,772
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Distribution of rice and maize seeds to targeted farmers	DoA and FAO	DoA and FAO
Activity 1.2	Distribution of Urea and NPK fertilizers to targeted farmers	DoA and FAO	DoA and FAO
Activity 1.3	Stakeholder sensitization campaign	DoA and FAO	DoA and FAO
Activity 1.4	Provision of technical support	DoA and FAO	DoA and FAO
Output 2	Enhanced capacities of women in production of high-value vegetables through provision of seeds and improved access to water		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of beneficiary communal garden schemes receiving vegetable seeds	30 gardens (150 people)	30 gardens (150 people reached)
Indicator 2.2	Number of wells rehabilitated/constructed in the communal garden schemes	30 (150 people/ 30 garden)	55 wells rehabilitated, 28 constructed in 30 communal gardens schemes
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Distribution of vegetable seeds and fertilizer	DoA and FAO	DoA and FAO
Activity 2.2	Rehabilitation/construction of wells	DoA and FAO	DoA and FAO
Activity 2.3	Provision of technical support	DoA and FAO	DoA and FAO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
N/A
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
Throughout design and implementation of the project, FAO has held itself accountable to the beneficiaries of the project. In order to ensure accountability and achieve higher quality of programming, FAO sought beneficiary participation during project delivery and will engage them in identifying and documenting lessons learnt from the project.

A strong communications team has been established within the country team whose main responsibility is to ensure effective information sharing and to establish communication channels with the beneficiaries. FAO recognizes that accountability hinges on effective feedback as well as complaints and response mechanism, therefore, in collaboration with the government and other implementing partners, a provision has been made within the implementation arrangements to allow beneficiary households report on any complaints they may have while on the other hand, receive feedback from FAO and its implementing partners on the progress of the activities and any other issues pertaining to the project.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
An M&E evaluation has been conducted but the final project evaluation is pending.	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
14-UFE-CEF-113	Nutrition	UNICEF	Ministry of Health and Social Welfare	Yes	GOV	$109,140	25-Nov-14	28-Nov-14	UNICEF has a two year rolling workplan with the Ministry
14-UFE-FAO-027	Agriculture	FAO	Department of Agriculture (DOA)	Yes	GOV	$131,385	10-Oct-14	1-Jan-15	a letter of agreement was signed between FAO and DOA
14-UFE-WFP-056	Food Assistance	WFP	NDMA , NaNA and GBoS	Yes	GOV	$24,250	25-Mar-15	26-Mar-15	WFP has an agreement /MOU with partners
14-UFE-WHO-058	Health	WHO	Ministry of Health and Social Welfare	Yes	GOV	$173,945	1-Nov-14	1-Jan-15	