

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
CAMEROON  
RAPID RESPONSE  
CONFLICT-RELATED DISPLACEMENT 2015**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Najat Rochdi**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

After Action Review was conducted in Maroua (Far North Region) on 11<sup>th</sup> of October with the recipient agencies after the consolidation of the report. Only recipient agencies participated. But OCHA shared the report with some of the implementing partners for those based in Maroua and had discussions with them. Figures were confirmed.

- 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 ☐

We confirm that the Report was discussed during the Humanitarian Country Team meeting on 7<sup>th</sup> October and endorsed.

- 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 ☐

RC/HC final report was shared with in-country stakeholders, recipient agencies, implementing partners and Intersector.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 232,209,685 <sup>1</sup>		
Breakdown of total response funding received by source	Source	Amount
	CERF	7,005,094
	COUNTRY-BASED POOL FUND (if applicable)	78,366,775
	OTHER (bilateral/multilateral)	20,680,501
	<b>TOTAL</b>	<b>106,052,1370</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 15-Dec-15			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-146	Nutrition	349,922
UNICEF	15-RR-CEF-147	Protection	692,127
FAO	15-RR-FAO-037	Food Aid	400,533
UNFPA	15-RR-FPA-051	Health	384,921
UNHCR	15-RR-HCR-069	Multi-sector refugee assistance	1,300,050
WFP	15-RR-WFP-084	Food Aid	2,892,380
W	15-RR-WFP-085	Nutrition	985,161
<b>TOTAL</b>			<b>7,005,094</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	5,985,015
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	748,781
Funds forwarded to government partners	271,298
<b>TOTAL</b>	<b>7,005,094</b>

<sup>1</sup> (revised amount of the 2016 requested budget which was 282,178,352)

## **HUMANITARIAN NEEDS**

In 2015, there were a total of 2,7 million vulnerable people in Cameroon as a result of armed conflict in Central Africa, North West Nigeria that led to displacement both internal (IDPs) and external (refugees). Refugees and IDPs are hosted in zones where they also face other vulnerabilities such as food insecurity, malnutrition and epidemics.. The most vulnerable are women (50%) and children (58%). Out of the 2,7 million vulnerable, 2,4 million are located in the 4 priority regions that are Adamawa, East, Far North and North; 1,480,000 are in the Far North region alone. By mid-2015, the humanitarian situation in the Far North region rapidly changed by new displacements caused by conflict linked to Boko Haram violence and military operations against the armed group, leading to a sharp increase in humanitarian needs. In June 2015, 82,000 persons were displaced in the Far North region and in September 2015 the figure had increased to, 93,000, resulting in a total of 11,000 additional displaced persons in the same region and 10,000 new refugees inside and outside the camp of Minawao. This rapid evolution of the displacement also influenced a deterioration of the conditions for about 63,000 host families. This affected most of the sectors. For instance, food insecurity increased dramatically in October 2015 particularly in Logone-and- Chari, Mayo Sava and Mayo Tsanaga departments that were mostly affected by Boko Haram violence and displacement. By December 2015, around 1.4 million people were food insecure in the Far North region, more than twice as many as in June 2015, according to the September 2015 Emergency Food Security Assessment. Severely food insecure people in need of immediate food assistance increased by almost 400 per cent from 53,000 in June 2015 to over 200,000 in December the same year. As a result, vulnerable communities such as IDPs and those returning from displacement were barely able to feed themselves and were forced to reduce meals due to lack of income and means to restart low-land farming. Also, incidents of sexual and gender-based violence have equally increased as a result of increased social tensions due to food scarcity. The nutrition situation deteriorated. The global acute malnutrition rate was at 13.9 per cent, approaching the emergency threshold of 15 per cent. Around 12 per cent of children were suffering from moderate acute malnutrition compared to 7 per cent in 2014 and 2.2 per cent were affected by SAM, surpassing, for the first time, the emergency threshold of 2 per cent, according to the November 2015 SMART survey. Due to the attacks, about 120 health facilities were destroyed and caused the departure of health personnel in Logone et Chari, Mayo Sava and Mayo Tsanaga departments leaving around 360,000 people without reliable primary health care. Pregnant women were particularly vulnerable and under direct threat due to lack of basic obstetric care during pregnancy and delivery. An estimated 7,100 women in the affected health districts had to deliver within the next six months and nearly 900 girls or women were exposed to sexual violence and therefore, needed medical and comprehensive care. Unregistered Nigerian refugees in host villages were also facing high protection and security risks. Suspicion that they belong to Boko Haram exposed them to potential arrest or forced return to Nigeria. Recurrent suicide bombings and attacks in Far North have placed Nigerian refugees under closer scrutiny of the security forces, as they were perceived as reasons behind Boko Haram infiltration and attacks.

Lack of suitable shelter and basic relief items for both refugees and IDPs increased the exposure of women and girls, as well as boys, to protection hazards (GBV, child recruitment by Boko Haram and other forms of exploitation and abuse). Several cases of recruitment of children, particularly young girls, and women for suicide attacks were reported. Insecurity has also forced the closure of several schools near the border with Nigeria, depriving around 40,000 children of education and protection in secure learning environment. Only 10 per cent of school-age IDP children were enrolled in public schools, exposing the rest to protection risks, radicalization and exploitation (including risk of forced recruitment and use by Boko Haram). Many mothers were afraid during this instable period to send their daughters to school or other public places fearing that they would be kidnapped.

## **II. FOCUS AREAS AND PRIORITIZATION**

In 2015, priority focus areas in Cameroon were according to the vulnerability and needs assessment in the following 4 regions: Adamawa, East, Far North and North. In these 4 regions, 2,078,000 were in need of humanitarian assistance. Out the four priority regions of the 2015 HRP, 955,880 people in need were located in the Far North region. From this initial planning, only the Far North region was hit by terrorist attacks, including the regional capital (Maroua) in July 2015 causing more displacement. Given the new humanitarian situation in the Far North, and the release of the Displacement Tracking Matrix (published jointly by UNHCR and IOM), the HCT decided to focus the response with the CERF funds in the Far North region. In this region, there are six departments that are Diamaré, Mayo Danay, Mayo Kani, Mayo Sava, Mayo Tsanaga and Logone-and-Chari. The three last ones were the most affected by the new influx of refugees and IDPs. In September 2015, there were 33,700 IDPs in the Logone-and-Chari, 16,700 in the Mayo Sava and 39,700 in the Mayo Tsanaga. Inside these departments, the focus was on the following towns and areas: Mokolo, Minawao, and Zamaï in the Mayo Tsanaga, Mora in the Mayo Sava and Kousseri and Waza in the Logone-and-Chari.

Other localities in the Nigerian border zone such as Zhelevet, Vreket, Mouloungoua, Tourou, Kolofata, Kerwewamafa, Magdeme and Fotokol were also targeted mainly for protection and pre-registration of refugees by UNHCR. Priority was given to the additional case load of IDPs (11, 000 people), refugees (10,000 people), returnees (14,000 people) and host families (63,000 people). The targeting during the implementation phase did not differ from the initial plan. All CERF-funded projects were targeting these 3 departments as described above and to the identified additional vulnerable persons.

### III. CERF PROCESS

Given the displacement assessment put into place (Displacement tracking matrix) that was presented regularly to the HCT, it was possible to follow the trend of IDP figures. Likewise, UNHCR were sharing monthly reports of the refugees' figures. As the situation evolved, the HCT were able to put together a resource mobilization strategy and advocate to the Regional Humanitarian Coordinator who visited the Far North region in October 2015. In line with his guidance, the HCT started consultations in one hand with the Intersector for technical guidance and then with the HCT for strategic decisions. Advice and contributions of the donors participating in the HCT meetings and who also have provided funding in the region, were valuable to come to a consensus on the geographical scope (the three departments of the Far North), the number of people to be targeted (88,000) and the status of the beneficiaries (new IDPs, new refugees and host communities affected by the new influx). Also, other consultations took place in the Far North region with meetings organized with actors (including UN agencies and implementing partners). This was essential to include actors based in the implementing area and local authorities and communities, mainly the representatives of the IDPs and host communities as well as security forces as far as security context was concerned. Also, Cameroon 2015 strategic planning tools were utilized to better strategize and focus on the most vulnerable persons. For instance, sectors having capacity of responding to the additional caseload (in line with funding status or in conjunction of other funding) were not included in this allocation such as WASH. Along the same line, health (mainly basic health) activities were not included except reproductive health, as it was not approved as a top priority activity by the HCT during the request of this allocation. Nonetheless, other actors with funding outside the appeal such as Medecins Sans Frontières, the Ministry of Health and other private actors were able to cope with the increase of war wounded people. In the Minawao Camp, Medecins Sans Frontières also provided water to the refugees, contributing to maintaining an average consumption for the needs of the refugees. This was possible through a reinforcement of coordination in the Far North as sectors based in the capital and those based in the Far North worked together to strategize. Other HRP considerations were also taken into account, such as access including road conditions. Indeed, the period was favourable as October was the end of the rainy season when road conditions are better, especially to access the Logone-and-Chari department. The HCT also advised recipient agencies to consider implementing partners already active in the region, in order not to create delays.

### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR <sup>1</sup>									
Total number of individuals affected by the crisis: 676,641									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	4,655	14,464	19,119	5,277	13,331	18,608	9,932	27,795	37,727
Health	6,075	7,425	13,500	4,050	4,950	9,000	10,125	11,475	22,500
Multi-sector refugee assistance	4,493	6,668	11,161	935	1,236	2,171	5,428	7,904	13,332
Nutrition	10,954	5,641	16,595	5,639	2,907	8,546	16,593	8,548	25,141
Protection	21,884		21,884	21,699		21,699	45,533		45,533

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

## BENEFICIARY ESTIMATION

Beneficiary estimation is made in such a way to avoid double counting and overlap. Before the agencies start their reports, OCHA organized field visits to some of the projects. Then, had a debriefing session with each individual agency and made a presentation of the report templates. In addition, a general meeting was organized to discuss the overall figures and estimate reached beneficiaries. The consensus adopted corresponds to the following logic:

1. Figures to be considered are UNICEF and WFP nutrition ones, as WFP targeted mainly blanket feeding and UNICEF severe acute malnutrition.
2. UNICEF Protection including education activities
3. WFP Food Security figures.

Figures to exclude were:

1. FAO agriculture figures as they also benefited from General Food Distribution of WFP.
2. UNFPA figures for the same reasons.
3. UNHCR figures as the refugees, IDPs and host communities benefited for at least one intervention of the other agencies mainly in General Food Distribution including those who benefited from shelter / NFI activities and protection as well.

This having been adopted, the total number of beneficiaries reached directly by this allocation is estimated at 120,000 out of 88,000 planned including IDPs, refugees, returnees and host communities. In the majority of the sectors, a slightly higher number of beneficiaries were reached except for reproductive health (-668) and food security (WFP) that reached the same figure as planned.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING <sup>2</sup>			
	Children ( $< 18$ )	Adults ( $\geq 18$ )	Total
Female	50,314	21,563	71,877
Male	33,543	14,375	47,918
<b>Total individuals (Female and male)</b>	<b>83,857</b>	<b>35,938</b>	<b>119,795</b>

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

## CERF RESULTS

The allocation enabled to meet the basic needs of newly displaced IDPs, refugees, returnees and host communities. Without this allocation, it would have been not only difficult to address these needs and to maintain the level of response to the old caseload before the new arrivals. Newly arrived Nigerian refugees and IDPs have been housed in emergency shelters and both populations received NFIs. General Food Distributions, carried out on a monthly basis, ensured immediate and improved food access of the targeted IDPs and host populations during the project implementation period. However, according to the June WFP Post Distribution Monitoring (PDM), the proportion of beneficiaries with an acceptable food consumption score was at 30% amongst the IDPs and 38.9% amongst the local population. This represents a decrease from December, which can be explained by the general deterioration of the food security in the Far North region during the reporting period and the early arrival of the lean season. Some beneficiaries also reported spending a portion of their food rations to purchase other essential NFIs and / or sharing their food with a larger number of people beyond the family members. However, the reporting period saw an increase in the percentage of beneficiaries with a borderline food consumption (IDPs: from 42% to 49%; and Local populations: from 38% to 41%). The dietary diversity remained acceptable for all the beneficiary categories. The overall results were positive. In terms of figures, 120,000 beneficiaries were reached through this allocation, meaning an additional 32,000 on top of the 88,000 planned. These figures represent a total estimation of all the sectors funded in the three departments that are Mayo Sava, Mayo Tsanaga and Logone-and-Chari. Most of the sectors have reached more than 100% of the planned targets except for a part from reproductive health (- 3,500) due to bad road conditions during the rainy season in May-June 2016. The beneficiaries are the most vulnerable among the refugees and newly displaced IDPs in the fourth quarter of 2015. Protection activities were able to cover children, refugees and IDPs across the region and in the Minawao camp thanks to Protection monitoring activities. Protection was vital to the 22,000 children reached and some of them are going through de-radicalisation activities with the regional headquarters of the Ministry of Social Affairs.

UNICEF through CERF funds was able to relocate these children from Boko Haram influence areas to Maroua and provide for tuition, accommodation and psychological support to them. These activities motivated the regional Delegation of the Ministry of Social Affairs to budget for vocational training activities for the year to come. Also as a result, CERF funds contributed to “open access” in the sense that some agencies increased their presence in the Logone-and-Chari following the recommendation of the HCT and given the importance of the displacement in this department. Without funding, it would have been difficult to go beyond Kousseri (main town in the Logone-and-Chari) and reach beneficiaries in Makary for instance. The Makary area was a challenge in terms of access. At the same time, towns like Kolofata remain inaccessible at the Nigerian border (risk of attacks of humanitarian convoys, looting), but actors such as WFP were able to reach vulnerable IDPs and host communities living in Kolofata but receiving their assistance in Mora (access to Kolofata for humanitarian actors was a major constrain during the CERF projects implementation). The CERF allocation also allowed to avoid disruption of nutrition commodities and thus to reduce incidence of acute malnutrition for children under 5 and also progressively reduce the GAM rates among blanket feeding beneficiaries.

## **CERF's ADDED VALUE**

From direct observation in the field, it was obvious that beneficiaries and local authorities were satisfied. For instance, all new arrivals from Nigeria and IDPs received emergency shelters and NFIs and women who received reproductive health kits in Mora hospital in the Mayo Sava underlined the importance of the assistance as they lack basic items for their new born babies. Most of them were evacuated from military operation zones to Mora without being able to bring any belongings with them. The health centres in their villages were looted or destroyed. The remaining ones were mainly targeted by the extremists with mines and explosives intended to kill those who were wounded and rescued. In the Mayo Tsanaga (Mokolo), as well as in Mora, WFP Cash Based transfer had such a success that General Food Distribution beneficiaries advocated to include them in the new approach as it enables them to be more flexible in the choice of their diet. More importantly, in Mokolo (Mayo Tsanaga) local authorities (Prefect) also advocated to increase the number of beneficiaries in the Cash Based Transfer for the next programmes.

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

YES ☐ PARTIALLY ☒ NO ☐

Most of the agencies were able to deliver the assistance to the beneficiaries quickly. The advantage is that the majority of them already have pre-existing contracts and even have undertaken implementation on the basis of pre-finance such as Multisector / Refugees, Protection with UNHCR and Nutrition. The only challenge encountered was ordering specific items such as hygienic and obstetric kits due a shortage at the national level. Also, the training and the deployment of mid-wives was delayed but the implementing partners were able to catch up with the support of local health authorities and the community.

### **b) Did CERF funds help respond to time critical needs<sup>2</sup>?**

YES ☒ PARTIALLY ☐ NO ☐

CERF funds met critical needs of those who have been severely affected by the deterioration of the crisis. Food distribution, treatment of malnutrition and reproductive health assistance, including reproductive care, emergency education and protection assistance to women and children were able to be provided at the right time when new influx of refugees and the increase in IDP figures occurred. In food security for instance, lean season appears more premature (April-May instead of June-July) due to insecurity and a feeling of constriction in areas where IDPs and refugees living outside camps were hosted in communities (one host family may host up to 12 IDPs in some cases). General distribution without a delay and nutrition care for acute, severe and moderate malnutrition contributed to decrease the rates in general in the Far North region. The quick deployment of Protection Monitoring teams, including Child Protection, GBV and the creation for recreational centres for IDPs and community children as well as emergency shelters and NFIs contributed to minimize risks.

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<sup>2</sup> 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.).

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

YES ☐ PARTIALLY ☐ NO ☒

Note that this CERF funding was allocated at the end of the 2015 HRP implementation year in December 2015. Nonetheless, the RR CERF response starting from January 2016, matched with the new HRP. Hence, in 2016, funding channelled through the Appeal USD 85.4 million over a requested budget of USD 232 million which represents 37% of the funding needs met. At the amount of funding outside of the Appeals in Cameroon is still important in 2016 (around USD 21 million) compared to USD 40 million in 2015. During the two years (2015 and 2016), the five top donors are USA: USD 68, 6million; ECHO: 24 million, Japan 17, 5 million; CERF USD million for each year and Germany USD 6 million for both years as well. In 2016, USA decreased to USD 26 million, ECHO to 23 million and Japan to USD 12 million. The overall humanitarian funding in the country decreased from USD 129 million in 2015 in December to USD 85 million in 2016 in October. Funds from other sources were not allocated thanks to the CERF funds.

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

YES ☒ PARTIALLY ☐ NO ☐

This CERF allocation was implemented in the Far North region where coordination mechanisms were newly established. Coordination improved mainly in Yaoundé level as it brought agencies together to strategize and harmonise their projects and activities avoiding duplications. This was mainly at the beginning of the request. In the Far North recipient agencies met at least two times under the facilitation of OCHA to organize field visits to the projects, to agree on the overall outcome of the projects and to prepare the RC/HC report. Implementing partners were also briefed on the reporting guidelines.

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

## V. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Most of the CERF focal points were never trained on the CERF process.	Organize CERF training sessions in Cameroon (Yaoundé and Maroua).	CERF

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Some implementing partners are not aware that the projects they are implementing are funded by CERF. Sometimes, CERF funds are mixed with other funds making evaluation of the CERF direct beneficiaries difficult to determine.	Follow up with agencies for briefings sessions on the content of the project before the projects start.	HC / OCHA
Development on security situation might cause delays on the implementation timeframe.	Encourage agencies to timely report any constraints they might encounter to OCHA during implementation phase.	HC / OCHA
Based on delays of the reports, a mid-term	Send a request to recipient agencies for mid-term	HC / OCHA



light report on the progress of the activities including disbursement of sub-grants will be useful.	report in order to prepare the final RC/HC report and check with agencies if the deadlines will be met.	
CERF is one of the main funding sources together with ECHO in Cameroon. There is no Country-Based Pooled Fund in the country. This limits some NGOs' capacity to access funding within Cameroon.	Advocate for a pooled funding system in Cameroon	HCT / HC /OCHA
After harmonization and coordination between agencies during the request phase, almost no consultation is made between the recipient agencies up to the closure of the project.	Instruct agencies ( with the facilitation of OCHA) to harmonize and adopt an implementation and monitoring framework and consult at least two times before the closure of the projects.	HC

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

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<b>CERF project information</b>							
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	11/01/2016 – 11/07/2016			
<b>2. CERF project code:</b>	15-RR-CEF-146		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing			
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded			
<b>4. Project title:</b>	Nutrition response in Far North - management of severe acute malnutrition – in health districts affected by displacement of population						
<b>7. Funding</b>	a. Total funding requirements <sup>3</sup> :		US\$ 3,500,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>4</sup> :		US\$ 349,922		▪ <i>NGO partners and Red Cross/Crescent:</i>		
	c. Amount received from CERF:		US\$ 349,922		▪ <i>Government Partners:</i> US\$ 14,648		
<b>Beneficiaries</b>							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>		3,120	2,880	6,000	3,624	3,482	7,106
<i>Adults (≥ 18)</i>							
<b>Total</b>		<b>3,120</b>	<b>2,880</b>	<b>6,000</b>	<b>3,624</b>	<b>3,482</b>	<b>7,106</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
<i>Refugees</i>							
<i>IDPs</i>							
<i>Host population</i>		6,000		7,106			
<i>Other affected people</i>							

<sup>3</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>4</sup> This should include both funding received from CERF and from other donors.

<b>Total (same as in 8a)</b>	<b>6,000</b>	<b>7,106</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	UNICEF and partners admitted 7,106 children with severe acute malnutrition between January and June 2016. This is higher than the planned target of 6,000 children. The difference between planned and reached beneficiaries is due to a number of factors: i) the nutrition situation evolved over time, leading to more cases of SAM; ii) there was a significant increase in the total number of IDPs in the target health districts (this number rose from 155,000 in November 2015 to 190,000 in April 2016) and iii) Use of regional prevalence data to estimate the caseload, which may lead to a slight variation when data are reported at district level.	

CERF Result Framework			
9. Project objective	Address the nutrition needs for severe acute malnourished children in the areas affected by displacement of population in Far North.		
10. Outcome statement	Children 6-59 months have access to SAM treatment.		
11. Outputs			
Output 1	6,000 children are admitted in the Integrated management of acute malnutrition programme		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# children admitted	6,000	7,106
Indicator 1.2	Cured rate in OTP	≥75%	80 %
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of 5,500 box of RUTF and other nutrition supplies	UNICEF	UNICEF
Activity 1.2	Distribution of nutrition inputs	UNICEF+ Regional Health service	UNICEF and MOH (Regional Health Delegation)
Activity 1.3	Supervision and monitoring of health centres	UNICEF+ Regional Health service	UNICEF and MOH (Regional Health Delegation)

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Table 1: Summary of the admissions in the CMAM program (January-June 2016) :

District	Jan.	Feb.	Mar	Apr	May	Jun	Total
Bourha	42	47	78	63	57	53	340
Hina	97	110	112	126	104	117	666
Koza	203	111	4	38	84	157	597
Mogode	70	64	143	79	88	80	524
Mokolo	100	66	195	161	189	159	870
Mora	95	138	91	123	188	131	766
Roua	51	27	39	40	43	86	286
Tokombere	62	65	69	129	98	112	535
Goulfey	63	70	97	62	20	14	326
Kousseri	126	97	141	190	213	209	976
Makary	160	171	223	327	194	145	1220
<b>TOTAL</b>	<b>1069</b>	<b>966</b>	<b>1192</b>	<b>1338</b>	<b>1278</b>	<b>1263</b>	<b>7106</b>

From January to June 2016, a total of 7,106 children aged 6-59 months with SAM were admitted for treatment. Almost half of the children were admitted in the 4 health districts with the vast majority of IDPs in the regions (Makary, Kousseri, Mokolo and Mora).

**Act 1 - Procurement of Ready to Use Therapeutic Food (RUTF) and other nutrition supplies:**

Because of the increase in the number of children with SAM in the target districts, UNICEF procured 6,900 boxes of RUTF, which were enough to provide treatment for 7,106 children with SAM.

In addition, 6,000 boxes of Amoxicillin were procured as part of the treatment protocol for SAM.

**Act 2 - Distribution of nutrition inputs**

UNICEF worked with the health delegations to ensure an uninterrupted pipeline of RUTF and the other supplies needed for the treatment of SAM in the target districts. In addition, efforts were made to ensure the strategic prepositioning of these supplies in key areas of the districts. The fragile security situation in some of the health districts prevented some health centres (particularly in Goulfey, Makary, and Koza) from being systematically supplied with RUTF and other essential nutrition products. However, efforts were made to avoid a stock-out of nutrition supplies in these centres.

**Act 3 - Supervision and monitoring of health centres**

UNICEF conducted 4 joint supervisions with the health districts and partners during the period covered by this project. The primary objective of the joint supervisions was to monitor the quality of care in the feeding centres supported within the framework of this project. The need to ensure that quality care is provided to children with SAM entailed increased monitoring, oversight and capacity building activities.

<p>Towards this, UNICEF provided in-service training to health workers on the management of SAM according to the national protocol. The supervisions also offered an opportunity to strengthen the capacity of the health centres in terms of stock management and routine program data collection. The outcomes of this joint supervision were discussed with the health centres to provide recommendations and during coordination meetings held at district and regional levels. The supervisions contributed to improve the quality of care in the UNICEF-supported centres. Overall, performance indicators in these centres were well above SPHERE standards, even though the overall defaulter rate was high (20%) due to population displacement and lack of a strong community health workers network for follow-up visits.</p>	
<p><b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b></p>	
<p>The management of SAM cases is a critical life-saving intervention that helps to reduce morbidity and mortality and ensure the survival and development of affected children. Efforts were made to ensure the involvement of communities in the different stages of the project. Community mobilization activities helped aimed at communities having a better understanding of the program. They also enabled them to be involved in the early detection and timely referral of SAM cases from communities to the nearest health facilities. Efforts were also made to ensure the integration of the treatment of SAM into the existing health system.</p>	
<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></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:	UNICEF	5. CERF grant period:	11/01/2016 – 11/07/2016				
2. CERF project code:	15-RR-CEF-147	6. Status of CERF grant:	<input type="checkbox"/> Ongoing				
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded				
4. Project title:	Emergency Child Protection support to boys and girls affected by the Nigeria crisis (IDPs and host vulnerable population)						
7. Funding	a. Total funding requirements <sup>5</sup> :	US\$ 2,850,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received <sup>6</sup> :	US\$ 1,427,000	■ NGO partners and Red Cross/Crescent: US\$ 327,421				
	c. Amount received from CERF:	US\$ 692,127	■ Government Partners: US\$ 135,650				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		9,720	6,480	16,200	13,372	8,914	22,286
Adults (≥ 18)		6,480	4,320	10,800	8,549	5,700	14,249
<b>Total</b>		<b>16,200</b>	<b>10,800</b>	<b>27,000</b>	<b>21,921</b>	<b>14,614</b>	<b>36,535</b>
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs	11,000			20,094			
Host population	16,000			16,441			
Other affected people							
<b>Total (same as in 8a)</b>	<b>27,000</b>			<b>36,535</b>			

<sup>5</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>6</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	More persons were reached out to due to the large number of displaced persons in need as a result of increased attacks. Thus a positive proactive response plan was set out to meet the influx of more vulnerable displaced children in the IDPs communities.
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CERF Result Framework			
<b>9. Project objective</b>	Protecting girls and boys affected by the Nigerian crisis (IDPs and host communities)		
<b>10. Outcome statement</b>	Unaccompanied and separated children, and children victims and/or associated with Boko Haram among IDPs and host communities are protected and reintegrated		
<b>11. Outputs</b>			
<b>Output 1</b>	Unaccompanied and separated IDPs boys and girls are provided with Identification, tracing, documentation, reunification and reintegration services		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of unaccompanied and separated children (receiving interim care and follow-up)	857	758
Indicator 1.2	Number of trained social workers and animators who conduct family visits	20	50 social workers 110 animators
Indicator 1.3	Number of foster families supported	350	385
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Identified unaccompanied and separated boys and girls in host communities referred to Family Tracing and Reunification services and provided with the relevant support	ALDEPA, DRAS, DRPROFF	ALDEPA, DRAS
Activity 1.2	Training of social workers and animators	ALDEPA, DRAS	ALDEPA, DRAS
Activity 1.3	Support family Reintegration and follow- up	ALDEPA, DRAS, DRPROFF	ALDEPA, DRAS
<b>Output 2</b>	Children victims and presumably associated with armed groups (including child victims and witness, children in detention for vagabondage, street children) are reintegrated in the communities and/or families		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of identified children victims and/or presumably associated with armed groups provided with psychosocial support	176	185
Indicator 2.2	Number of children presumably or associated with armed groups reunified with their families or communities	176	154
Indicator 2.3	Number of children associated with armed group provided with nutrition assistance and non-food items (clothes, shoes, basic hygiene kits etc.)	176	185
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

Activity 2.1	Provide emergency temporary care to children victims	ALDEPA, DRAS,	ALDEPA, DRAS,
Activity 2.2	Provide psychosocial support to identified children victims /associated with Boko Haram	ALDEPA, DRAS,	ALDEPA, DRAS,
Activity 2.3	Train law enforcement actors on age determination, international CP standards	MINJUST/DEFENCE	Implemented however with other funds
<b>Output 3</b>	Safe Child Friendly Spaces/community-based child protection mechanisms are strengthened to provide psychosocial support and prevent risks of child violations in affected communities and public host schools		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of children accessing psychosocial activities through child friendly spaces and public schools	61,700	48,253
Indicator 3.2	Number of teachers with strengthened skills in promotion of life skills and Protection and Education in Emergency (promotion of peace through education, psychosocial support detection and referral mechanisms, prevention of familial separation, prevention against enrolment, promotion of hygiene)	600	616
Indicator 3.3	Number of children enrolled (in targeted schools hosting IDPs) benefiting from learning material	15,000	15,000
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Provide recreational and psychosocial support activities to children in the child friendly spaces	ALDEPA, DRAS	ALDEPA
Activity 3.2	Training (protection and Education in emergency) of 600 teachers of schools in communities hosting IDPs	MINEDUB	MINEDUB
Activity 3.3	Distribution of local learning and teaching kits to 15,000 children and 125 teachers	MINEDUB	MINEDUB
<b>Output 4</b>	Traditional and religious leaders are sensitised on family separation and child abduction		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.2	Number of religious and traditional leaders trained	50	250
Indicator 4.3	Number of trainings on prevention on family separation and family reunification carried out in IDPs communities and host villages	2	19
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Train traditional and religious authorities on the prevention of family separation	ALDEPA, UNICEF, MINAS	ALDEPA
Activity 4.2	Sensitized and carry out advocacy activities on the risk of family separation and its prevention methods	ALDEPA	ALDEPA



<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
<p>Challenges faced due to insecurity in some remote areas have restricted the scope of the implementation of community-based child friendly spaces for IDPs and host community children. The target of 61,700 children accessing psychosocial activities through child friendly spaces and public schools were planned but 48,253 children were actually reached.</p> <p>The training of law enforcement actors on age determination and international CP standards planned in output 2, activity 2.3 has been held in early January, however not supported by CERF funds. The reason was the urgency for conducting this activity. Therefore, with UNICEF support, the Ministry of Justice trained 240 police and gendarme officers, 3 social workers from the Regional Delegation of Social Affairs and 8 members of the civil society organizations on child protection, child rights and how to work with children associated with armed conflict (CAAC), including those presumed associated with Boko Haram, or in conflict with the law or being held in custody. This activity was implemented just before the CERF funds were allocated. The amount of funds which was foreseen for this activity was then used to strengthen social workers, community leaders and animators on community-based psychosocial support and mine risk education contributing to the achievement of Output 3 as follow :</p> <ul style="list-style-type: none"> <li>- Three sessions on community-based approach on mental health and psychosocial support (MPHSS): one day training session with 20 members of CPWG at Maroua as well as four days of trainings in the field (2 days in Mokolo and 2 days in Minawao) to 92 animators and 48 social workers from government and NGO's.</li> <li>- 2 training sessions on mine risk education: one in Minawao refugee camp with 104 participants (64 head of blocs, 14 members of child protection committees, 16 animators, 6 community health workers, 2 representatives of the delegation and 2 representatives of UNICEF) and another session in Mokolo with 53 participants (5 community leaders, 10 members of a vigilante group, 10 members of child protection committees, 25 animators, 2 representatives of the delegation and 2 representatives of UNICEF).</li> </ul> <p>The number of traditional and religious leaders trained has been significantly higher than planned (indicator 4.2). This over achievement is attributed to the adjustment of the training strategy: Instead of gathering religious and traditional leaders in one place for 2 trainings sessions, trainers were dispatched in 10 targeted localities for 19 training sessions. This enabled to reach a larger number of leaders (250) than originally planned (50).</p>	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>The project in the IDPs communities reached out to children in home base setting as well as in schools with high concentration of IDPs in the planned regions and localities in Logon &amp; Chari, Mayo Sava, and Mayo Tsanaga. Thus with the above statistics of beneficiaries the project met the objective that was set. This project used a community-based approach, where the beneficiaries (with CP committees, and community focal points) were consulted during the project design phase and on a regular basis during implementation to share progress and challenges.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	FAO		<b>5. CERF grant period:</b>	07/01/2016 – 07/07/2016		
<b>2. CERF project code:</b>	15-RR-FAO-037		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Assistance to improve the livelihood of food-insecure Returnee households in the Far North region following the insurgency of Boko Haram					
<b>7. Funding</b>	a. Total funding requirements <sup>7</sup> :		US\$ 3,500,000			
	b. Total funding received <sup>8</sup> :		US\$ 986,699			
	c. Amount received from CERF:		US\$ 400,533			
d. CERF funds forwarded to implementing partners:						
<div> <div>▪ NGO partners and Red Cross/Crescent:</div> <div>US\$ 20,575</div> </div>						
<div> <div>▪ Government Partners:</div> <div></div> </div>						
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	4,590	4,410	9,000	6075	4050	10,125
Adults (≥ 18)	3,060	2,940	6,000	7425	4950	11,475
<b>Total</b>	<b>7,650</b>	<b>7,350</b>	<b>15,000</b>	<b>13,500</b>	<b>9,000</b>	<b>22,500</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population						
Other affected people			15,000		22,500	
<b>Total (same as in 8a)</b>			<b>15,000</b>		<b>22,500</b>	

<sup>7</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>8</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Households Planned : 3000      Households reached : 4500 The amount of money allocated to implement the activities was adequate and allowed to reach 1,500 households more.
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CERF Result Framework			
9. Project objective	To improve the livelihood of food-insecure 3,000 returnee households in the Far North region following the insurgency of Boko Haram through the supply of improved maize, sorghum, and cowpea seeds, fertilizers and bio pesticides to enable them increase production and improve their food security.		
10. Outcome statement	The food security of the beneficiary population is improved.		
11. Outputs			
Output 1	The project is launched and set on the right track		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	3,000 beneficiary households are identified by field extension workers	List of 3,000 beneficiary households	4500 beneficiary households
Indicator 1.2	20 field extension workers are sensitized on the follow-up of beneficiary farmers	A sensitization workshop is organized	20 field extension workers were sensitized
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of 3,000 beneficiary households (returnees) by extension workers	Divisional delegations of Agriculture and Rural Development (Logone &Chari, Mayo-sava and Mayo-Tsanaga)	4500 beneficiary households identified
Activity 1.2	Organization of the sensitization workshop	NGO	SAILD
Output 2	The food security of 3,000 vulnerable households is improved through food production		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	15 tons of improved maize; 18 tons of improved sorghum seeds, 18 tons of improved cowpea, 75 tons of fertilizers (NPK), 150 tons of fertilizers (Urea and NPK) and 9000 sachets of bio pesticide are purchased and distributed to beneficiary households	51T of improved seeds, 150T of fertilizers and 9000 sachets of bio pesticide are distributed to 3000 HH	22,5 T of improved maize seeds ; 27 T of improved cowpea ; 27 T of improved sorghum ; 112,5 T of fertilizers (NPK) 112,5 T of fertilizers(Urea), 13,500 sachets of bio-pesticide, 197 sprayers
Indicator 2.2	3,000 beneficiary households receive inputs (improved	3,000 HH receive	4500 HH received

	seeds, fertilizers and bio pesticide)	each 5 kg of maize, 6kg of sorghum, 6kg of cowpea, 25 kg of NPK and 25 kg of Urea	each 5 kg of maize, 6kg of sorghum, 6kg of cowpea, 25 kg of NPK and 25 kg of Urea
Indicator 2.3	3,000 beneficiary households receive technical assistance by extension workers throughout the cropping season (crop production techniques) for optimal use of inputs received.	3,000 beneficiary households	4500 beneficiary households
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Purchase of 51 tons of improved seeds (15 tons of maize and 18 tons of sorghum and 18T of cowpea), 75 tons of NPK, 150 tons of urea and 9000 sachets of bio pesticide.	FAO	FAO
Activity 2.2	Distribution of inputs and technical assistance of farmers on their optimum use	NGO & local extension workers	SAILD
Activity 2.3	Follow-up of beneficiary farmers through the cropping season	NGO & local extension workers	SAILD
<b>Output 3</b>	The project is efficiently managed		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Crop yields	525T of maize produced, 450T of sorghum and 375T of cowpea produced	1442,5 T of maize, 1157,5 T of Cowpea, 1385 T of sorghum
Indicator 3.2	Evaluation and terminal reports	An evaluation and a terminal report	Have been done
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Extension workers carry out monitoring missions on a weekly basis while Divisional Delegates of Agriculture and Rural Development and the NGO carry out monthly monitoring missions	Field extension workers, Divisional Delegates and local NGO	About 28 monitoring visits have been done by extension workers
Activity 3.2	02 supervision missions during the cropping season and 01 evaluation mission undertaken during the last month	FAO staff and National consultant	4 supervision missions during the cropping season

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
1442,5 T of maize, 1157,5 T of Cowpea, 1385 T of sorghum have permitted to reach out to 4500 beneficiary households as opposed to 3000 that had been planned.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>This is accountable in reaching out to beneficiaries; where with 4500 household, made up 22500 individuals benefited directly from the project with a breakdown of total female 13500 and total males 9000. Before the project was developed, FAO first identified the affected people and then assessed the needs of all these affected populations in collaboration with the traditional chiefs, the administrative authorities, all this baseline allowed to write the project which takes into account the needs of the affected populations according to their needs. Activities developed were the recommendations of the beneficiaries. Most of them had no seed or the seeds were alerted for being used for many years.</p> <p>After the end of the project, FAO staff participated in cropping activities and also had meetings with the beneficiaries that had been supported by FAO with fertilizers, seeds, pesticides and small agricultural implements. The feedback from the beneficiaries was positive highlighting that the harvests had been good compared to the year before. Maize, cowpea and sorghum yielded household food self-sufficiency. In addition, food surpluses (maize, sorghum, and cowpea) were achieved and could be sold in the respective local markets. This money allowed for the most part paying school fees, supplies and books for primary and secondary school children. Other beneficiaries were able to pay medicines at the hospital. Others were able to participate in rotating micro-savings programmes.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>	UNFPA		<b>5. CERF grant period:</b>	02/01/2016 – 02/07/2016			
<b>2. CERF project code:</b>	15-RR-FPA-051		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Health						
<b>4. Project title:</b>	Ensuring life-saving reproductive health services and basic medical care to populations in Cameroon's Far North region where health infrastructure has been destroyed by Boko Haram						
<b>7. Funding</b>	a. Total funding requirements <sup>9</sup> :		US\$ 1,400,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>10</sup> :		US\$ 384,921		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 149,750		
	c. Amount received from CERF:		US\$ 384,921		■ <i>Government Partners:</i> US\$ 121,000		
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		6,400	717	7,117	4,493	935	5,428
Adults (≥ 18)		6,400	1,075	7,475	6,668	1,236	7,904
<b>Total</b>		<b>12,800</b>	<b>1,792</b>	<b>14,592</b>	<b>11,161</b>	<b>2,171</b>	<b>13,332</b>
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs							
Host population							
Other affected people	14,592			13,332			
<b>Total (same as in 8a)</b>	<b>14,592</b>			<b>13,332</b>			

<sup>9</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>10</sup> This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	
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CERF Result Framework			
9. Project objective	Ensuring life-saving reproductive health services and basic medical care to populations in Cameroon's Far North region where health infrastructure has been destroyed by Boko Haram		
10. Outcome statement	Reduced negative impact of the BH crisis on reproductive health of women and youth through comprehensive medical and community response in targeted health districts and areas		
11. Outputs			
Output 1	Strengthened capacity of health Districts to provide quality RH services		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of health districts equipped with Reproductive Health kits to ensure quality services in all targeted health facilities	6	6
Indicator 1.2	Number of midwives deployed to provide quality maternal and new-born health (EmONC/PMTCT), FP, STI and medical management of GBV	12	12
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure and distribute to targeted health districts reproductive health kits and medical supplies	UNFPA	UNFPA
Activity 1.2	Provide refresher training and deploy midwives for provision of RH services	Regional Health Delegation, NGOs (CODAS CARITAS)	Regional Health Delegation
Output 2	Increased access to life-saving quality reproductive health services by populations in need		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of obstetric kits (including caesarean kits) provided to women for free delivery	6,300	6,300
Indicator 2.2	Number of outreach RH services organized in the health areas/villages	72	54
Indicator 2.3	Number of beneficiaries of other RH services (contraception/FP, medical assistance to sexual violence, STI,s treatment)	8,292	11,833
Indicator 2.4	Number of dignity kits distributed	2,850	2,496
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provide free delivery and caesarean kits to pregnant women	Regional Health Delegation	Regional Health Delegation
Activity 2.2	Support outreach services for the menu of reproductive health services including establish referral mechanism between communities and functioning health facilities for	Health Districts and CODAS CARITAS	PLAN international CODAS CARITAS

	emergency obstetric care		
Activity 2.3	Provide other RH services to potential beneficiaries	Health Districts and CODAS CARITAS	Health Districts
Activity 2.4	Provide dignity kits to pregnant women and adolescent girls	UNFPA and PLAN international	UNFPA and PLAN international

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Despite the difficult context marked by the rainy season and the incursions of Boko Haram, the project has been successfully implemented with significant results.

- 1) All the 6 targeted Health Districts were provided with Reproductive Health (RH) kits.
- 2) 6,189 pregnant women benefited from antenatal consultations in supported health facilities and during outreach activities organized in health areas/communities under the leadership of the deployed midwives
- 3) 6,000 obstetric kits have been procured through the Regional Delegation of Health and channelled to health facilities. At the end of the project, as reported, 1,419 women benefited from delivery kits and 80 women benefited from caesarean kits. The remaining 4,801 kits prepositioned in HF will cover subsequent deliveries by the end of the year. Due to the rainy season, and in collaboration with the District Medical Officers, the midwives proactively seized the opportunity of outreach activities to preposition delivery kits in HF.
- 4) During their deployment the midwives played a significant role in terms of capacity building of service providers of targeted HF on Emonc and family planning (FP). Their presence contributed greatly to the re-integration of post-natal consultations in the service package of the HF where they were posted, and the re-opening of some health centres which were closed after BH incursions (an example is Woulky health district).
- 5) Some other tangible results have been obtained: Initially, the project was targeting 8,292 persons for other RH services, at the end 11,833 persons were reached: 5,309 women were direct beneficiaries of counselling and administration of a modern contraceptive method (initial target 3,362); Injectable and implants were the first choice of women including adolescent girls; 4,343 STI cases were treated and 2,146 HIV screenings done. 35 rape cases out of 318 different GBV cases registered were reported mainly in Makary, Mada and Kolofata Health Districts. The survivors benefited from psychosocial and medical assistance. As usual, GBV in general, and rape cases in particular are underreported because of taboo, stigma and consequent discrimination of survivors. The discrepancy is explained by the fact that in spite of the security context, community mobilization was effective with the involvement of various actors. In addition, the presence of midwives really boosted service utilization.

2,496 dignity kits have been prepositioned in HF for distribution to pregnant women during antenatal consultations or delivery. The strategy of providing DK not only boosted service utilization by the target, but also contribute to their mental and physical wellbeing. Due to the high cost of a unit the budget was not sufficient to purchase the planned quantity of dignity kits (2,800). Since most of items constituting the kits were not available locally (Maroua) in quantity and quality the provider needed to purchase the whole package in Yaoundé (more than 1,000 kilometres from Maroua) with direct consequent as per the transport cost.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The project was designed in collaboration with the Regional Delegation of Public Health, the Medical Officers of the targeted Districts and the 2 CSO/NGO implementing partners (PLAN and CODAS Caritas). The implementation strategy ensured the participatory involvement of both men and women at all levels through their feedback and reporting. Adolescents in general and adolescent girls in particular were targeted by creating an atmosphere where they were comfortable to engage and access RH services without intimidation. It is worth noticing that the involvement of community leaders and group representatives, women and men, in the interventions, particularly for/during community mobilization for outreach services enhanced accountability of the project to the affected population.



Health area committees, referred to as COSA (Comité de Santé de l'Aire), through outreach workers were deeply involved in the project implementation, especially in community mobilization and constitution of dignity kits, supported, among others, by PLAN and CODAS Caritas. COSA continues to monitor utilization of delivery and dignity kits in health facilities. The 2 NGOs are familiar with grassroots interventions targeting these communities and will continue their support through subsequent funding through UNFPA or other partners.

Generally speaking, the added value of the project is that it contributed to strengthening the Health System as a whole through capacity building, provision of RH/supplies which are crucial in terms of creating a resilience community for reconstruction and development.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	01/01/2016 – 01/07/2016			
<b>2. CERF project code:</b>	15-RR-HCR-069		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Multi-sector refugee assistance						
<b>4. Project title:</b>	Protection and Multi-sectoral Emergency Response to Nigerian refugees and Internally Displaced Persons in Cameroon						
<b>7. Funding</b>	a. Total funding requirements <sup>11</sup> :		US\$ 35,161,072		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>12</sup> :		US\$ 6,231,542		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 100,000		
	c. Amount received from CERF:		US\$ 1,300,050		■ <i>Government Partners:</i>		
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>		8,666	7,838	16,504	10,500	7,000	17,500
<i>Adults (≥ 18)</i>		4,463	4,033	8,496	4,500	3,000	7,500
<b>Total</b>		<b>13,129</b>	<b>11,871</b>	<b>25,000</b>	<b>15,000</b>	<b>10,000</b>	<b>25,000</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>	<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>			
<i>Refugees</i>	10,000			10,000			
<i>IDPs</i>	15,000			15,000			
<i>Host population</i>							
<i>Other affected people</i>							
<b>Total (same as in 8a)</b>	<b>25,000</b>			<b>25,000</b>			

<sup>11</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>12</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	CERF funding was channelled to the 25,000 beneficiaries targeted initially. In addition, UNHCR received funding from other donors which allowed UNHCR to reach more refugees during the project period (and this is reflected under the indicators below).
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CERF Result Framework			
9. Project objective	Protection and Multi-sectoral Emergency Response to Nigerian refugees and Internally Displaced Persons in Cameroon		
10. Outcome statement	Lives of Nigerian refugees and most vulnerable IDPs in locations that are accessible in the Far North are preserved as they enjoy the international protection and have access to basic household commodities according to the international standards.		
11. Outputs			
Output 1	Registration conducted on an individual basis with minimum set of data required		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of Nigerian refugees registered and profiled.	59,257 (10,000 new refugees registered)	56,921
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Sensitize and register 10,000 new Nigerian refugees including those yet dispersed within the villages alongside the border that are accessible or when accessible during the implementation period	UNHCR	UNHCR (6,776)
Activity 1.2	Deploy staff to conduct registration and profiling (allowances, transportation fees, fuel etc.) in the Far North to register about 10,000 new Nigerian refugees on an individual basis, segregated by age and gender with a minimum set of additional data to guide the protection and assistance.	UNHCR	UNHCR deployed 15 staff to register (6,776 new refugee)
Output 2	Populations moved to safe locations		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of new Nigerian refugees moved from villages along the border to the Minawao camp.	54,257 (5,000 new refugees moved)	54,257
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Organise conveys using buses and trucks to transport/relocate about 5,000 new Nigerian refugees from the villages along the border to the Minawao camp (60 to 150km from the border) to the extended camp.	UNHCR	UNHCR (6,085 individuals)
Output 3	Shelter materials and maintenance tool kits provided		
Output 3 Indicators	Description	Target	Reached
Indicator 3.2	Number of new refugee households assisted with shelter construction materials/hand tool kits.	1,000 households (5,000 people)	1,000 households (5,000 new refugees have been provided with

			constructed shelter)
Indicator 3.3	Number of new IDPs and host families assisted with shelter construction materials/hand tool kits	3,000 households (15,000 people)	2,873 households (14,365 individuals)
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procure plastic sheets, and locally timbers, wooden rafters and slats, nails, ropes, anti-termite, etc. for construction family shelters	UNHCR	UNHCR
Activity 3.2	Organize distribution to IDPs and most vulnerable host families	ADES INTERSOS	ADES INTERSOS
<b>Output 4</b>	Emergency shelter provided		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Number of new emergency family shelters constructed for new Nigerian refugees	1,000 (5,000 people)	1,000
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Construct 1,000 additional temporary/emergency family shelters to host most vulnerable new Nigerian refugees in the extension of Minawao camp.	Public Concern (PC)	Public Concern PC (1,000)

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
<p>The overall implementation of the project helped develop the hosting capacity of Minawao camps in terms of shelter and access to basic household commodities.</p> <p>The provision of 1,000 emergency shelters enabled the relocation of 4,000 new Nigerian refugees to a more secure space with access to life-saving humanitarian relief and international protection as well as security.</p> <p>This project helped improve the living conditions of 2,873 IDP households through the provision of shelters and household items, to reduce the risks of being exposed to forced recruitment by terrorist because of poverty, recruitment for suicide attacks, GBV and other exploitation that endanger lives in a context of war and terrorism.</p>	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>UNHCR's operations management approach is an approach based on the multifunctional team primarily and the involvement of the persons of concern is mandatory at all phases. Refugees and displaced people are always consulted during participatory needs assessments and even during the performance evaluation process. For this purpose the participatory assessment missions were also conducted by involving the beneficiaries.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
The evaluation for the entire project will be carried out in December 2016. The report can be shared in January or February 2017.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	01/01/2016 – 01/07/2016		
<b>2. CERF project code:</b>	15-RR-WFP-084		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
<b>3. Cluster/Sector:</b>	Food Aid					
<b>4. Project title:</b>	Life-Saving Support to Households Affected by Insecurity in the Far North Region of Cameroon					
<b>7. Funding</b>	a. Total funding requirements <sup>13</sup> :	US\$ 22,600,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>14</sup> :	US\$ 14,459,830	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 106,860 ■ <i>Government Partners:</i>			
	c. Amount received from CERF:	US\$ 2,892,380				
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	4,655	5,277	9,932	4,655	5,277	9,932
Adults (≥ 18)	14,464	13,331	27,795	14,464	13,331	27,795
<b>Total</b>	<b>19,119</b>	<b>18,608</b>	<b>37,727</b>	<b>19,119</b>	<b>18,608</b>	<b>37,727</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	11,000		14,727			
Host population	26,727		23,000			
Other affected people						
<b>Total (same as in 8a)</b>	<b>37,727</b>		<b>37,727</b>			
In case of significant discrepancy between planned and reached beneficiaries, either		Due to the rapid increase in the IDP population in the first half of 2016, WFP prioritized food assistance to a larger number of IDPs than initially planned, while the number of local				

<sup>13</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>14</sup> This should include both funding received from CERF and from other donors.

<i>the total numbers or the age, sex or category distribution, please describe reasons:</i>	populations assisted was slightly below the plan. However, WFP managed to reach all the targeted beneficiaries within the given period.
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CERF Result Framework			
9. Project objective	To ensure the food needs of crisis affected populations are met through context specific food assistance responses – both conditional and unconditional and through food and cash modalities,		
10. Outcome statement	Stabilized or improved food consumption over assistance period for target households and/or individuals		
11. Outputs			
Output 1	A minimum of 2,100 calorie food basket distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries for a period of four months.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of beneficiaries receiving assistance	27,727	27,727
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of Food Commodities	WFP	With the CERF contribution, WFP procured approximately 2,000 mt of food commodities (cereal, pulses, oil, salt, super cereal) for delivery to beneficiaries.
Activity 1.2	Delivery of assistance through monthly general food distributions	NGO partner to be determined	Delivery was ensured through partner IEDA relief.
Output 2	Unconditional food support provided through cash based transfers in sufficient quantity and in a timely manner: Target: USD 17 distributed to each beneficiary on a monthly basis for a period of four months depending on market conditions.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of targeted beneficiaries receiving unconditional cash transfers	9,050	9,050
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Delivery of assistance through monthly general food distributions	NGO partner (to be determined)	Implementation of cash based transfers was ensured by partner Plan International and in-kind food distributions through IEDA Relief.

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
<p>Despite major insecurity and access challenges, WFP delivered food assistance to a large number of beneficiaries reaching the most remote areas, and constantly adapting to the changing context, scaling up assistance to newly identified IDP groups in need of urgent assistance. As insurgent attacks continued in the Far North region, the number of IDPs increased significantly between October/November 2015 and February 2016. Due to this rapid increase in the IDP population, WFP prioritized food assistance to a larger number of IDPs than initially planned, while the number of local populations assisted was slightly below the plan. However, WFP reached all the targeted beneficiaries within the given period. WFP's integrated food and nutrition assistance, alongside other partner activities implemented in the same targeted areas, significantly contributed to improving the living conditions of the targeted populations.</p> <p>General Food Distributions, carried out on a monthly basis, ensured immediate and improved food access of the targeted IDPs and host populations during the project implementation period. However, according to the June WFP Post Distribution Monitoring (PDM), the proportion of beneficiaries with an acceptable food consumption score was at 30% amongst the IDPs and 38.9% amongst the local population. This represents a decrease from December, which can be explained by the general deterioration of the food security in the Far North region during the reporting period and the early arrival of the lean season. Some beneficiaries also reported spending a portion of their food rations to purchase other essential NFIs and / or sharing their food with a larger number of people beyond the family members. However, the reporting period saw an increase in the percentage of beneficiaries with a borderline food consumption (IDPs: from 42% to 49%; and local populations: from 38% to 41%). The dietary diversity remained acceptable for all the beneficiary categories.</p> <p>With help of the CERF allocation, WFP introduced cash based assistance for the very first time in Cameroon in 2016. Activities are based on market, security, logistic and financial evaluations and are implemented through operational partners using a mobile money platform, while contracted suppliers ensure delivery of essential food items, ensuring that the local market have enough supplies to meet increasing demand. This intervention takes into account beneficiaries' dignity through giving them a choice of the commodities they purchase as well as injecting resources into the local economy. Preliminary results of the PDM conducted in July 2016 indicate an improvement in food consumption and dietary diversity patterns of IDPs in areas where cash activities are implemented, which points to the success of the programme.</p>	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>WFP and its partners paid special attention to protection and safety concerns in an increasingly complex operational environment characterized by insecurity and the infiltration of armed groups in local villages.</p> <p>WFP used participatory approaches to ensure the involvement of beneficiaries in the design, implementation and monitoring of programmes. In collaboration with partners, a reinforced beneficiary feedback and complaint mechanism was introduced in 2016 to manage accountability towards beneficiaries. The mechanism consists of an on-site complaints committee and telephone hotline, through which beneficiaries can express their complaints and feedback anonymously. The hotline is operational since July 2016 and is fully managed through a local call centre group for transparency. Complaints mechanisms also enable enhanced reporting on gender and protection-related issues. Efforts were made to mitigate potential gender barriers to access, reduce existing inequalities and avoid creating new ones. For instance, WFP ensured all monthly resource based transfers promote equal access of women, girls, boys and men.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
An external evaluation of WFP's Emergency Operation – EMOP 200777 was carried out in April 2016.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	01/01/2016 – 01/07/2016			
<b>2. CERF project code:</b>	15-RR-WFP-085		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Nutrition						
<b>4. Project title:</b>	Prevention of acute malnutrition amongst children aged 6-23 months amongst the most vulnerable populations of the Far North region of Cameroon						
<b>7. Funding</b>	a. Total funding requirements <sup>15</sup> :		US\$ 2,700,000		d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 44,175 ▪ <i>Government Partners:</i>		
	b. Total funding received <sup>16</sup> :		US\$ 1,700,000				
	c. Amount received from CERF:		US\$ 985,161				
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		14,210	14,790	29,000	19,306	19,121	38,427
Adults (≥ 18)							
<b>Total</b>		<b>14,210</b>	<b>14,790</b>	<b>29,000</b>	<b>19,306</b>	<b>19,121</b>	<b>38,427</b>
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees	6,930			7,550			
IDPs	3,901			5,466			
Host population	18,169			25,412			
Other affected people							
<b>Total (same as in 8a)</b>	<b>29,000</b>			<b>38,427</b>			

<sup>15</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>16</sup> This should include both funding received from CERF and from other donors.



<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of beneficiaries reached is about 32% higher than the initial plan. This is due to the increase in the number of vulnerable populations in need of nutrition assistance over the reporting period, which forced WFP to stretch limited resources to reach a larger population than planned.
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CERF Result Framework			
9. Project objective	Improving the nutritional status of 29,000 vulnerable children aged 6-23 months through blanket supplementary feeding programme in the logon et Chari and Mayo Sava divisions of the Far North Region		
10. Outcome statement	Refugees, IDPs and other conflict-affected children are protected against malnutrition		
11. Outputs			
Output 1	29,000 vulnerable children aged 6-23 months in the Makary, Mada, Kousseri, Mora and Tokombere health districts and in Minawao refugee camp have access to nutrition support through blanket supplementary feeding programme		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children aged 6-23 months receiving food assistance through blanket supplementary feeding, disaggregated by sex as % of planned.	100% (29,000: 14,210 girls and 14,790 boys)	38,427 (19,121 girls and 19,306 boys)
Indicator 1.2	Quantity of food assistance distributed through blanket supplementary feeding, as % of planned.	100% (592 tons)	577 tons of Super Cereal plus
Indicator 1.3	Number of health districts assisted.	5 health districts	5 health districts
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and delivery of special nutritious food to distribution sites	WFP	WFP
Activity 1.2	Beneficiary identification, registration and distribution of special nutritious food to registered beneficiaries.	WFP, IEDA, IMC and Ministry of Public Health	IEDA Relief, PLAN International, IMC, CODAS CARITAS
Output 2	Parents and or caretakers of children aged 6-23 months in the Makary, Mada, Kousseri, Mora and Tokombere health districts as well as those of the Minawao refugee camp have access to nutrition messaging and counselling on specialized nutritious foods and infant and young child feeding (IYCF) practices.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Proportion of targeted caregivers (male and female) receiving 3 key messages delivered through WFP's BSFP -supported messaging and counselling	100% (29,000: 8,700 male and 20,300 female)	38,427 (11,528 male and 26,899 female)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Nutrition education, sensitisation and counselling of caretakers on specialized nutritious foods and infant and young child feeding (IYCF) practices	WFP, IEDA, IMC and the Ministry of Public Health	WFP, IEDA Relief, IMC, PLAN International, Codas CARITAS and the Ministry of Public Health

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
<p>The arrival of CERF funded commodities enabled WFP to avoid disruptions in the delivery of nutrition commodities to the Minawao camp and in IDP and host communities, ensuring continuous provision of food supplements to refugee children. The number of beneficiaries reached is about 32% higher than the initial plan. This is due to the increase in the number of vulnerable populations in need of nutrition assistance over the reporting period, which forced WFP to stretch limited resources to reach a larger population than planned. WFP also supported monthly screenings of beneficiaries to monitor progress of the nutrition situation in the camp and the programme also served as a platform for sensitization on various health and sanitation campaigns and communications.</p> <p>The Blanket Supplementary Feeding Programme (BSFP) provided the targeted children between 6-59 months with monthly rations of nutrient-rich and fortified commodities. The main intended objective of reducing incidence of acute malnutrition was achieved. Monthly mid-upper arm circumference (MUAC) screening conducted in the 13 districts of the Far North targeted under the EMOP reveals a progressive decrease in GAM amongst BFSP beneficiaries. GAM rates decreased from 4.3% in February to 2.8% in August 2016. The SENS survey conducted in the Minawao camp in July 2016 revealed GAM rates of 4.2% amongst children under 5 and stunting rates of 44, 7%. The survey also revealed high rates of anaemia (56% and 69% in children under five and under two respectively). The SENS survey recommended that the ongoing nutrition interventions in the camp be maintained given their proven positive impact in reducing and stabilizing acute malnutrition rates in the camp.</p>	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>The project was designed following assessments in targeted areas through MUAC screenings and focus group discussions to determine the needs of the population. In collaboration with partners, a reinforced beneficiary feedback and complaint mechanism was introduced in 2016 to manage accountability towards beneficiaries. The mechanism consists of an on-site complaints committee and telephone hotline, through which beneficiaries can express their complaints and feedback anonymously. Beneficiaries were sensitized on use of nutrition products and received education on good nutrition practices. Throughout the implementation, beneficiaries were regularly informed on the objectives, targeting criteria and on the quantity of food supplements to which each beneficiary was entitled. Beneficiaries were also regularly informed on time of any delays or changes in activities.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
An external evaluation of WFP's Emergency Operation – EMOP 200777 was carried out in April 2016.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-FAO-037	Agriculture	FAO	NNGO	\$20,575
15-RR-CEF-147	Child Protection	UNICEF	NNGO	\$91,078
15-RR-CEF-147	Child Protection	UNICEF	NNGO	\$236,343
15-RR-CEF-147	Child Protection	UNICEF	GOV	\$13,700
15-RR-CEF-147	Child Protection	UNICEF	GOV	\$8,144
15-RR-CEF-147	Education	UNICEF	GOV	\$113,806
15-RR-WFP-084	Food Assistance	WFP	INGO	\$106,860
15-RR-WFP-085	Nutrition	WFP	INGO	\$11,044
15-RR-WFP-085	Nutrition	WFP	INGO	\$11,044
15-RR-WFP-085	Nutrition	WFP	INGO	\$11,044
15-RR-WFP-085	Nutrition	WFP	INGO	\$11,044
15-RR-FPA-051	Health	UNFPA	GOV	\$121,000
15-RR-FPA-051	Health	UNFPA	INGO	\$124,750
15-RR-FPA-051	Health	UNFPA	NNGO	\$25,000
15-RR-HCR-069	Shelter	UNHCR	NNGO	\$100,000
15-RR-CEF-146	Nutrition	UNICEF	GOV	\$14,648

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ADES	Action Locale pour le Développement Participatif Autogérée
ADELPA	Association
BH	Boko Haram
BSFP	Blank Supplementary Feeding programme
CERF	Central Emergency Relief Fund
COSA	Comité de l'aire de Santé
DRAS	Direction Régionale de l'Action Sociale
ECHO	European Commission Humanitarian Aid and Civil Protection
DRPROFF	Direction Régionale de la Protection de l'Enfant et de la Femme
EmONC	Emergency Obstetrical Neonatal Care
FAO	United Nations Food and Agriculture Organisation
FP	Family Planning
GAM	Malnutrition Global
GBV	Gender Based Violence
GFD	General Food Distribution
HCT	Humanitarian Country Team
HH	House Hold
HIV	Human Immunodeficiency Virus
HRP	Humanitarian Response Plan
IDPs	Internal Displaced Persons
IEDA	International Emergency and Development Aid
IOM	International Organisation for Migrations
MAM	Malnutrition Modérée
MINEDUB	Ministère de l'Education de Base
MINJUST	Minsitère de la Justice
MOH	Ministry of Health
MUAC	Mid Upper Arm Circumferences
MT	Metric tons
NGO	Non-Governmental Organisation
NFI	Non Food Items
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OPT	Out Patient Therapeutic Centre
PC	Public Concern

PDM	Post Distribution Monitoring
PMT/CT	Prevention of HIV/AIDS from Mother to Child Transmission
RC/HC	Resident Coordinator / Humanitarian Coordinator
RH	Reproductive Health
RR	Rapid Response
RUTF	Ready to Use Therapeutic Food
SAILD	Service d'Appui aux Initiatives Locales de Développement
SAM	Severe Acute Malnutrition
SPHERE	SPHERE Project
STI	Sexual Transmission Infections
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children Fund
WHO	World Health Organization
WFP	World Food Programme
WASH	Water Hygiene and Sanitation
IYCF	Infant and Young Child Feeding practices.