



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
GUINEA-BISSAU
RAPID RESPONSE
DROUGHT**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Gana Fofang

REPORTING PROCESS AND CONSULTATION SUMMARY

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

An AAR was conducted on 17 March 2014 with the participation of the Resident Coordinator's Office, the World Food Programme (WFP), the Food and Agriculture Organization (FAO) and the United Nations Children's Fund (UNICEF).

- 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

- 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 report will be shared and discussed in the next Food Security and Nutrition Group, to be held on 26 June 2014.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 34,328,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,166,825
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	
	OTHER (bilateral/multilateral)	423,000
	TOTAL	3,589,825

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 07-Aug-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-RR-CEF-086	Health-Nutrition	50,020
FAO	13-RR-FAO-026	Agriculture	267,302
WFP	13-RR-WFP-038	Food	2,849,503
TOTAL			3,166,825

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,115,825
Funds forwarded to NGOs for implementation	51,000
Funds forwarded to government partners	0
TOTAL	3,166,825

HUMANITARIAN NEEDS

The overall humanitarian situation in Guinea Bissau in 2013 was dire and fast deteriorating. The country was facing political turmoil and social unrest, the economy was regressing and the disruption in constitutional order has kept the donors away. The food insecurity, severe in Guinea-Bissau, was exacerbated by poor cashew campaign and other vital crops in 2012 and 2013. This had also an impact on malnutrition and health.

Although the overall food insecurity situation in Guinea Bissau has always been dire (around 20 per cent), the situation had become dramatic in mid-2013 due to the cashew nut campaign and the deterioration of the Terms of Trade (ToT). Indeed, in 2013, the cashew nut sector faced an extraordinary crisis never seen in the country. The ToT for cashew nuts and rice decreased: in 2011, one kg of rice was exchanged to one kg of cashew nut; in 2013, the ToT was one kg of rice for 3 kg of cashew. Household food stocks in some areas decreased due to cashew situation and the ToT. Reportedly, 48 per cent of the households in Guinea Bissau had stocks of cereals that would last for only one more month. Against this background, it was urgent to assist these population in food and nutrition insecurity, as they were already developing negative coping strategies such as the decrease in the quantity and quality of meals (skipping a meal or two, reducing the quantities consumed by adults / mothers - children, consuming less food, borrowing food, loans from friends or

relatives, destocking of breeding livestock, fast selling of crops, and starting seasonal migration. The household food stocks in some areas had declined because of the bad situation of the marketing of cashew. Grain stocks available at the household level for 48 per cent of the population did not meet the consumption needs for a period of one month. This crisis was the fallout from the agricultural deficit of 2009, which substantially impaired the capacity of households to meet their food needs. Commercialization of cashew contributes to 75 per cent of the families' food security, but in 2013, the situation had severe impact on the purchasing power due to increase of food prices. Food stocks were depleted and consumption of seeds increased, leading to deficits of seeds for the agricultural campaign. Therefore, there was need for urgent, coherent and effective interventions to immediately support the agricultural campaign. This was necessary to diversify and increase food production, as well as to improve revenues of producers, particularly women, to avoid the forthcoming and inevitable severe consequences in the food insecurity and malnutrition situation.

In fact, malnutrition is a major public health problem in Guinea Bissau, contributing to infant mortality and morbidity. In mid-2013, the situation had fast deteriorated in part related with food insecurity, affecting mostly children 6-59 months. Overall, the prevalence of global acute malnutrition among children under five in 2010 was 6 per cent, and it rose to 6.5 per cent in 2012 at national level, with large disparities between regions: Bafata region (9.8 per cent), Oio / Farim (8 per cent) and 6.7 per cent in Bissau. According to Nutrition SMART 2012, nationally, 14,665 children suffer from acute malnutrition, including 13,194 moderate cases and 1,471 severe. Although these rates are lower than the nutritional emergency threshold, the population is exposed to aggravating factors which could exacerbate the situation very quickly. Chronic malnutrition rate is 27.4 per cent, and is close to the 30 per cent threshold considered 'serious' in Oio Bafata and Gabu regions. Inadequate infant feeding practices is one of the causes of this situation, especially for babies and young children. Between the ages of 6-8 months, only 61 per cent of children receive complementary foods and only 10.7 per cent of children 6-23 months receive a diversified diet with minimum acceptable nutrients. With two thirds of the population already living below the poverty line, this means that much of the population is not able to afford a basic diet.

These fragilities also affect the health system which is characterised by extremely high rates of maternal mortality (800/100,000 live births) and infant mortality (103/1000 live births). Historically, the country is under constant threat of cholera epidemics. These are recurrent and coincide with the rainy season between May and October. Eight outbreaks of cholera have been recorded between 1998 and 2013. The outbreak that occurred in 2008 reached 14,229 cases with 225 deaths in all regions of the country (CFR 1.6 per cent). After four years with no cases, between August 2012 and January 2013, 3,616 cases and 23 deaths (CFR 0.7 per cent) due to cholera, were reported in 7/11 health regions. In 2013, the epidemic was revamping in Tombali region with 260 cases and 22 deaths (CFR 10 per cent) from March to July 2013. In 2012, preventive and response activities were conducted, and the seriousness of the situation was amplified not only by the duration but also the inadequacy in the management of cases. As a consequence, the epidemic spreads amongst other regions and threatens to affect the capital.

II. FOCUS AREAS AND PRIORITIZATION

Due to social unrest, strikes in the sectors of education, health and finance, political turmoil, the food security and nutrition situation of vulnerable population in rural areas in Guinea Bissau deteriorated in 2013. In fact, salaries were not paid; people saw their revenues fall in rural areas due to cashew crisis and this, compounded with the lack of salaries, the number of people with financial and economic problems increased.

Furthermore, an epidemic of cholera occurred, which was addressed but with difficulties in containment. Following an analysis of the humanitarian situation by the country team, the main priority needs of the most affected population were identified, as well as their location and appropriate activities to respond to the emergency situation. Following the food security monitoring system conducted in June 2013, the UNCT decided to use the CERF funds to cover life-saving activities related to the supply of food commodities, seeds and nutritional products. Communication awareness campaigns were carried out to improve hand washing, household water treatment, safe storage, and solid waste management using NGO's and community groups. CERF funds also enabled support to monitoring and evaluation and technical assistance for partners.

The key needs identified and targeted were:

- Food distribution for 12,778 households (89,446 beneficiaries) for two months in Quinara (sectors of Empada and Tite) Biombo (Quinhamel) and Oio (Farim, Mansaba et Bissora); (WFP)
- Therapeutic feeding for 1000 severe acute malnutrition children under 5 in Bafata, Gabu, Oio and Quinara; (UNICEF)
- Supplementary feeding for moderate acute malnutrition for 5,242 children 6-59 months, pregnant and lactating women and 54,000 children 6-23 months in Bafata, Gabu, SAB, Oio and Cacheu; (WFP)
- Provision of seeds to vulnerable populations affected by food insecurity and early onset of lean season and provision of food to protect these seeds to avoid their consumption by food insecure people for 8,605 households in Biombo, Bolama/Bijagos, Oio and Quinara regions (FAO,WFP)

The number of affected population was of around 50,000 households, the number of children suffering from acute malnutrition was 90,665, and the targeted population affected by cholera outbreak was 400,000 people. To face critical needs, food distribution was

undertaken only for most vulnerable population in six sectors of three out of nine regions. Supplementary feeding was undertaken for children in areas where Moderate Acute Malnutrition (MAM) was over the national rate of 6.5 per cent and cholera awareness in areas where the epidemic started in 2013.

III. CERF PROCESS

As a joint activity, the needs and priorities were identified together by the country team through FAO, WHO, WFP and UNICEF. The joint proposal was a result of this collaborative work. The analysis of the needs and the decision over the beneficiaries was sex disaggregated so that the results could be verified through gender lens. During implementation, the agencies undertook joint activities to tackle food and nutrition insecurity in Guinea-Bissau through coordinated and complementary responses. Despite the country's political instability, the national and international stakeholders were involved in the food security monitoring, coordination of the joint response, and consultation to face the 2013 crisis. The overall coordination was carried out by the Resident Coordinator Office (RCO) and thematic groups (health, food security and nutrition). The RCO facilitated the reporting monitoring and evaluation of the initiative.

In the area of food security and nutrition, the "Food Security & Nutrition Group" (GSAN), comprising all stakeholders intervening in the area of food security and nutrition (WFP, FAO, UNICEF, UNDP, Government technical ministries, agriculture, health, statistics, donors/EU, Spain, Portugal, WADB/West African Development Bank, UEMOA, NGOs international and National) ensured larger coordination. In the area of health, the coordination was carried out by the water and sanitation thematic groups.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 350,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health-Nutrition	624	676	1,300
	Agriculture	30,720	29,515	60,235
	Food	76,404	72,284	148,688

BENEFICIARY ESTIMATION

Amongst the affected population, the most vulnerable were targeted by the humanitarian response financed through the requested CERF allocation. In fact, the criteria for selecting beneficiaries had to do with pregnant women, lactating women, elderly women, sick women. In terms of health and nutrition, the reasons of increased number of beneficiaries are related to the increased vulnerability of pregnant and lactating women as a consequence of socio-economic situation of the country

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	107,604	154,425*
Male	102,319	76,710*
Total individuals (Female and male)	209,923	229,135
Of total, children under age 5	85,498	89,885

* For UNICEF due to the impossibility to sex-disaggregate beneficiaries for lack of data, female and male figures were estimated using the same ratio as in the planned beneficiaries (meaning 624 female and 676 male reached)

CERF RESULTS

The participant agencies were able to achieve the expected results and even overcame them, despite some difficulties related with the timing of their access to the funds and the need to undertake preparatory activities. Mainly in the case of the agricultural cycle, timing is of essence. However, it was possible to put in place some alternatives to ensure that the beneficiaries would be able to benefit from the CERF funds. Concretely the results achieved, according to the key needs identified and targeted, were:

- 1. Food distribution for 12,778 households (89,446 beneficiaries) for two months in Quinara (sectors of Empada and Tite) Biombo (Quinhamel) and Oio (Farim, Mansaba et Bissora); (WFP)**
 - 1.1. Improved nutritional status of families in areas of project implementation.
- 2. Supplementary feeding for moderate acute malnutrition for 5,242 children 6-59 months, pregnant and lactating women and 54,000 children 6-23 months in Bafata, Gabu, SAB, Oio and Cacheu; (WFP)**
 - 2.1. Recovery rate of children aged 6-59 months improved by 6 per cent;
 - 2.2. 50 per cent of children aged 6 to 23 months receive food supplement Plumpy Doz in preventing stunting;
 - 2.3. Decreased the dropout rate of children aged 6-59 months in 3 per cent
- 3. Provision of seeds to vulnerable populations affected by food insecurity and early onset of lean season and provision of food to protect these seeds to avoid their consumption by food insecure people for 8,605 households in Biombo, Bolama/Bijagos, Oio and Quinara regions (FAO,WFP)**
 - 3.1. A total of 49,000 women benefited from agricultural inputs, which corresponds to 7,000 female heads of households.
 - 3.2. Production of vegetable crops was 71,032 tonnes, which corresponds to an increase of 5 per cent of the national annual production (67,650 tonnes). Tuber production was 31,500 tonnes, corresponding to an increase of 5 per cent of the national annual production (30,000 tonnes). Originally, it was planned to purchase of rice seeds. However, between the date of project submission and its approval, the season of rice planting was passed. Therefore, there was a need to use seeds produced in other areas to address this problem. However this did not change the target areas. This decision was taken in agreement with the coordination of the UN system and beneficiaries.
 - 3.3. Household incomes have increased by more than 10 per cent (of the production sold).
 - 3.4. Improved purchasing power and food security of 8,605 households by 10 per cent
 - 3.5. Supply of small equipment and seeds to 10,000 direct beneficiaries
 - 3.6. Training of 100 trainers in vegetable production in the areas of project intervention (Oio , Bolama , Biombo and Quinara). These people have trained 34,000 other producers (men and women)
 - 3.7. The distribution of farm equipment and vegetable seeds carried out in the areas of project intervention (Oio, Bolama, Quinara and Biombo) involved 10,000 direct beneficiaries and 70,000 indirect beneficiaries and focused on the following equipment: wheelbarrows, hoes, rakes, metric tapes, machetes, sprayers, masks, gloves, buckets, shovels, forks, scales, trowels, toasting rolls and 13 varieties of vegetable seeds including: tomatoes, lettuce, eggplant, cucumbers, sweet peppers, pepper, beans, beetroot. As a result, the small materials distributed have enabled recipients to increase their level of production, income and improve food and nutrition situation and also provide additional financial resources for future productive investment.
- 4. Therapeutic feeding for 600 severe acute malnutrition children under 5 in Bafata, Gabu, Oio and Quinara; (UNICEF)**
 - 4.1. 90 health technicians and 300 community health workers of most affected regions (Gabu-Bafata-Oio-Farim) were trained in the national protocol for integrated management of acute malnutrition (IMAM) and are practicing active (at community level) and passive (at the health facilities) screening of under 5 years' old children.
 - 4.2. 23 health facilities from Ministry of Health and Caritas were equipped with anthropometric materials and therapeutic products to treat in-patient (9 CRENI) and out-patient (14 CRENA) under 5 years' old children suffering from severe acute malnutrition.
 - 4.3. A national model training centre for IMAM was created in Cumura Hospital (Biombo region).
 - 4.4. 2 supervision & monitoring visits were conducted in the 23 health centres with UNICEF, Ministry of Health and regional nutrition focal points technical assistance.
 - 4.5. Technical materials for guidance in IMAM protocol (guides, manual, posters and files) were printed and are available in all IMAM centers.

CERF's ADDED VALUE

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

The CERF funding was of paramount importance for a timely assistance to the beneficiaries. Without this support the identified needs would have not been met at all, or they would have been too late for a proper assistance.

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

YES PARTIALLY NO

As mentioned above, the funds were essential in terms of a timely support to the beneficiaries in critical areas, such as health, food and livelihoods.

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

YES PARTIALLY NO

The CT engaged in several resources mobilisation initiatives which in some cases were successful. However it is difficult to make the linkage between the successes of that resource mobilisation with CERF

d) **Did CERF improve coordination amongst the humanitarian community?**

YES PARTIALLY NO

The Food Security and Nutrition Group were involved in all phases of the intervention. This contributed to an enhanced relevance and profile of the group. The Group is comprised of national authorities, civil society, development partners and UN agencies. As this has been a totally joint initiative with the participation of the RCO, it has greatly contributed to the joint work of the participating Agencies as well as the CT as a whole in view of the discussions held in CT meetings.

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

N/A

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The efficiency of the support of CERF is due highly to the flexibility and lightness of the process	Process followed by CERF should be maintained as it is helpful and efficient	CERF Secretariat
The CERF Secretariat was always available to guide and support the work of the team in Guinea Bissau. This was extremely important for the success of this intervention.	The level of Support from the Secretariat should be maintained	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The joint submission to CERF was an important tool to enhance the capacity of the team for joint programming and to share information	This experience will be useful for future joint initiatives	CT/RCO
The Country Team (CT) needs to have its Contingency Plan always updated. This would have facilitated a quicker submission with immediately available data	CT to regularly update the Contingency Plan	RCO
The civil society was involved in this important initiative	Engagement with civil society and its reinforcement should be maintained	CT

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.).

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	1 Sep.2013 – 28 Feb. 2014
2. CERF project code:	13-RR-CEF-086	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Managing severe acute malnutrition and prevention of cholera epidemic in Guinea Bissau		
7. Funding	a. Total project budget:	US\$ 1,589,041	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 50,020	▪ NGO partners and Red Cross/Crescent: US\$0
	c. Amount received from CERF:	US\$ 50,020	▪ Government Partners: US\$0
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	480	624	Unfortunately the Nutrition National Data Base has not sex-disaggregated data, therefore sex disaggregated beneficiary reached was estimated using the same ration as for planned beneficiaries..
b. Male	520	676	
c. Total individuals (female + male):	1,000	1,300	
d. Of total, children <u>under</u> age 5	1,000	1,300	
9. Original project objective from approved CERF proposal			
Treatment of severe acute malnutrition			
<ul style="list-style-type: none"> Reduce by 75 per cent mortality from severe acute malnutrition in under-five children in three high-prevalence regions of Guinea Bissau (Bafata, Gabu and Oio). 			
10. Original expected outcomes from approved CERF proposal			
Treatment of severe acute malnutrition			
<ul style="list-style-type: none"> Reduced morbidity from acute malnutrition in children aged 6-59 months in targeted affected regions 			
Indicators			
<ul style="list-style-type: none"> Prevalence of acute malnutrition among children aged 6-59 months (Target <5 per cent, assessed using weight-for-height as percentage) Recovery rate of children 6-59 months old and women treated for malnutrition (Target >90 per cent) Default rate for children 6-59 months old and women (Target <10 per cent) Non-response rate for children 6-59 months old. (Target: <1 per cent) Death rate for children 6-59 months old (Target <1 per cent) 			
11. Actual outcomes achieved with CERF funds			
Outcomes achieved:			

<ul style="list-style-type: none"> • Prevalence of acute malnutrition among children aged 6-59 months (Achieved 8.5 per cent of under five children screened) • Recovery rate of children 6-59 months old and women treated for malnutrition: Achieved 79.6 per cent • Default rate for children 6-59 months old and women: Achieved 14.5 per cent • Non-response rate for children 6-59 months old: Achieved 0.4 per cent • Death rate for children 6-59 months old: Achieved 5.1 per cent 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Overall, 100 per cent of planned outcomes were achieved in the period of September 2013 to February 2014. Due to the need to train health technicians in the new IMAM protocol (held from November 2013 to January 2014), adopted in September 2013, active and passive screening activities started only in February 2014. Therefore, IMAM implementation in the regions could only started in February and supervision and monitoring activities were still ongoing. Monthly reports of total of severe acute malnutrition children treated at CRENI and CRENAG is under production and will be shared in the end of May 2014 by the Nutrition National Service of the Ministry of Health.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Monthly reports produced by health centres regarding number of patients treated are regularly collected during supervision missions and are consolidated in the Nutrition National Database for follow up and share with nutrition key actors in the context of GSAN (Food Security and Nutrition Thematic Group). Supervision reports were also produced and a final report from UNICEF consultant will be produced, with an assessment of IMAM implementation state at target health facilities and per cent of children under 5 suffering from SAM successfully treated will be assessed.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	3 Sep. 2013 – 2 Mar. 2014
2. CERF project code:	13-RR-FAO-026	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency restoration of the productive capacity of agricultural households affected by poor rural cashew and declining agricultural production of the 2012/2013 campaign.		
7. Funding	a. Total project budget:	US\$ 3, 290,099	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 267,302	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 10,000
	c. Amount received from CERF:	US\$ 267,302	▪ <i>Government Partners:</i> US\$ 0
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	30,720	49, 000	The approval of the project in the middle (or after) of the agricultural campaign period was no longer suitable for certain types of seeds and crops, which explains why some seeds, especially rice have not been purchased. The decision was taken after consultation with beneficiaries and by mutual agreement with the participating UN agencies. As a result, the number of women has been increased because most project activities were related to the vegetables production, which is an activity mostly done by women
b. Male	29,515	21, 000	
c. Total individuals (female + male):	60,235	70, 000	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
The project aims to restore the livelihoods of vulnerable farming households affected by poor cashew and declining agricultural production of the 2012/2013 campaign			
10. Original expected outcomes from approved CERF proposal			
At the end of the project, it is expected the following achievements:			
<ul style="list-style-type: none"> • The inclusion of at least 70 per cent of female-headed households among the beneficiaries of agricultural inputs; • 20 per cent increase in the production of mangrove rice, potatoes and vegetables compared to the average of the previous five years at regional level; • 8,605 beneficiaries to improve their purchasing power and household food security; • The income of these households will increase by more than 20 per cent on the basis of production sold; • The training session will strengthen national capacities 			
11. Actual outcomes achieved with CERF funds			
<ol style="list-style-type: none"> 1. A total of 49,000 women benefited from agricultural inputs, which corresponds to 7,000 female heads of households, which represents 100 per cent of the target. 2. Production of vegetable crops was 71,032 tonnes, which corresponds to an increase of 5 per cent of the national annual production (67,650 tonnes). Potato production was 31,500 tonnes, corresponding to an increase of 5 per cent of the national annual production (30,000 tonnes). It was also planned the purchase of rice seeds. However, between the date of project submission and its approval the season of rice planting was passed. Therefore, there was a need to procure vegetable seeds (tomatos, onions, sweet pepper, carrots, etc.) produced in other areas to address this problem. The targeted areas for seed distribution remained the same. This decision was taken in agreement with the coordination of the UN system. 3. Household incomes have increased by more than 10 per cent (of the production sold). 			

<p>4. Improved purchasing power and food security of 8,605 households by 10 per cent</p> <p>5. Supply of small equipment and seeds to 10,000 direct beneficiaries</p> <p>6. Training of 100 trainers in vegetable production in the areas of project intervention (Oio , Bolama , Biombo and Quinara). These people have trained 34,000 other producers (men and women)</p> <p>7. The distribution of farm equipment and vegetable seeds carried out in the areas of project intervention (Oio , Bolama , Quinara and Biombo) involved 10,000 direct beneficiaries and 70,000 indirect beneficiaries and focused on the following equipment: wheelbarrows, hoes, rakes, metric tapes, machetes, sprayers, masks, gloves, buckets, shovels, forks, scales, trowels, toasting rolls and 13 varieties of vegetable seeds : tomatoes, lettuce, eggplant, cucumbers, sweet peppers, pepper, beans, beetroot.</p> <p>8. As a result, the small materials distributed have enabled recipients to increase their level of production, income and improve food and nutrition situation and also provide additional financial resources for future productive investment.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a More than 70 per cent of beneficiaries from project support are women and the majority is the head of the household. The sale of their production have supported food, schooling for their children, clothing and other basic needs</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Monitoring missions were regularly organized jointly by the project team and people responsible for the associations and NGOs partners to the project. Each field mission made an assessment of the actions undertaken in relation to the objectives and, where appropriate, to propose adjustments to redirect the implementation of the project in light of the difficulties encountered and the results obtained	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	15 Aug.13 – 14 Feb. 2014
2. CERF project code:	13-RR-WFP-038	6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input type="checkbox"/> Concluded
4. Project title:	Protracted Relief and rehabilitation Operation, Nutrition and livelihoods support to the vulnerable population in Guinea Bissau		
7. Funding	a. Total project budget:	US\$ 29,996,420	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 15,578,068	▪ NGO partners and Red Cross/Crescent: US\$ 41,000
	c. Amount received from CERF:	US\$ 2,849,503	▪ Government Partners: US\$ 0
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	76,404	102,801	<ul style="list-style-type: none"> In Immediate Response-Emergency Operation (IR-EMOP) the reasons of increase of the women are related to the criteria for selecting beneficiaries that include: pregnant women, lactating women, elderly women, sick women, while only includes elderly and sick men. In terms of health and nutrition, the reasons of increased number of beneficiaries are related to the increased vulnerability of pregnant and lactating women as a consequence of socio-economic situation of the country 84,498 children were planned to be achieved, but it achieved 89,885 due to the social and economic situation that increase the vulnerability of population essentially children and women.
b. Male	72,284	55,034	
c. Total individuals (female + male):	148,688	157,835	
d. Of total, children <u>under</u> age 5	84,498	89,885	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Assist vulnerable people in the most affected regions through distribution of food for two months for 12,778 households (89,446 beneficiaries) in regions of Quinara (sectors of Empada and Tite) Biombo (Quinhamel) et Oio (Farim, Mansaba et Bissora). Food distribution is carried out by WFP. Ensure supplementary feeding for moderate acute malnutrition for 5,242 children 6-59 months, pregnant and lactating women and 54,000 children 6-23 months in Bafata, Gabu, SAB, Oio and Cacheu; (WFP) 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Improved food consumption over assistance period for target households <ul style="list-style-type: none"> Household food consumption score (Food consumption score exceeded 42 for target households) Reduced acute malnutrition in children aged 6-59 months in targeted affected regions <ul style="list-style-type: none"> Mitigation of acute malnutrition among children aged 6-59 months (Target <5 per cent, assessed using weight-for-height) 			

<ul style="list-style-type: none"> as percentage) <ul style="list-style-type: none"> ○ Recovery rate of children 6-59 months old and women treated for malnutrition (Target >90 per cent) ○ Default rate for children 6-59 months old and women (Target <10 per cent) ○ Non-response rate for children 6-59 months old and women. (Target: <1 per cent) ○ Death rate for children 6-59 months old and women (Target <1 per cent) ● Reduced stunting in children 6-23 months in the regions of Cacheu, Gabu and Oio <ul style="list-style-type: none"> ○ Prevalence of stunting among children aged 6-23 months (Target < 40 per cent, assessed using height for age as percentage) <ul style="list-style-type: none"> ○ Default rate for children 2-23 months old (Target <15% alarming if >30 per cent) 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> ○ Recovery rate of children 6-59 months old treated for malnutrition - 85.6 per cent (Target >90 per cent) ○ Recovery rate of women treated for malnutrition – 81.6 per cent (Target >90 per cent) ○ Default rate for children 6-59 months - 9.1 per cent (Target <10 per cent) ○ Default rate for women -15 per cent (Target <10 per cent) ○ Non-response rate for children 6-59 months old – 4.3 per cent (Target: <1 per cent) ○ Non-response rate for women – 2.7 per cent (Target: <1 per cent) ○ Death rate for children 6-59 months old – 0.96 per cent (Target <1 per cent) ○ Death rate for women – 0.68 per cent (Target <1 per cent) ○ Defaulter rate children 6 – 23 months old – 6 per cent 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<ul style="list-style-type: none"> ● In Immediate response – Emergency Operation (IRMOP) the reasons of increase of the women are related to the criteria for selecting beneficiaries that include: pregnant women, lactating women, elderly women, sick women, while only includes elderly and sick men. ● The defaulter rate for women was higher than planned due to opportunity cost related to participation at harvest and other agricultural activity at the period of implementation of CERF activities. High non-response rate both in children and in women, according to health workers, may be related to high prevalence of HIV infection. 84,498 children were planned to be achieved, but it achieved 89,885 due to the social and economic situation that increase the vulnerability of population essentially children and women. 	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation</p>	
14. M&E: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<ul style="list-style-type: none"> ● The evaluation was undertaken for general food distribution for 89,446 persons and the report is available. Another evaluation is planned in June 2014 after the complete distribution of plumpy doz for prevention nutrition activities. The results of the evaluation, were highlighted the aspects relating to relevance , effectiveness , efficiency and sustainability ● Relevance - The initial aim was to supply foodstuffs to the neediest people of identified areas for a maximum time span of 40 days. What was found in the surveyed villages was 	EVALUATION PENDING <input type="checkbox"/>

that the rice distributed was consumed throughout an average duration of 13 days, which is far below the time originally envisaged. It can be concluded that the quantities distributed were very small as compared to the total number of beneficiaries, and did not allow food shortage during the two months of highest vulnerability to be tackled. Regarding the relevance of the intervention, there was a consensus that "the rice came in good time " and arrived at a time of great hunger;

- **Effectiveness** – The expected results were achieved in 99 per cent of cases and all products received were distributed. There was a major effort by NGOs involved in the distribution to ensure that the food received actually reached the target population;
- **Efficiency** – Some delays were experienced regarding the delivery of foodstuffs as well as their distribution, which led to an extension of the distribution time frame until October. Some communities only received rice in October and as such underwent food shortage in September. It is considered that a more effective involvement of structures as well as a stronger WFP presence on the ground would have contributed positively to minimize certain flaws identified during the registration process and foodstuff distribution;
- **Sustainability** - The intervention was focused on alleviating a specific situation of food shortage, thus no strategy was devised to ensure continuity of the specific benefits provided by the distribution of foodstuffs. The rice distributed went some way to ensure the feeding of target populations for a few days and thus alleviate food insecurity for a few days during a time of food scarcity, but taking into consideration the nature of the project, the assistance provided could not tackle the core of the problem since it was an immediate response to an emergency situation.

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-RR-FAO-026	Livelihoods	FAO	WLUTY	No	NNGO	\$2,500	10-Jan-14	10-Jan-14	
13-RR-FAO-026	Livelihoods	FAO	ATAP	No	NNGO	\$2,500	10-Jan-14	10-Jan-14	
13-RR-FAO-026	Livelihoods	FAO	PERA KA TEM DIANTI SOM	No	NNGO	\$2,500	10-Jan-14	10-Jan-14	
13-RR-FAO-026	Livelihoods	FAO	ADIC - NAFAYA	No	NNGO	\$2,500	10-Jan-14	10-Jan-14	
13-RR-WFP-038	Food Assistance	WFP	ADS	No	NNGO	\$5,937	31-Aug-13	15-Sep-13	
13-RR-WFP-038	Food Assistance	WFP	AJAM	No	NNGO	\$16,865	31-Aug-13	15-Sep-13	
13-RR-WFP-038	Food Assistance	WFP	ATAP	No	NNGO	\$10,375	31-Aug-13	15-Sep-13	
13-RR-WFP-038	Food Assistance	WFP	WLUTY	No	NNGO	\$7,823	31-Aug-13	15-Sep-13	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
CERF	Central Emergency Response Fund
CFR	Case Fatality Rate
CRENA	Ambulatory Nutrition Rehabilitation Centre
CRENI	Nutritional Recovery and Education Centres
CTC	Cholera Treatment Centre
FAO	Food and Agriculture Organization
GSAN	Food Security and Nutrition Group
IMAM	Integrated Management of Acute Malnutrition
MAM	Moderate Acute Malnutrition
NGO	Non-Governmental Organisation
RCO	Resident Coordinator Office
SAM	Severe Acute Malnutrition
SMART	Standardized Monitoring and Assessment for Relief and Transitions
ToT	Terms of Trade
UNCT	United Nations Country Team
UNICEF	United Nations Children's Fund
WFP	World Food Programme