



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

RESIDENT/HUMANITARIAN COORDINATOR

Ms. Consuelo Vidal-Bruce

REPORTING PROCESS AND CONSULTATION SUMMARY

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

Every UN agency: Food and Agriculture Organization (FAO), World Health Organization (PAHO-WHO); United Nations Children's Fund (UNICEF) and World Food Programme (WFP) have kept different meetings with their partners during the CERF cycle to review the advances and the results obtained for every cluster.

The Resident Coordinator and the Representatives of UN agencies involved in CERF implementation on 9th June did a field visit to verify the results and the satisfaction level of the beneficiaries with the CERF actions.

A general review was conducted on 19th June with the participation of all UN agencies that were involved in the implementation of the CERF and their partners: Government and NGOs (Action Aid, CARITAS, Child Fund, Goal, Save the Children, South in Action, Water for the People and World Vision).

All the actors participated to review the achievements of the CERF 2014-2015 programme and identified the lessons learned. The Lessons Learned was then presented to the UN agencies on 30th July.

- 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 Resident Coordinator convened a meeting to UN agencies on 30th July to review the achievements of the CERF 2014-2015 and the lessons learnt. The agencies debated the lessons learnt and provided additional comments based on which the report was finalized. The final version of the report was shared with the UN agencies for final comments.

- 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 CERF report was prepared in close consultation with the recipient agencies and their implementing partners as well as from OCHA. The report will be shared with the National Disaster Risk Reduction Commission (COPECO), National Food Security and Nutrition Technical Unit (UTSAN), the Ministry of Health and the Humanitarian Country Team.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 13,200,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,600,021
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	10,241,080
	TOTAL	12,841,101

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 21/10/2014			
Agency	Project code	Cluster/Sector	Amount
FAO	14-RR-FAO-035	Agriculture	600,000
WFP	14-RR-WFP-078	Food Aid	1,200,142
WFP	14-RR-WFP-077	Nutrition	106,332
WHO	14-RR-WHO-075	Nutrition	83,248
UNICEF	14-RR-CEF-154	Nutrition	43,667
WHO	14-RR-WHO-074	Health	271,273
UNICEF	14-RR-CEF-153	Water, Sanitation and Hygiene	295,359
TOTAL			2,600,021

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,057,229
Funds forwarded to NGOs for implementation	542,792
Funds forwarded to government partners	0.00
TOTAL	2,600,021

HUMANITARIAN NEEDS

The most severe drought in ten years affected Honduras between June and September 2014. In July the Government declared an Emergency Situation in Honduras Dry Corridor, issued to address the effects of water scarcity (drought) that impacted in the loss of crops and the purchasing power of rural families mainly in the Dry Corridor.

The population of the Dry Corridor is characterized by its low income (the average income of a small basic grain producer is US\$72 per month, adding contributions of all family members would rise to US\$122 per month), limited access to land for cultivation, limited access to basic health services and education and difficulties in obtaining basic goods (UNDP, Secretary of Agriculture). It consists of small basic grain subsistence producers (very few of them with a surplus for sale), labourers, landless farmers and female-headed households. Female-headed households make up 25.5per cent of the families in this region. These vulnerable families have a very fragile balance in their survival strategies and tend to sell goods and assets and/or migrate in search of income in precarious conditions. Their coping capacities are at its limits and even assuming negative strategies.

The government released about US\$ 4.8 million (Lempiras 100 million) to assist 122,264 families affected by the drought in 112 municipalities of 12 departments for 45 days with complementary food rations. The government also identified 64 municipalities considered priority due to drought based on Emergency Food Security Assessment (EFSA), which identified 11per cent of the population with poor food consumption, 16per cent with limited consumption, representing 27per cent of the population with unacceptable food consumption.

This was the country's worst drought in ten years. The size and complexity of the current humanitarian situation required a significant and immediate response, focused on the most vulnerable population to avoid serious consequences to their health and living conditions. Thus, a flash appeal was made to the international community through a Strategic Response Plan (SRP), requesting US\$ 13.2 million to assist 154,355 persons (30,871 families). These families were in urgent need for food security; food insecurity would have very negative impact on malnutrition in children under five, pregnant and breastfeeding women. Moreover, there was limited access to water for consumption, production and hygiene with consequences in their health status and their income generation to satisfy their basic needs.

The Strategic Response Plan focusing on four areas: food security, nutrition, water sanitation and hygiene, and health. Likewise an application to the Central Emergency Response Fund was successfully submitted, allocating an amount of US\$ 2.6 million to assist more than 4.300 families in 13 of these 64 municipalities, where it was urgent to develop activities to save and protect lives of the most vulnerable affected population.

II. FOCUS AREAS AND PRIORITIZATION

Honduras was the second most affected country by drought in Central America with over 186,000 families (930,000 people) in 165 municipalities.

An Initial Emergency Food Security Assessment (EFSA) was carried out by the National Food Security and Nutrition Technical Unit (UTSAN) of the Social Development Secretary (SEDIS) and the World Food Programme. The assessment confirms that families were changing their patterns of food consumption, as eating less preferred foods (70per cent), reducing the portion sizes (57per cent), and reducing the number of meals per day (46per cent). Additionally, they were using coping strategies that negatively affects their livelihood such as: selling small animals (43per cent), incurring debt (58per cent) and spending their savings (31per cent). To a lesser extent, families were selling their domestic (8per cent) and productive assets (7per cent). The assessment also showed that 27per cent of the population has unacceptable food consumption (11per cent poor consumption and 16per cent limited consumption).

The Integrated Food Security Phase Classification (IPC) and EFSA classification place the municipalities prioritized in the Dry Corridor in Phase 2 (situation of acute food insecurity in stress).

In water, sanitation and hygiene, a joint assessment between the Ministry of Health and the Water and Sanitation working group identified the need for hygiene promotion at household and community level, including hand washing and home cleanliness and access to safe water for a population of 27,296 people. Vector control was needed because population was forced to store more water at home not always in safe conditions. Therefore household breeding sites for mosquitoes carrying diseases such as dengue, malaria, and

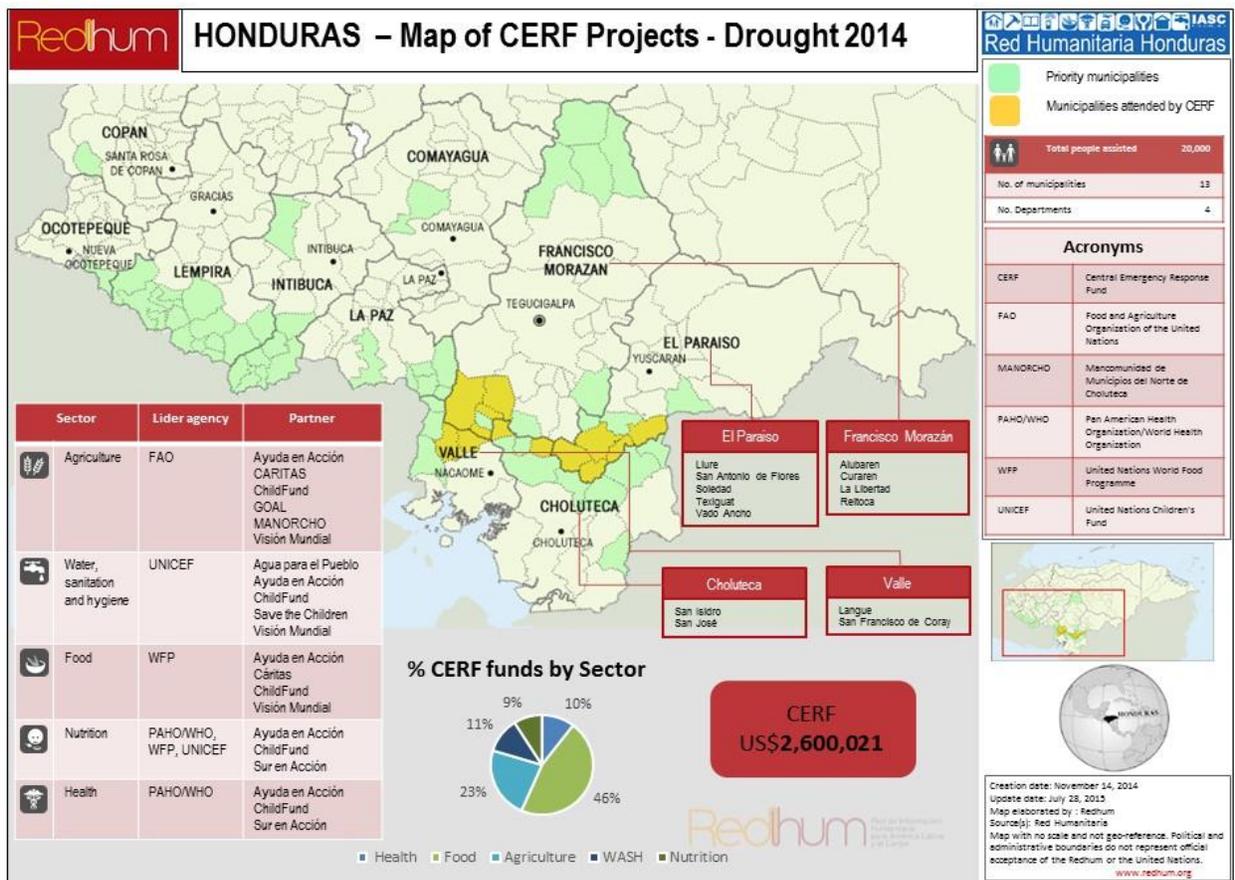
Chikungunya represented an additional risk to the population. An increase in cases of dengue in the Dry Corridor was observed. In relation to this disease, the country reported 19,175 cases of dengue, one of the highest in the country's history.

In health and nutrition, support to the Ministry of Health was required for health services in vulnerable rural areas that have inadequate resources to cope with nutritional care of children under age 5, who were more sensitive to nutritional deterioration due to reduced food intake and diarrheal diseases related to poor hygiene and water quality. According to EFSA, 3.4 per cent of underage five children were affected with acute malnutrition, with higher impact on girls (5.6 per cent). The nutrition status was highlighted by a preliminary analysis of information from 1,800 families in the Dry Corridor that may have biases but pointed out an evident vulnerability if food insecurity maintains or worsens in the coming months.

Based on the lack of humanitarian assistance in this context could generate a higher level of morbidity and mortality in a population without resources to cope with a situation of lack of food and income that could be extended at least until the next year. The Humanitarian Country Team took the decision to prepare the CERF proposal based on The Preliminary Emergency Response Plan that previously was elaborated.

The selection of municipalities to be considered in CERF proposals were based on the following variables: incidence of meteorological drought, human development and the structure of production. Besides this, each cluster for each municipality conducted a specific analysis prioritized in function to the needs of the population in relation to its cluster, and the logic for the selection of the municipalities were that at least four sectors should develop its interventions in the municipality selected; under this criteria on, the total of 13 municipalities selected for the CERF: 9 municipalities (69 per cent) had four interventions, 4 municipalities (31 per cent) with 5 interventions. The interventions were: food assistance, early recovery of agricultural livelihoods, nutrition, health and wash.

Map of the municipalities for the CERF funded activities



III. CERF PROCESS

The Government, in anticipation of the effects of drought, formed the Technical Inter-Institutional Committee for Drought Risk Management in May 2014 with the participation of members of the National Risk Management System (SINAGER), coordinated by COPECO, and the Humanitarian Country Team. The Committee developed a Drought Action Plan for Food Security that was approved in June and its implementation was in coordination with the mayors of the affected municipalities through the Association of Municipalities of Honduras (AMHON).

To facilitate information sharing and effective coordinated response actions, the Humanitarian Country Team set up sector-based groups to analyze and plan the response with participation of state sectors. Sectorial priorities for this emergency were being coordinated as follows: WFP lead Food Assistance, FAO lead emergency livelihoods, PAHO / WHO leads health, WFP, PAHO/WHO and UNICEF lead nutrition and UNICEF leads water, sanitation and hygiene. Participation included agencies, programs and projects, national and international NGOs, Red Cross and government entities that were part of the Humanitarian Country Team.

Cluster meetings took place both to design the Emergency Response Plan and the CERF proposal. The preparation of the Preliminary Response Plan used the prioritization done by the Technical Inter-Institutional Committee for Drought Risk Management based on the following variables: incidence of meteorological drought, human development, and production structure. Government representative from COPECO, Health, Agriculture, Water and Nutrition offices participated in the meetings. OCHA ROLAC supported the coordination process and the preparation of the documents.

The critical indicator to prioritize the most vulnerable persons was food consumption, based on the initial EFSA which found 27 per cent of persons with unacceptable food consumption level. This was applied to the total population in the 64 prioritized municipalities.

The targeted population was families of subsistence farmers and landless laborers, and woman households. This led to agree a synergic approach to improve the food security in these families linking food assistance to emergency livelihoods through food for work strategies to reinforce short term productive activities and capacity building to implement them. Among sectors, these were considered to require more investment.

Prioritization of geographic areas and activities for the CERF proposal was made in a participative consultation process. Cluster leads had a critical role in this process and made possible the consensus with all the participant organizations. Partnerships both with the government and the NGOs were reinforced in the process.

The agencies (FAO, PAHO-WHO, UNICEF, and WFP) have a gender policy which is implemented in all its programs and projects and also requests to the partner institutions to implement that policy. Therefore, since the beginning of the CERF projects the participation of men and women in the planning, implementation and evaluation of all activities was requested, for example, although the activity of the preparation of fortify supplementary rations (papilla) is proper to women; men participated in the process and transfer of supplies to home from distribution centers.

The CERF project did emphasis on the most vulnerable groups composed by single mothers affected by drought, with young children with malnutrition or high risk of malnutrition. Also the gender approach was included in all educational materials, in training delivered to beneficiaries and community organizations.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 154,355 individuals (30,871 families) were affected by severe food insecurity				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	5,843	4,232	10,075
	Food Aid	11,803	9,862	21,665
	Nutrition	4,252	2,799	7,051
	Health	3,942	2,566	6,508
	Water, Sanitation and Hygiene	4,395	4,322	8,717

BENEFICIARY ESTIMATION

The critical indicator to prioritize the most vulnerable persons was food consumption, based on the initial Emergency Food Security Assessment (EFSA) which found 27% of persons with unacceptable food consumption level. This was applied to the total population in the 13 prioritized municipalities. The selection criteria and number of beneficiaries by component was determined as follows: a. The target group was the communities and families in situation of food and nutritional vulnerability due to drought; b. The communities were selected by municipal committees, composed of the municipal corporation, NGOs, the Ministry of Health, the commissioner for human rights among others; and c. The beneficiaries were selected based on their vulnerability to food insecurity, using a methodology already validated by the Government of Honduras.

In general the direct reached beneficiaries were over the originally planned in the sectors of: food aid, health and wash. In the case of food aid, the exchange rate for the US Dollar against the Lempira (local currency), as well as the low commissions charged by the financial institutions that worked with WFP on the cash transfers, allowed to increase the number of beneficiary families of this project. The raise was from 20.000 individuals to 21.665 (4,333 families) and the coverage achieved was of 8.33per cent. In agriculture, the total number of beneficiaries is kept only changes the number of women and men. FAO requested NGOs to give preferential attention to households that were headed by a woman. On the other hand, because of the emergency, many men have migrated to other areas in search of employment.

In relation to wash, an increase in the number of supported communities, from 36 to 53; as well as in the amount of the community wells that were improved, from 6 to 60. Although in the initial proposal it was planned to benefit more families individually, once the execution actions started it was noticed that people were using mainly community solutions. Considering this fact, it was agreed that it could be a better approach to work with community wells for covering more people; the commitment showed up by beneficiaries to participate in the process was also an important issue.

In nutrition the number of children under age five was reached 100%, but in adults only 96 % of the total number of direct beneficiaries planned. This number corresponds to the beneficiaries identified, selected and reported by implementing partners.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned*	Estimated Reached
Female	10,386	11,803
Male	9,614	9,862
Total individuals (Female and male)	20,000	21,665
Of total, children under age 5	6,000	6,000

* The original planned figures were amended, this amended was done based on the beneficiaries identified on the CERF projects that were approved.

To avoid a double counting every sector identified its planned and reached direct beneficiaries through CERF funding. The beneficiaries for every sector are presented in the next table:

	WFP (Food Aid)		FAO (Agriculture)		UNICEF (WASH)		PAHO-WHO (Health)		PAHO-WHO; UNICEF; PMA (Nutrition)	
	Planned	Reached	Planned	Reached	Planned	Reached	Planned	Reached	Planned	Reached
Female	10,386	11,803	5,135	5,843	3,500	4,395	3,040	3,942	4,415	4,252
Male	9,614	9,862	4,940	4,232	3,500	4,322	2,194	2,566	2,940	2,799
Total Individuals	20,000	21,665	10,075	10,075	7,000	8,717	5,234	6,508	7,355	7,051
Of total children under age 5	4,120	4,463	1,560	1,560	900	1,096	4,302	3,178	6,000	6,000

CERF RESULTS

WFP, FAO, UNICEF, and PAHO-WHO closely coordinated with national and local authorities to effectively optimize and focus CERF funded actions. The main CERF results listed by implementing agency include:

WFP (Food Aid)

- Food Assistance was delivered to assist 4,333 families (21,665 individuals) in 12 municipalities in the dry corridor for three months through cash for work modality. It was possible to transfer US\$ 958,968.50. Three deliveries of US\$ 74 were made per family, one monthly, to meet their minimum food requirements.
- According to the findings of the post distribution evaluation the number of households that consume less than four food groups (the four food groups were among the follows: Cereals and tubers, legumes, vegetables, fruits, meat, milk, and oil) decreased from 36per cent to 3.7per cent so it has achieved a 90per cent reduction in this indicator. The populations in the municipalities assisted consume mainly maize and beans (cereals and legumes). The post-distribution monitoring carried out in those municipalities, found out that populations were consuming more frequently vegetables, fruits and oils; less frequently meats and dairy products.
- In indicator of poor food consumption a reduction from 11per cent to 0.7per cent was recorded, which was achieved by a 94per cent reduction in the group of poor Consumer goods.
- On the cash for work modality, the main actions carried out by the affected families, as part of their community work plans were: 1. rehabilitation of: 824 ha of agricultural land; 1,555 home or yard gardens and preparation of 8,000 nursery plants; 1163 houses; 8 rural schools; 3 community centers; 47 water sources; 87 community wells; 180 water harvesting; 41 latrines; 200 km of land roads. 2. Construction of 3.892 meters of dead barriers or stone walls; 770 meters of live barriers; 16 latrines. 3. Conduct of 28 clean-up campaigns, and 4. Training of 510 people on hygiene and healthy environments issues

FAO (Agriculture)

- 2,015 families in 13 municipalities in the dry corridor representing 9per cent of households were addressed. At first FAO planned to work in 80 communities but eventually worked in 108 selected in coordination with local governments.
- Of 2,015 families directly benefited a total of 10,075 people, 58per cent women and 42per cent men; 1,500 of the total were children under five. Women had a greater participation because households are headed by a single mother, and on the other hand, a significant number of men have migrated to other areas in search of employment.
- 2,015 families established gardens with vegetables and fruit plants which were adapted to the area. The project supported them with seeds, fruit plants, fertilizers and micro-irrigation systems.
- 60per cent (1,208) of families installed a water harvesting; this means 10per cent more than the original goal. 1,049 families were harvesting with PVC tanks with capacity for 1.100 litres of water. The remaining 159 families built geo-membrane ponds capable of storing six cubic meters of water. In each water harvesting a small irrigation system was installed, this means 1,208 installed irrigation systems for gardens.
- 100per cent of the 2,015 families were trained in sustainable management practices for vegetables garden, making compost from local materials, soil and water conservation, not to burn the soil and cleaning the environment.
- 100per cent of participating families were trained in the importance of eating vegetables and fruit, and good production management to have it as an alternative source of food and income.
- FAO through its program PESA (Special Food Security Program) develops a continuous monitoring of the results achieved with CERF to ensure its sustainability with families that were benefited.

UNICEF (WASH)

- 8,717 people (3,548 children, 2,641 women and 2,528 men) living in 53 communities in 7 municipalities affected by the drought in Honduras were supported with domestic filters and the rehabilitation or improvement of existing wells in order to ensure access to safe water Although in the initial proposal it was planned to benefit more families individually, once the execution actions started it was noticed that people was using mainly community solutions. Considering this fact, it was agreed that it could be a better approach to work with community wells for covering more people; the commitment showed up by beneficiaries to participate in the process was also an important issue.
- 53 communities have 60 improved community wells and 16 improved domestic wells for the water supply. 1,588 families have domestic filters to ensure safe water; and 1,793 families in 53 communities participate in hygiene promotion activities to facilitate the adoption of good hygiene practices (main topics: hand washing, personal and home cleanliness, proper use and maintenance of latrines).

PAHO-WHO (Health)

- According to surveillance data of the Ministry of Health, during the period of implementation of the project since January to May 2015, the number of diarrhoea cases reported in children under age 5 reached 276, representing a reduction of 73 per cent of the base line (1,037 cases), which is higher than expected reduction of 2/3.
- Equipped 100 per cent (52) health facilities with essential medicines and health supplies as micronutrients powder (5334 sachets) and equipment to monitor water quality (provided 112 chlorine comparators and 140 packs of reagents for free and residual chlorine).
- The local authorities of the 13 beneficiary municipalities were provided with supplies for the treatment of drinking water and trained for its proper management. The supplies included 33 chlorine production equipment in situ and 110 barrels of calcium hypochlorite that will benefit more than 4,000 families (100per cent targeted).
- Through the project were trained technicians of 13 municipalities that cover 52 health facilities on the methodology of "Water Safety Plans" (WSP). In total, were trained 24 technicians: 12 Environmental Health Technicians of the Ministry of Health, 7 Environmental Municipal Units Technicians of Alubarén, Curarén, Liure, Texiguat, Vado Ancho, Langué and San Francisco de Coray and 5 ONGs technicians of South in Action (2) and ChildFund Honduras (3). These developed 45 WSP. In addition, the technicians were provided with tools to implement water quality monitoring in the prioritized communities, as mentioned before: 112 chlorine comparators and 140 reagents for free and residual chlorine.
- The authorities of four health regions of Ministry of Health (Choluteca, El Paraíso, Francisco Morazán and Valle) were provided with 200 kilograms of larvicidal BTI and 204 liters of Deltametrina 2.5 per cent in order to reduce the risk of prevalent vector borne diseases in the intervention area (dengue and chikungunya). Also, more than 501 community leaders along with local technicians were trained on the methodology of "Promoting Healthy Environments", which includes proper water management and vector control.

PAHO-WHO, UNICEF, WFP (Nutrition)

- Food assistance with a focus on malnutrition prevention to 6,000 children, in 100 health units.

- Increased coverage of nutritional surveillance in the population under 5 years, from 30 per cent to 80 per cent. Perform 103 days of nutritional education at community level, linking supplementary feeding beneficiary families.
- 100 per cent of children under age five with acute malnutrition, corresponding to 134 children and women with moderate and severe acute malnutrition identified in the communities were referral and received nutritional care at local level (health centers) and those with acute severe cases were referral to regional hospitals according to protocols of the Ministry of Health.
- Undertake 13 training sessions on food and nutrition education and use/preparation of CSB to Municipal Health Teams.
- Trained and strengthened more than 85 health personnel from 13 municipalities on nutritional status surveillance in under five children, pregnant women and breast feeding women in order to identify and treat promptly the affected population and 248 community leaders on key practices for growth and development and preparation of food for children under five years old.
- The health personnel of the 13 municipalities conducted active search for the vulnerable population with acute malnutrition moderate and severe.
- Health centers in the 13 municipalities are providing appropriate nutritional care for vulnerable population. Appropriate nutritional care means provide essentials medicines (Oral rehydration salts, infant micronutrients, sulphate zinc), fortified supplementary rations (papilla), home care by applying key family practices.
- Four regional hospitals count on with Formula F-75 and F-100, 28 health centers with anthropometric equipment and materials (Nutrition and attention control of Pregnant woman and children from 0 – 24 months) for the monitoring of health/nutritional conditions of vulnerable population with acute malnutrition in thirteen municipalities.

CERF fund helped to respond to time critical needs of the population affected by drought in 13 municipalities. 4333 families immediately had the opportunity to access financial and technical resources, this includes the purchase of equipment, materials and supplies as well as training to rehabilitate their livelihoods and recover from the emergency. This is very important because the diet consumption and diversity were improved; also the adverse mechanisms were reduced. On the other hand, the leadership of women was strengthened in the participation of municipal and community committees. Moreover, the use of cash transfer was focused mainly in the purchase of food items.

The beneficiaries were consuming water of poor quality, which was not appropriate for human consumption; CERF helped to assure safe water for their needs through the improvement of 60 community wells and 16 domestic wells. A plus that can be attributed to the CERF project is the hygiene training session carried out for the beneficiaries. Four important themes were included: personal hygiene, cleanliness of the house, proper use of the water for human consumption, use and maintenance of the latrine.

Also CERF fund helped to prevent the worsening of the health situation through operative training and health supplies to beneficiaries timely. Furthermore, 6000 children in 100 health units were assisted with food focus on malnutrition prevention and the coverage of nutritional surveillance was increased in the population under age 5, from 30 per cent to 80 per cent.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF funds granted under the modality of cash transfer allowed a rapid delivery of the resources to the beneficiary families, especially to those affected by the drought.

Families immediately have the opportunity to access financial and technical resources, this includes the purchase of equipment, materials and supplies as well as to training to rehabilitate their livelihoods and recover from the emergency. This is very important because it allows them to reintegrate into society.

The short execution time led to UN Agencies and NGOs partners to plan in basis of short - term results, so the CERF reached the beneficiaries in a fast way. It is important to mention that the active participation of the beneficiary families during the process contributed to delivering safe water to the affected population.

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

YES PARTIALLY NO

The CERF funds were received during the months when the food reserves were about to be drained. The CERF funds immediately come to the emergency helping people to work to recover from the damage and build again the family heritage. This is important because they come at the most critical moment and give encouragement to keep going.

Also, CERF fund helped to respond to time critical needs of the population affected by drought in 13 municipalities and helped to prevent the worsening of the health situation in these areas and to focus on malnutrition prevention on children under age 5 and pregnant women.

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

YES PARTIALLY NO

The contribution of CERF funds to attend the families affected by drought have encourage to other donors to join efforts to assist the families that suffered the impact of the 2014 drought, which allowed an increase in the coverage of beneficiary families affected by drought. Among the donors who have contributed with financial resources to support the drought crisis, from November 2014 to the present, we have Canada, Japan, Germany, Switzerland, the United States and the European Union. The total funds donated are approaching US\$ 10,250 million. The funds were oriented to food assistance (WFP).

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The project substantially improved coordination amongst the humanitarian community, governmental sector and United Nations Agencies, especially at the local level. The beneficiaries, leaders and local authorities evidenced satisfaction by the articulated and integral way of working on this project.

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

The CERF projects provide valuable resources for communities in emergency situations, in this ways family, NGOs and local governments are strengthened to overcome the crisis.

The CERF project facilitated the implementation of innovative methodologies and technologies for example the cash modality that was the first experience in Honduras, also methodologies to prevent and reduce health risks for populations affected by the drought. In this case PAHO/WHO has planned the follow up of all methodologies and technologies implemented during the project and evaluate best practices, in order to take them into account for future emergency projects and to create national and local capacities.

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, locust control, etc.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
After the emergency, it is necessary to continue working with the activities initiated with the CERF	When running the CERF funds it is necessary to organize a working platform to strengthen the management capacity of local actors and thus work for their own development. They will be supported in identifying funds for new projects implemented by them.	CERF Secretariat RC/HC Country All implementing agencies

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Establish a good coordination among all implementing agencies is important	In the meetings scheduled field trips together for socializing with local governments and families. Commit an agreed work plan in the field involving the local/communities organizations, implementing partners and UN agencies. Conduct field monitoring among all agencies.	All implementing agencies
The selection of communities and families should be a coordinated effort among implementing agencies, NGOs and local governments	Develop meetings with local governments and other actors. Field visits and meetings between agencies.	All implementing agencies
Targeting and registering of beneficiaries were delayed due to limited community access, lack of documents and not enough staff to raise the field information. (cash modality)	At the time of approval of the fund it should be initiated the recooleccion of information from participants especially copies of IDs to have reliable information on cash transfers, special requirement of the national financial system in Honduras.	WFP and cooperating partners
The NGOs facilitate the implementation of this type of projects and contribute to better coordination with local stakeholders.	Consider the inclusion of NGOs in the implementation of future projects of Emergency Response, specially in health cluster.	PAHO/WHO
Community leaders are essential to support the identification and referral of malnourished children to health centers .	Continue including community leaders on nutritional status surveillance activities in children under five years old and other nutritional risk groups.	Government partner (Ministry of Health)
Give the necessary relevance to the personal security in the field.	Formulate a security plan with the support of UNDSS before the implementation of the field activities, involving all actors in the actions; it means UN agencies, NGOs, municipalities and communities.	All implementing agencies NGOs

Socialize the project with local governments and NGOs which facilitates its implementation and helps achieve goals	Develop meetings and workshop with local governments and ONGs	All implementing agencies
Improve the participation of the government entities on the follow up of the activities.	To promote greater relation and coordination with the governemnt entity at the central level, in order to be prepared for emergency situations.	OCHA/ All implementing agencies
In addition to providing supplies and equipment for the attention of the emergency caused by drought, it is also important to introduce methodologies to ensure continuity of interventions at local level.	Follow up and systematization of all the actions taken by the component of health.	PAHO/WHO
The involvement and training of local technicians is also essential to meet the objectives and expected results of the project.	Follow up of the local technicians trained by the project, in order to use their skills in the surveillance of drinking water quality and promotion of health.	PAHO/WHO

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	14.11.14 – 13.05.15
2. CERF project code:	14-RR-FAO-035	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Assistance to food security vulnerable livelihoods in 13 municipalities of the Dry Corridor of Honduras		
7. Funding	a. Total project budget:	US\$ 906,764	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 306,764	▪ NGO partners and Red Cross/Crescent: US\$ 134,269
	c. Amount received from CERF:	US\$ 600,000	▪ Government Partners: US\$ 00.00
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	5,135	5,843	The total number of beneficiaries is kept as planned, only changes in the number of women and men. FAO requested NGOs to give preferential attention to households that were headed by a woman, on the other hand, because of the emergency many men have migrated to other areas in search of employment.
b. Male	4,940	4,232	
c. Total individuals (female + male):	10,075	10,075	
d. Of total, children <u>under</u> age 5	1,560	1,560	
9. Original project objective from approved CERF proposal			
To contribute to minimize the impact of the drought in the short term access to food and other basic needs of families through the support of livelihoods of 2,015 households in 13 municipalities in the Dry Corridor in			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Attention to 2,015 families in 13 municipalities in the dry corridor, representing 9per cent of all households (22,388) in these municipalities. These participating households have very low food consumption. • Of the 2,015 families with 10,075 members, 51per cent (5,138) of the people served will be women. • At least 80per cent (1,612) of families will have sustainable family gardens. The remaining 20per cent (403) having no available area around your home, access to small plots for growing basic grains on a small scale, these families were supported with chemical inputs, technical assistance and training. • 50per cent (1,007) of families have access to water harvesting infrastructure. • 100per cent (2,015) of families have been trained in best practices for the adequate management of their livelihoods (backyard gardens, small animals and crops). • 80per cent (1,612) of families retain their small animals as source of livelihoods due to losses caused by drought in both crops as sources of employment, forcing them to sell their small animals (birds and pigs) for buying food 			
11. Actual outcomes achieved with CERF funds			
<p>The project was implemented with great success; the goals were achieved and exceeded by the dedication and effort of NGOs, in collaboration with local governments, communities and families participating. The results are described below:</p> <ul style="list-style-type: none"> • 2,015 families in 13 municipalities in the dry corridor representing 9per cent of households were addressed. At first we planned to work in 80 communities but eventually worked in 108 selected in coordination with local governments. 			

- Of 2,015 families, a total of 10,075 people (58 per cent women and 42 per cent men) were directly benefited, among which 1,500 were children under five. Women had a greater participation because households were headed by a single mother, and on the other hand, a significant number of men have migrated to other areas in search of employment due to the emergency.
- The 2,015 families established gardens with vegetables and fruit plants which were adapted to the area. The project supported them with seeds, fruit plants, fertilizers and micro-irrigation systems.
- 60per cent (1,208) of families installed a water harvesting; this means 10 per cent more than the original goal. 1,049 families were harvesting with PVC tanks with capacity for 1.100 liters of water. The remaining 159 families built geo-membrane ponds capable of storing six cubic meters of water. In each water harvesting a small irrigation system was installed, this means 1,208 installed irrigation systems for gardens.
- 100per cent of the 2,015 families were trained in sustainable management practices for vegetables garden, making compost from local materials, soil and water conservation, not to burn the soil and cleaning the environment.
- 100 per cent of participating families were trained in the importance of eating vegetables and fruit and how to cook them properly

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

The total number of beneficiaries is kept as planned only changes in the number of women and men.

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

FAO has a gender policy which is implemented in all its programs and projects and also requests the partner institutions implement that policy. Therefore, since the beginning of the project the participation of men and women in the planning, implementation and evaluation of all activities is requested, the views and opinions of women are important for decisions. In all training are asked to integrate more women.

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

EVALUATION PENDING

Because this is a rapid response project only supervision and monitoring were performed. NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	20.11.14 – 19.05.15
2. CERF project code:	14-RR-WFP-078	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Aid		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Food assistance for people affected by Food Insecurity in the Southern Region of Honduras		
7. Funding	a. Total project budget:	US\$ 9,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$1,200,142	▪ NGO partners and Red Cross/Crescent: US\$35,092.20
	c. Amount received from CERF:	US\$ 1,200,142	▪ Government Partners: US\$ 0,00
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	10,386	11,803	The Exchange rate for the US Dollar against the Lempira (local currency), as well as the low commissions charged by the financial institutions that worked with WFP on the cash transfers, allowed to increase the number of beneficiary families of this project. The raise was from 4000 families to 4,333 and this represented an 8.33 per cent increase in the originally planned coverage.
b. Male	9,614	9,862	
c. Total individuals (female + male):	20,000	21,665	
d. Of total, children <u>under</u> age 5	4,120	4,463	
9. Original project objective from approved CERF proposal			
Provide and improve the food security of 20,000 vulnerable people through the modality of cash transfers over a 68-day period			
10. Original expected outcomes from approved CERF proposal			
Through the CERF and other resources, WFP aims at stabilizing or improving food consumption for targeted households and individuals, over the assistance period.			
i. Total amount of cash transferred to 4,000 family beneficiaries (disaggregated by sex, beneficiary category), as percent of planned. Around US\$ 966,688 will be transferred through three distributions for a period of three months (68 days), to complement the Government's contribution.			
1. Target 100 Percent			
ii. Increased diet diversity score of targeted households"			
1. Target: 15 per cent of household consume less than four groups			
2. Baseline: 36 percent of household consume less than four groups.			
iii. Percentage of households with acceptable Food Consumption Score (disaggregated by female and male-headed households).			
1. Target: Reduced prevalence of poor food consumption of targeted households/individuals by 80 per cent,			
2. Baseline 11 percent			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> It was possible to transfer US\$ 958,968.50 through cash for work modality and it was possible to assist 4,333 families in 12 municipalities in the dry corridor. This represented an increase in coverage of 8.33 per cent of the total originally planned. 			

Department	Municipality	Families lead by		Total
		Women	Men	
Paráiso	Liure	474	66	540
	Soledad	420	29	449
	Vado Ancho	101	80	181
	Texiguat	263	121	384
	San Antonio de Flores	213	16	229
Francisco Morazán	La Libertad	99	26	125
	Alubaren	213	35	248
	Reitoca	402	65	467
Choluteca	San Isidro	144	138	282
	San jose	141	129	270
Valle	San Francisco de Coray	398	30	428
	Langue	661	69	730
	Total	3529	804	4333
	per cent	81 per cent	19 per cent	

- According to the findings of the post distribution evaluation, the number of households that consume less than four food groups decreased from 36 per cent to 3.7 per cent so it has achieved a 90 per cent reduction in this indicator.
- The population in the municipalities assisted by the CERF consumes mainly maize and beans (cereals and legumes). The post-distribution monitoring carried out in those municipalities, found out that populations were consuming more frequently vegetables, fruits and oils; less frequently meats and dairy products.
- In indicator of poor food consumption a reduction from 11 per cent to 0.7 per cent was recorded, which was achieved by a 94 per cent reduction in the group of poor Consumer goods.
- On the cash for work modality, the main actions carried out by the affected families, as part of their community work plans were: 1. rehabilitation of: 824 ha of agricultural land; 1,555 home or yard gardens and preparation of 8,000 nursery plants; 1163 houses; 8 rural schools; 3 community centers; 47 water sources; 87 community wells; 180 water harvesting; 41 latrines; 200 km of land roads. 2. Construction of 3.892 meters of dead barriers or stone walls; 770 meters of live barriers; 16 latrines. 3. Conduct of 28 clean-up campaigns, and 4. Training of 510 people on hygiene and healthy environments issues

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

The Exchange rate for the US Dollar against the Lempira (local currency), as well as the low commissions charged by the financial institutions that worked with WFP on the cash transfers, allowed to increase the number of beneficiary families of this project.

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

YES NO

From its planning stage, assistance to vulnerable populations composed mainly of single women heads of households with children younger than 5 years at high risk of malnutrition was observed to achieve attention of 82 percent cash transfers made in this project.

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

EVALUATION CARRIED OUT

A post-distribution assessment in the municipalities assisted with CERF was held. The post distribution monitoring is a standard methodology of WFP, which assesses consumption indicators and is applied only to beneficiaries of food assistance. According to the baseline, which is usually obtained through the Emergency Food Security Assessments (EFSA), changes are evaluated after assistance.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP WHO UNICEF	5. CERF grant period:	20.11.14 – 19.05.15 (WFP) 20.11.14 – 19.05.15 (WHO) 13.11.14 – 12.05.15 (UNICEF)
2. CERF project code:	14-RR-WFP-077 14-RR-WHO-075 14-RR-CEF-154	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Nutrition		
4. Project title:	Prevention and promotion of adequate nutritional practices and care at community level in 13 municipalities of the Dry Corridor		
7. Funding	a. Total project budget:	US\$ 1,100,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 233,247	▪ NGO partners and Red Cross/Crescent: US\$ 48,328
	c. Amount received from CERF:	US\$ 233,247	▪ Government Partners: US\$ 0,00
		(WFP: 106,332; WHO: 83,248; UNICEF: 43,667)	
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	4,415	4,252	It was reached about 96 per cent of the total number of direct beneficiaries planned. This number corresponds to the beneficiaries identified, selected and reported by implementing partners.
b. Male	2,940	2,799	
c. Total individuals (female + male):	7,355	7,051	
d. Of total, children <u>under</u> age 5	6,000	6,000	
9. Original project objective from approved CERF proposal			
a) Strengthen at the community and health facilities level the nutritional status surveillance in under five children, pregnant women and breast feeding women from 13 municipalities prioritized in order to identify and treat promptly the affected population. b) Provide 4 regional hospitals with Formula F-75 and F-100, and 28 health centres with anthropometric equipment, needed to manage the population affected by acute malnutrition in the prioritized area. c) Promote at community level the key practices to improve grow and development of under five girls and boys including breast feeding, hygienic practices among others. d) To prevent and avoid nutritional deterioration of children under five years living in households severely affected by the drought and prioritized in the EFSA.			
10. Original expected outcomes from approved CERF proposal			
Outcomes			
a) Health Centers in the prioritized municipalities provide appropriate nutritional care for vulnerable population. b) Vulnerable population with acute malnutrition identified in the communities are addressed to health centers. c) Mothers and caregivers of children under 5 in the municipalities that have received support, receive information on health and nutrition (breastfeeding, prevention of diseases, identification of danger signs, hygiene practices, etc.). d) Rural health centers deliver supplementary fortified rations (papilla) to all targeted beneficiaries (6000 children under 5 years).			

<p>Indicators</p> <p>a) 100 per cent of children under 5, nearly 300 children, and circa 1,400 pregnant women with moderate and severe acute malnutrition receive nutritional care in health centers in the prioritized municipalities. (PAHO/WHO-UNICEF)</p> <p>b) 100 per cent of children under 5 years, circa 6,000 children, in prioritized municipalities receive supplementary fortified rations (papilla) (WFP).</p> <p>1 Proportion of children consuming a Minimum Acceptable Diet; target 100 percent of 6,000 targeted children</p> <p>2 Moderate Acute Malnutrition (MAM) Treatment Performance Rate (recovery, mortality, default and non-response rates); Baseline: 3.4 per cent percent of children under five years in moderate acute malnutrition. Target: 70 percent reduction.</p> <p>3 Proportion of eligible population who participate in programme (coverage), 6,000 children. Target 100 per cent;</p> <p>4 Proportion of target population (6,000 children) participating in an adequate number of distributions; ≥ 66 per cent;</p>	
<p>11. Actual outcomes achieved with CERF funds</p>	
<p>This narrative section should describe what was accomplished with CERF funding. This should include a brief description of:</p> <ul style="list-style-type: none"> • Systematically monitoring growth and development of 6,000 (boys and girls) in 100 health units of the 13 municipalities targeted by the CERF (WFP). • Food assistance with a focus on malnutrition prevention to 6,000 children, in 100 health units (WFP). • Increased coverage of nutritional surveillance in the population under 5 years, from 30% to 80 %. Perform 103 days of nutritional education at community level, linking supplementary feeding beneficiary families (WFP). • Undertook 13 training sessions on food and nutrition education and use/preparation of CSB to Municipal Health Teams (WFP). • Trained and strengthened more than 85 health personnel from 13 municipalities on nutritional status surveillance in under five children, pregnant women and breast feeding women in order to identify and treat promptly the affected population and 248 community leaders on key practices for growth and development an preparation of food for children under five years old (PAHO/WHO). • The health personnel of the 13 municipalities conducted active search for the vulnerable population with acute malnutrition moderate and severe (pregnant and lactating women and children under 5 years old) (PAHO/WHO). • 100 per cent of children under five years old with acute malnutrition, corresponding to 134 children identified in the communities were referral and received nutritional care at local level (health centers) and those with acute severe cases were referral to regional hospitals according to protocols of the Ministry of Health (PAHO/WHO-UNICEF). • Health centers in the 13 municipalities are providing appropriate nutritional care for vulnerable population. (PAHO/WHO-UNICEF). Appropriate nutritional care means provide essentials medicines (Oral rehydration salts, infant micronutrients, sulphate zinc), fortified supplementary rations (papilla), home care by applying key family practices. • Four regional hospitals count on with Formula F-75 and F-100, 28 health centers with anthropometric equipment and materials (Nutrition and attention control of Pregnant woman and children from 0 – 24 months) for the monitoring of health/nutritional conditions of vulnerable population with acute malnutrition in thirteen municipalities (UNICEF). 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>It was reached about 96 per cent of the total number of direct beneficiaries planned. This number corresponds to the beneficiaries identified, selected and reported by implementing partners.</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>The selection of the vulnerable population was based on the family which includes all members. Although the activity of the preparation of forty supplementary ratios (papilla) is proper to women, men participates in the distribution process and transfer of supplies to home from distribution centers. In rural areas of Honduras, persists the cultural tradition that only the woman is involved in nutritional</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>The project implementation period not allowed to establishing an evaluation process. Despite the above, each agency develops activities of follow up.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	20.11.14 – 19.05.15
2. CERF project code:	14-RR-WHO-074	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Strengthening the health response to face drought emergency		
7. Funding	a. Total project budget:	US\$ 1,100,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 271, 273	▪ NGO partners and Red Cross/Crescent: US\$ 61,100
	c. Amount received from CERF:	US\$ 271,273	▪ Government Partners: US\$ 0,00
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	3,040	3942	Of total 4,302 Children under age 5, 3,178 were reached, equivalent to 74 per cent. This percentage of beneficiaries is compensated with the 6,000 children who were beneficiaries in the nutrition component, who were provided with essential medicines (oral rehydration salts and infant micronutrients) supplied by the health component.
b. Male	2,194	2566	
c. Total individuals (female + male):	5,234	6508	
d. Of total, children <u>under</u> age 5	4,302	3178	
9. Original project objective from approved CERF proposal			
Strengthen the response of health services in 10 municipalities affected by drought in the departments of Francisco Morazán, Choluteca, Valle and El Paraiso in the Dry Corridor Honduras, in the care of children under 5, pregnant and lactating women affected due to lack of food and water as a result of the current drought emergency			
10. Original expected outcomes from approved CERF proposal			
Outcomes			
<ol style="list-style-type: none"> 52 Health facilities adequately equipped to ensure timely detection, treatment and quality management of affected population with deteriorated health condition due to the effects of drought. 4,000 families equipped with supplies for the treatment of drinking water and trained for its proper management. Environmental Health Technicians of the 52 health facilities with updated information and tools to implement water quality monitoring in the prioritized communities in rural municipalities Risk of vector-borne diseases such as dengue, malaria, chikungunya, is reduced in targeted areas. 			
Indicators			
<ol style="list-style-type: none"> Reduced by at least two thirds the cases of diarrhoea in the targeted communities according the health facilities surveillance data. Data is consolidated to municipality level, as one of the first NGOs activities is collect data from the three months previous to the project start that would be the base line. 100 per cent of the 52 health facilities present in the targeted area have necessary supplies to improve care of people affected during the current emergency. 100 per cent of 4,000 targeted families receive supplies and are trained on how to treat drinking water. 			

4. Vector control actions (elimination and treatment of mosquito breeding focuses) developed in 10 municipalities prioritized by this intervention.	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • According to surveillance data of the Ministry of Health, during the period of implementation of the project since January to May 2015, the number of diarrhoea cases reported in children under 5 years reached 276, representing a reduction of 73 per cent of the base line (1,037 cases), which is higher than expected reduction of 2/3. • Equipped 100 per cent (52) health facilities with essential medicines and health supplies as micronutrients powder (5334 sachets) and equipment to monitor water quality (provided 112 chlorine comparators and 140 packs of reagents for free and residual chlorine). See below table of essential medicines and health supplies purchased by PAHO/WHO, CERF Project 2014. • The local authorities of the 13 beneficiary municipalities were provided with supplies for the treatment of drinking water and trained for its proper management. The supplies included 33 chlorine production equipment in situ and 110 barrels of calcium hypochlorite that will benefit more than 4,000 families (100 per cent targeted). • Through the project were trained technicians of 13 municipalities that cover 52 health facilities on the methodology of "Water Safety Plans" (WSP). In total, were trained 24 technicians: 12 Environmental Health Technicians of the Ministry of Health, 7 Environmental Municipal Units Technicians of Alubarén, Curarén, Liure, Texiguat, Vado Ancho, Langue and San Francisco de Coray and 5 ONGs technicians of South in Action (2) and ChildFund Honduras (3). These developed 45 WSP. In addition, the technicians were provided with tools to implement water quality monitoring in the prioritized communities, as mentioned before: 112 chlorine comparators and 140 reagents for free and residual chlorine. • In order to reduce the risk of prevalent vector borne diseases in the intervention area (dengue and chikungunya), the authorities of four health regions of Ministry of Health (Choluteca, El Paraíso, Francisco Morazán and Valle) were provided with 200 kilograms of larvacidal BTI and 204 liters of Deltametrina 2.5 per cent. Also, more than 501 community leaders along with local technicians were trained on the methodology of "Promoting Healthy Environments", which includes proper water management and vector control. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The implementing partners just reported 3,178 direct beneficiaries of total 4,302 children under age 5, planned, equivalent to 74 per cent. This could be related to the intervention methodology implemented for each organization on site.	
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"/>
PAHO/WHO includes gender as a crosscutting issue in all their activities and projects. . The gender is included by PAHO/WHO, in all educational materials, in training to beneficiaries and community organizations and epidemiological information (classified by gender).	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The project implementation period not allowed to establishing an evaluation process. Despite the above, each agency develops activities of follow up.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

Table A. Essential medicines and health supplies purchased by PAHO/WHO, CERF Project 2014.

Departament	Municipality	Oral Rehydration Salts sachets	Infant Micronutr. sachets	Chlorine production equipment in situ	chlorine comparator	Reagements for free and residual chlorine sachets	Calcium hypo-chlorite	Larvicidal BTI (kgr)	Deltamethrin 2.5% (Liters)
Cholulteca	San Isidro	401	214	4	12	16	12	25	29
	San Jose	435	232	4	12	16	13	25	25
Francisco Morazan	Alubaren	673	359	2	9	10	9	25	25
	Curaren	2.278	1.215	2	9	9	7	25	25
	La Libertad	338	180	2	9	9	7	25	25
	Reitoca	1.265	675	2	11	9	7	25	25
Valle	Langue	2.531	1.350	4	15	16	12	12	12
	San Fco. de Coray	1.163	621	3	15	16	13	13	13
El Paraiso	San Antonio de Flores	124	66	2	4	8	6	5	5
	Texiguat	208	111	2	4	8	6	5	5
	Vado Ancho	98	52	2	4	8	6	5	5
	Liure	254	136	2	4	8	6	5	5
	Soledad	231	123	2	4	7	6	5	5
		10.000	5.334	33	112	140	110	200	204

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	14.11.14 – 13.05.15
2. CERF project code:	14-RR-CEF-153	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		<input checked="" type="checkbox"/> Concluded
4. Project title:	Joint humanitarian response to water, sanitation and hygiene needs in communities affected by drought		
7. Funding	a. Total project budget:	US\$ 2,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 295,359	▪ NGO partners and Red Cross/Crescent: US\$ 264,003.35
	c. Amount received from CERF:	US\$ 295,359	▪ Government Partners: US\$0,00
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	3,500	4,395	An increase in the number of supported communities, from 36 to 53; as well as in the amount of the community wells that were improved, from 6 to 60. Although in the initial proposal it was planned to benefit more families individually, once the execution actions started it was noticed that people were using mainly community solutions. Considering this fact, it was agreed that it could be a better approach to work with community wells for covering more people; the community engagement were important to achieve the results.
b. Male	3,500	4,322	
c. Total individuals (female + male):	7,000	8,717	
d. Of total, children <u>under</u> age 5	900	1,096	
9. Original project objective from approved CERF proposal			
<p>Improve sanitary conditions of the most vulnerable people affected by the drought in eight (8) prioritized municipalities with a population of 7,000 people, through increased access to secure water and sanitation and promotion of good hygiene practices at home and community level.</p> <p>Municipalities were prioritized on the basis of their higher level of insecurity food, and will be supported with food supply assistance by the agencies and organisations belonging to the food security cluster.</p>			
10. Original expected outcomes from approved CERF proposal			
Outcomes			
<ul style="list-style-type: none"> Approximately 7,000 people, among them circa 3,500 children, 1,750 women and 1,750 men living in 36 communities in 8 municipalities affected by the drought in Honduras are supported with domestic filters, as well as rehabilitation or improvement of existing wells to ensure access to safe water. Families will be selected in close co-operation with food security cluster and correspond with those exposed to most vulnerability of food insecurity. WASH will complement food assistance provided to families, aiming at improving their nutritional status and preventing diseases, especially diarrhoeas. Nearly 36 communities including approximately 7,000 people, among them circa 3,500 children, 1,750 women and 1,750 men living in the rural zones affected by the drought in Honduras are actively involved in hygiene promotion activities, which facilitate improvement of hygiene habits, an adequate use of water and the improvement of sanitary conditions at household and community level. 			
Indicators			
<ul style="list-style-type: none"> 1,400 families count on domestic filters to ensure safe water consumption 			

<ul style="list-style-type: none"> • 36 communities count on 6 improved community wells and 101 improved domestic wells for the provision of safe water. • 36 communities, including 1,400 families involve in hygiene promotion, which facilitate adoption of good hygiene practices: hand washing, personal and home cleanliness, adequate use and maintenance of latrines. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 8,717 people (3,548 children, 2,641 women and 2,528 men) living in 53 communities in 7 municipalities affected by the drought in Honduras were supported with domestic filters and the rehabilitation or improvement of existing wells in order to ensure access to safe water. Although in the initial proposal it was planned to benefit more families individually, once the execution actions started it was noticed that people was using mainly community solutions. Considering this fact, it was agreed that it could be a better approach to work with community wells for covering more people; the commitment showed up by beneficiaries to participate in the process was also an important issue. • 53 communities were involved in hygiene promotion activities. <p>Indicators</p> <ul style="list-style-type: none"> • 1,588 families have domestic filters to ensure safe water. • 53 communities have 60 improved community wells and 16 improved domestic wells for the water supply. • 1,793 families in 53 communities participate in hygiene promotion activities to facilitate the adoption of good hygiene practices (main topics: hand washing, personal and home cleanliness, proper use and maintenance of latrines). <p>Curaren municipality was no longer considered for carrying out activities after a field visit which found a lack of good water sources to be improved in a short period time.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>As follows, the discrepancies between planned and actual outcomes:</p> <ul style="list-style-type: none"> • The number of communities increased from 36 to 53. • The number of families benefited with filters increased from 1400 to 1588. • The number of families participating in hygiene promotion increased from 1400 to 2003. • The community wells increased from 6 to 60. <p>It was agreed to increase the number of community wells from 6 to 60, and reduce the family wells from 101 to 16, in order to reach more beneficiary families.</p>	
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>Gender equity must be considering by the implementing NGOs (Child Fund, Agua para el Pueblo, Save the Children, Action Aid, World Vision) as one of the cross cutting issue in their interventions, ensuring that women and children have the same opportunities. During CERF fund implementation, NGOs have promoted the participation of women in Water Board, even some among them have the opportunity to be elected in leadership positions.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
An evaluation was not planned, due to the short execution period and the shortage of funds.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

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-RR-FAO-035	Agriculture	FAO	Action Aid	Yes	INGO	\$13,256	15-Jan-15	15-Jan-15	
14-RR-FAO-035	Agriculture	FAO	Caritas	Yes	INGO	\$21,111	28-Jan-15	28-Jan-15	
14-RR-FAO-035	Agriculture	FAO	Child Fund	Yes	INGO	\$65,676	7-Jan-15	7-Jan-15	
14-RR-FAO-035	Agriculture	FAO	GOAL	Yes	INGO	\$19,892	14-Jan-15	14-Jan-15	
14-RR-FAO-035	Agriculture	FAO	World Vision	Yes	INGO	\$14,334	20-Jan-15	20-Jan-15	
14-RR-WFP-078	Food Assistance	WFP	World Vision	No	INGO	\$9,472	7-May-15	28-Jan-15	Although cooperation agreements were signed until late January and early February, the cooperating partners began their actions in the field long before considering working relationship with WFP and physical presence in the assisted areas.
14-RR-WFP-078	Food Assistance	WFP	Action Aid	No	INGO	\$7,346	7-May-15	28-Jan-15	
14-RR-WFP-078	Food Assistance	WFP	CARITAS	No	INGO	\$6,495	7-May-15	1-Feb-15	
14-RR-WFP-078	Food Assistance	WFP	Asociacion de Desarrollo Pespirense	No	NNGO	\$4,908	29-Apr-15	1-Feb-15	
14-RR-WFP-078	Food Assistance	WFP	Child Fund	No	INGO	\$6,871	7-May-15	1-Feb-15	
14-RR-WHO-075	Nutrition	WHO	ChildFund	Yes	INGO	\$35,408	16-Dec-14	16-Dec-14	Letter of Agreement N° HO/LOA/11400022.001, Signed by Ing. Ana Emilia Solis-Ortega Treasure, PAHO/WHO Representative and Leslie Carolina Gamero Jeffs, Presidente of Childfund Honduras on December 16, 2014.
14-RR-WHO-075	Nutrition	WHO	South in Action	Yes	NNGO	\$12,920	16-Dec-14	16-Dec-14	Letter of Agreement N° HO/LOA/11400024.001, Signed by Ing. Ana Emilia Solis-Ortega Treasure, PAHO/WHO Representative and Mario Pinel, Manager of South in Accion, on December 16, 2014.

14-RR-WHO-074	Health	WHO	ChildFund	Yes	INGO	\$31,200	16-Dec-14	16-Dec-14	Letter of Agreement N° HO/LOA/1140023.001, Signed by Ing. Ana Emilia Solis-Ortega Treasure, PAHO/WHO Representative and Leslie Carolina Gamero Jeffs, President of Childfund Honduras on December 16, 2014.
14-RR-WHO-075	Health	UNFPA	Aid in Action	Yes	INGO	\$29,900	16-Dec-14	16-Dec-14	Letter of Agreement N° HO/LOA/1140025.001, Signed by Ing. Ana Emilia Solis-Ortega Treasure, PAHO/WHO Representative and Ernesto Magaña Alcocer, Director of Action Aid on December 16, 2014.
14-RR-CEF-153	Water, Sanitation and Hygiene	UNICEF	Action Aid	No	INGO	\$52,841	27-Feb-15	27-Feb-15	
14-RR-CEF-153	Water, Sanitation and Hygiene	UNICEF	Agua para el Pueblo	No	NNGO	\$54,486	17-Mar-15	17-Mar-15	
14-RR-CEF-153	Water, Sanitation and Hygiene	UNICEF	Save the Children	No	INGO	\$52,425	25-Feb-15	25-Feb-15	
14-RR-CEF-153	Water, Sanitation and Hygiene	UNICEF	World Vision	No	INGO	\$51,163	4-Mar-15	4-Mar-15	
14-RR-CEF-153	Water, Sanitation and Hygiene	UNICEF	Child Fund	No	INGO	\$53,088	25-Feb-15	25-Feb-15	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADEPES	Development Asociation of Pespire (NNGO)
Agua para el Pueblo	Water for People (NNGO)
Banhcafe	Coffe Honduran Bank
CODEM	Municipal Emergency Committee
COMISAL	Cooperative Limited Sabanagrande
CSB	Corn Soya Blend
EFSA	Emergency Food Security Assessment
OCHA	Office of Coordination for Humanitarian Affairs
PAHO/WHO	Pan American Health Organization/World Health Organization
NGOs	Non Governmental Organizations
SINAGER	National Risk Management System
UNICEF	The United Children's Fund
UNDSS	United Nations Departamen of Safe and Security
UTSAN	National Food Security and Nutrition Technical Unit (Gov)
WPS	Water Safety Plans
WFP	World Food Programme