

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

**RESIDENT/HUMANITARIAN COORDINATOR**

**Mr. Fodé Ndiaye**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*The team has not been able to conduct an after action review at the time of finalizing this report. However, some agencies (UNHCR, IOM, UNICEF, and WFP) have planned self-after action review of their Projects. We are optimistic that these after action reviews will be shared with the secretariat and the humanitarian community when available. OCHA has also elaborated a matrix to regularly follow up on the status of the implementation of the projects.*

**b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.**

YES  NO

*The report was submitted for online consideration to the Humanitarian Country Team (HCT) and the Inter-Cluster Coordination (ICC) members before it is sent out to the CERF Secretariat.*

**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 was shared with the recipient agencies as well as with the HCT and the cluster coordinators including government sectorial counterparts.*

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 74 207 164		
Breakdown of total response funding received by source	Source	Amount
	CERF	7,031,508
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral / multilateral)	
	<b>TOTAL</b>	<b>7,031,508</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 03-Dec-15			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-140	Child Protection	999,915
UNICEF	15-RR-CEF-141	Water, Sanitation and Hygiene	999,513
UNFPA	15-RR-FPA-048	Health	262,500
UNHCR	15-RR-HCR-065	Protection	996,580
IOM	15-RR-IOM-046	Non-Food Items	1,273,000
WFP	15-RR-WFP-083	Food Aid	2,500,000
<b>TOTAL</b>			<b>7,031,508</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	4,628,600
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1 963,385
Funds forwarded to government partners	439,523
<b>TOTAL</b>	<b>7,031,508</b>

### HUMANITARIAN NEEDS

Since the first Boko Haram attacks in the Nigerien territory of February 2015, the situation in the Diffa region has deteriorated sharply due to an increase of direct attacks in Nigeria as well as within the Diffa region in Niger. The security context in Diffa has remained highly volatile, with massive displacement of population and the worsening of an already fragile humanitarian context. Most of displaced people from Nigeria and from Niger are not settling in organized camps, but rather in spontaneous sites near existing villages, mostly near the National Road 1 (RN1) therefore causing additional pressure on already very limited resources. At the beginning of the project, the Diffa region was home to 165,892 displaced people from Nigeria, among them 47 per cent of children and 37 per cent women and around 47,000 internally displaced people (IDPs). As of September 2016, displaced people in Diffa are estimated at more than 300,000 people.

All aspects of these people's lives are still affected, from access to health services to access to food, water and shelter to domestic and gender-based violence. A series of multi-sector assessments (MSAs) had been carried out over seven months before the emergency intervention, highlighting significant and sustained needs in the evaluated sites, which counted over 132,000 new arrivals, out of which, 70,000 since July 2015. These new arrivals had compromised the fragile subsistence mechanisms of over 33,000 individuals from host communities.

Needs assessments by the WASH Cluster are consistently updated through the data provided by the Government and completed by aggregated data from the MSAs. Data collected by the MSAs and fed into the cluster's gaps matrix were showing in mid-October 2015 a gap of water sources in 76 per cent of the 110 villages hosting large numbers of people affected by displacement, implying a need to construct 371 water points in 84 villages and 3,847 latrines in 89 villages. Improved access to drinking water contributes to reducing the time spent by children, particularly girls, and women in fetching water, therefore contributing to an increase in school attendance, particularly by girls. Appropriate access to durable water infrastructures is thus instrumental for the well-being and resilience of the affected population.

At the time of the application, there were **increasing protection needs**. Over 60 per cent of the displaced individuals are still lacking documentation. With the new population displacements following attacks in May and June, community based protection committees must be evaluated and steps taken to ensure their presence in all key sites in order to prevent and respond to protection risks, and to ensure that they are representative of the new populations. Also, additional protection monitoring focal points must be identified as many fled the eastern part of the Diffa region. Over 400 Nigerians in custody on suspicion of terrorist activity have been identified, while just 200 cases have been documented. The provision of legal assistance is a priority need for refugees in custody. In a region where the population under 18 years of age is over 60 per cent of the total, as a result of the conflict, it was estimated that an additional 15,000 children were in need of recreational activities while 8,000 required more in depth psychosocial support. In addition 65 children were in custody for suspicion of association with armed groups and special child friendly procedures in line with international norms need to be implemented to ensure their protection.

As per **child protection** issues, the violent attacks resulted in an estimated 120,000 children being exposed to many protection risks, which required adequate prevention and response. Children are psychologically distressed due to displacement and loss of normalcy, as well as to the fact that they may have witnessed horrifying acts. Some children have been separated from their families and are living with other families, some are on their own, and others are heading families. In this context, children are more likely to be neglected, physically and/or psychologically abused, exploited, trafficked, sexually abused or exploited, engaged in worst forms of labour or married off at an early age. Some children have been suspected of association with armed groups, arrested in the Diffa region, and transferred to Niamey where they have been detained at the Juvenile Quarter for more than a year without trial, thereby in violation of national and international norms regarding juvenile justice and children affected by armed conflict.

About 118,000 displaced people lived in very precarious conditions and were in dire need of **shelter**. Those who fled had to leave their possessions behind. Those who received them were overwhelmed.

The **food security** levels of both displaced and host populations were at risk. Country-wide, the population living in food insecurity went from 2,588,128 people in January to 3,632,340 in June. Approximately 13 per cent of these people were in a situation of severe food insecurity. In that context, both Boko Haram attacks and counter-measures taken by the government had further affected the livelihoods of the Diffa region's inhabitants: There were over 133,000 new cases of food insecurity in Diffa, including over 21,000 (or 16 per cent) severe cases. Agricultural and fishery production is still non-existent in the Bosso province and the pastoralists' animal stocks were undernourished and exposed to health threats. The risk for intertribal clashes due to overexploitation of resources by displaced herds was also very high.

The high numbers of pregnant and lactating mothers among the displaced and host populations (estimated at nearly 13,000) as well as the insecure setting characteristic of populations on the move made it a high humanitarian priority to provide supplies of the Minimum Initial Service Package (MISP) for **Reproductive Health (RH)**, provide care for survivors of sexual violence, reduce HIV incidence and ensure clean deliveries and access to emergency obstetric care.

The emergency intervention funded by CERF significantly contributed to the improvement of the situation on the targeted sites; gaps are however still significant in the whole affected region, especially as the emergency context is still ongoing.

## II. FOCUS AREAS AND PRIORITIZATION

Based on the findings of the joint inter-agency need assessment missions mentioned above, the operations for the various sectors were outlined as follows:

### UNICEF:

- Provision of a minimum WASH package in accordance with international standards to 90,000 people affected by the population's movement.
- Strengthening of the management capacity of the WASH committees in affected communities.
- Provision of adequate prevention and response to the protection needs of children affected by displacements as a result of armed conflict.
- Facilitation of the access to socio-recreational activities and psychosocial support in child friendly spaces to 17,500 children.

### IOM

- Provision of emergency shelters to vulnerable households.
- Provision of basic and specific relief items (blankets, sleeping mats, kitchen sets, jerry cans, hygienic kits, mosquito kits) to displaced people (refugees, IDPs, returnees) and host communities.

### WFP

- Stabilisation and improvement of the food security situation of 27,667 beneficiaries.
- Stabilisation and reduction of malnutrition among children aged 6-23 months and pregnant women and nursing mothers for 4,833 beneficiaries.

### UNFPA

- Reduction of excess maternal and neonatal mortality and morbidity among 52,500 displaced and hosting populations including 6,804 pregnant refugees and host populations.
- Provision of medical and psychological care for all victims of gender-based violence and psychological trauma ensured.

### UNHCR

- Establishment of Community Based Protection groups, protection focal points and monitors for the provision response activities for vulnerable persons at risk of protection issues targeting 152,152 vulnerable persons.
- Provision of appropriate response to victims / survivors of protection issues, including medical, psychosocial, financial, legal and / or material assistance, target 100 per cent of identified cases.
- Provision of gas bottles to 1,250 vulnerable households amongst the populations of the Sayam Forage refugee camp and Kabelawa IDP camp for the protection of women and girls in terms of reduction of the risk of SGBV incidents in the camps.
- Provision of legal assistance to vulnerable Nigerian prisoners imprisoned on suspicion of connection with terrorist activities.
- Adequate care and reintegration into their families/communities of children suspected to be associated with armed groups.

## III. CERF PROCESS

The overwhelming level of new needs created by the escalated insecurity in the Lake Chad Basin from June 2015 triggered the CERF Rapid Response application by the HC. Based on government-led as well as on several sector and multi-sector needs assessments, all highlighting growing numbers of persons in need of humanitarian assistance, the HC prompted the UN agencies represented in the HCT to mobilize the respective clusters and proceed to quantify their most compelling needs in the Diffa Region, related to the Lake Chad Basin crisis, unforeseen by original SRP 2015 planning. The UN agencies and respective cluster co-leads (NGOs) and national partners (line ministries) proceeded to carry out multiple cluster-specific and multi-sector needs assessments, which highlighted a significant increase in displacements and needs. The analysis was successively refined to identify most urgent needs by Locality.

The results of the needs assessment led the Humanitarian Country Team to request CERF support to deal with the rapidly and seriously deteriorating situation. It was agreed to focus on life-saving activities in five sectors (Food Security, Emergency Shelter /Non Food Items, WASH, Protection and Reproductive Health) as the most pertinent to the situation of populations on the move or in highly unstable settings. CERF funding enabled rapid response to urgent needs, pending contributions from regular SRP and bilateral donors. The projects submitted in the CERF RR application have been considered during the revision of the HRP in September.

## 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: 152,153									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Child Protection	31,247	13,171	<b>44,418</b>	27,879	11,625	<b>39,504</b>	59,126	24,796	<b>83,922</b>
Food Aid	2,465	18,190	<b>20,655</b>	2,368	14,477	<b>19,845</b>	4,833	35,667	<b>40,500</b>
Health	15,592	12,758	<b>28,350</b>	13,282	10,868	<b>52,500</b>	28,874	23,626	<b>52,500</b>
Shelters and NFIs	12,376	3,094	<b>15,470</b>	3,332	4,998	<b>8,330</b>	15,708	8,092	<b>23,800</b>
Protection	42,564	33,905	<b>76,469</b>	42,358	33,326	<b>75,684</b>	84,922	67,231	<b>152,153</b>
Water, Sanitation and Hygiene	18,085	23,726	<b>41,811</b>	16,563	17,788	<b>34,351</b>	34,648	41,514	<b>76,162</b>

<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

Overall the UN agencies and their implementing partners succeeded to assist the population targeted through the CERF RR application. UNHCR reached the highest caseload of 152,153 people through protection activities. To avoid double counting between the different sectors, the largest number of reached individuals has been adopted as the estimation of the total direct beneficiaries reached.

**TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup>**

	Children (< 18)	Adults (≥ 18)	Total
<b>Female</b>	42,564	33,905	76,469
<b>Male</b>	42,358	33,326	75,684
<b>Total individuals (Female and male)</b>	<b>84,922</b>	<b>67,231</b>	<b>152,153</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

**UNICEF: WASH:** The project has allowed the construction of 10 emergency boreholes and 15 mechanic boreholes, and the rehabilitation of six cemented wells. All these 31 water points allowed covering the needs of 15,500 people (one water point for 500 people). The project also allowed for the rehabilitation of the mini water network of Kindjandi (installation of a new pump and a second generator to enable an alternative operation and prevent overheating, construction of a new shelter for the generator, protection of the borehole with wire fencing). Moreover, three water fountains were rehabilitated and two new ones were built on that network in partnership with the NGO ACTED and DRHA Diffa. Those interventions have allowed access to safe water for 2,500 people.

In the end, all water infrastructures installed as part of the emergency intervention have allowed access to safe water for 18,000 people (5,345 women, 4,060 women, 4,930 boys and 3,665 men). Given the challenging security situation in the area of intervention, the deployment of contractors and the construction work was slowed down. This has delayed the drillings and, at the time of writing this report, six were expected to be finalized by the end of September. Currently, 13,500 people were already covered with improved access to safe water, while 7,090 were initially targeted. All water points have been accompanied by the establishment, training or refresher training of water point management committees composed of five to 10 members depending on the size of the site (60 per cent women) to ensure good management and durability of those works. All the committees have also been provided with maintenance kits.

For the sanitation aspect of the intervention, 16,580 people were covered through the construction of 350 latrines and 137 blocks of two cabins of latrines each. In IDP sites, the blocks were separated by gender and age for protection considerations.

Community mobilization and awareness sessions were given on the sites of Gueskerou, Koube Domoram, Ngourtoua, Toumour, Koube Damoram and Boudoum. Those sessions reached 76,162 people (18,085 girls, 23,726 women, 16,563 boys, 17,788 men). Among the questions addressed on the 10 sites were waterborne diseases, hand washing promotion, use and maintenance of latrines, water hygiene promotion throughout the chain of water and management of water points. Awareness sessions were accompanied by theatrical demonstrations and sets of questions and answers to improve participation from the attendees. These sensitization and hygiene promotion activities have been supported with the distribution of 8,350 basic hygiene kits composed of five pieces of soap for hands washing and 90 tablets of Aquatabs for water treatment. Training of 15 members of five committees in manufacturing and marketing of liquid soap, and on general maintenance was held for 6 days to strengthen hands washing practices, and hygiene and sustainability of WASH infrastructure.

**Regarding child Protection,** A total of 173 UASC were identified and documented (including 76 girls), 112 placed in temporary alternative care, and received individualized support, and 21 of them benefitted from family tracing and conclusive reunification with their families through support from UNICEF partners, and in compliance with international standards.

Children distressed by insecurity, attacks and displacement were provided access to 57 recreational spaces and 20 youth groups that gave them a sense of normalcy and allowed those who needed so to have access to specialized psychological services: 29,552 children, including 15,499 girls, benefitted from socio-recreational activities. Among them, 1,261 children participated in 77 listening groups along with displaced people from the same community, under the supervision of specialised educators, and 42 received individual follow up from psychologists.

The project contributed to preventing and responding to child protection risks through 368 community-based child protection mechanisms and 231 awareness-raising activities on various child protection risks and responses to family separation, sexual violence, recruitment of children into armed groups, etc. Those activities reached 35,722 displaced people, refugees and host community residents (including 17,736 children, among whom 7,137 girls). Awareness-raising was carried out through creative activities, such as music or theatre groups, tea debates, support from community volunteers' guidebooks with key messages, as well as radio communication, and also through the establishment, reinforcement and harmonisation of new and existing child protection mechanisms (community volunteers, child protection committees, etc.). UNICEF partners identified, referred and provided care to 553 children facing protection risks and victims of violence, abuse, exploitation and neglect due to the humanitarian crisis in the region of Diffa.

Furthermore, specialised care, including psychosocial counselling, medical care, non-food items and recreational activities, were provided to 75 children (including two girls) detained in Niamey and Diffa for alleged former association with armed groups. At the same time, UNICEF continued to advocate with the government for the transfer of the children to a Transit and Orientation Centre (TOC) ready to receive them, and for accelerated processing of their case by a Juvenile Judge instead of an Anti-Terrorist Judge.

Finally, intervention planning, reporting and follow up on child protection risks and violations, and interagency coordination were reinforced through six child protection sub-cluster meetings in Niamey and seven similar meetings with child protection actors in Diffa.

**IOM** reached through shelter and NFI assistance 4,000 households as opposed to the planned 3,400. This increase has been caused by the insecurity context around the Lake Chad Basin and its humanitarian consequences in the Diffa region. Therefore, 25,452 have been assisted instead of the initial target of 23,800 individual. Indeed, the operational context has been characterised by the massive influx of IDPs within the region and increasing humanitarian needs. About 4,000 vulnerable households received shelter kits and 2,500 other NFIs kits. It is worth noted that for the implementation of this project, the emphasis was put on the large size households (10 people or more). The compared advantage of relief materials locally purchased enabled IOM to assist additional beneficiaries.

The results of the PDM assessment conducted by **WFP** in March 2016 showed that 91 per cent of assisted households had borderline food consumption (34 per cent) or an acceptable consumption (57 per cent). This is due to the regularity of food assistance, which has an immediate effect on household food consumption scores. Overall, the food security situation of these households remains fragile even becoming precarious. According to the Consolidated Approach to Reporting Indicators of Food Security (CARI) method the food security situation is as follows: severe food insecurity (8 per cent); moderately food insecure (38 per cent) and; limited food security (52 per cent). In a context marked by recurring shocks and low household capacity adaptation, households in a situation of moderate food insecurity could quickly slip into the category of severe food insecurity. This situation could be the same for some households in the category of limited food security. WFP contributed to efforts aiming at improving the nutritional status of children aged between 6 - 23 months from beneficiary households through blanket feeding activities (previously called NSpamm in the proposal). During the PDM assessment several reasons were cited as to why children were absent during distributions and did not received BF assistance. In 19 per cent of cases, the child was found to be ineligible for BF. In 31 per cent of cases, the child was excluded from the program or because the partner had left

the town without finishing the census (16 per cent) or the census did not take place (15 per cent). Lastly, 11 per cent of households reported not knowing about the program.

**UNFPA** has assisted more beneficiaries than anticipated. Reproductive health services and psychosocial support to the gender based violence victims reached 55,928 individuals as opposed to the planned 52,500 people targeted. Among these, 5,856 pregnant women delivered in acceptable hygienic conditions including 3,412 births assisted by skilled health providers, with 45 health centres (42 CSI, two District reference maternities and Diffa centre for maternal and child health) benefiting from adequate reproductive health kits to ensure attended births.

In terms of efforts to reduce SGBV in particular in the camps, as planned, two safe spaces for adolescents are in place with 120 young girls which have acquired knowledge and skills to protect themselves against SGBV. In addition, with support provided by a team composed of a psychologist and two social workers, 44 SGBV victims were supported medically and psychosocially at the Diffa VBG Centre.

**UNHCR** provided gas bottles to households in both camps, including Sayam Forage refugee camp and Kabelawa IDP camp. A total of 1,250 bottles of gas have been distributed to all of the targeted 1,250 households whilst alternative funding enabled UNHCR to reach a total of 2,205 households in the camps with gas bottles during the reporting period. Throughout the region, a total of 85 state and non-state actors, including the security and defence forces (FDS) in the region and those based at the camps received training in protection concepts and communication. The totality of the identified protection cases received adapted assistance depending on their needs, including medical support, psychosocial support, financial support, legal support and material support. Those cases identified include 42 survivors of SGBV and 150 persons with specific needs. (For child protection see related to UNICEF on previous page). In an effort to enhance community based protection throughout the region, 98 community based protection groups were established and/or strengthened, whilst 19 women's groups were also established. In terms of protection monitoring 104 focal points were identified and trained, while 13 new protection monitors to work directly with the national Human Rights body were recruited.

### **CERF's ADDED VALUE**

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

CERF funds helped to establish early action to assist beneficiaries in need of urgent support in the sectors of food, shelters and NFIs, protection including child protection, reproductive health, and hygiene and sanitation conditions without interruption, for timely and quality assistance to beneficiaries. CERF funds thus allowed a rapid response to existing and arising needs, addressing important gaps not covered by other sources of funding.

- b) **Did CERF funds help respond to time critical needs<sup>1</sup>?**  
YES  PARTIALLY  NO

The rapidity with which the CERF funds have been allocated helped implementing activities in a short delay, more rapidly than regular donors from which funds can therefore not respond to the most critical needs.

Thus these funds have enabled UN agencies and partners to provide appropriate response in a timely manner for critical needs in line with the emergency context prevailing in the Diffa region. While those life-saving interventions usually lack of funding or that it takes too long to raise the required amount from international donors, CERF funds made possible to rapidly provide the affected population with access to safe water, basic hygiene conditions and sanitation facilities, reproductive health, food, shelters and NFIs thus preventing further escalation of the humanitarian crisis in Diffa.

For child protection and protection issues in emergency context, the funds enabled community leaders and networks to rapidly address the needs of children at high risk (at risk of recruitment by extremist groups, traumatism, physical and mental health, social rejection, SGBV, exploitation, etc.) through rapid identification, temporary care and/or referral to competent services, including medical facilities. Following attacks and displacement, unaccompanied children were rapidly identified by trained child protection community-based networks and provided adequate care and placement with host families.

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<sup>1</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.).



As for child protection, the funds enabled actors to respond fast and efficiently to rapidly emerging or changing needs. For example, in the beginning of 2016, when massive and rapid displacement of population was prompted in view of expected attacks, UNICEF implementing partners were able to rapidly move activities to new settlement areas thanks to strengthened coordination under the lead of UNICEF and the Regional Directorate of Women's Promotion and Child Protection.

In the very dynamic and complex humanitarian context of the Diffa region, conventional financing tends to be insufficient with slower disbursement procedures. CERF funds thus allowed a rapid response to existing and arising needs, addressing important part of immediate needs while looking for appropriate funding to complement the response and avoiding the escalation of the disaster.

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

YES  PARTIALLY  NO

By helping covering the most urgent needs, the CERF funds left some time for UN agencies to approach other donors and mobilize additional funds. For example, UNICEF was able to mobilize Japanese and Swedish funds, as well as funds from the European Civil Protection and Humanitarian Aid Operations (ECHO). Those additional sources of funding have also helped to consolidate the responses in terms of access to water and sanitation, and child protection issues in the affected areas. This was achieved in part through the visibility given to the interventions funded by CERF in the media, in particular social media managed by UNICEF communication. In terms of efforts to reduce SGBV in particular in the camps, UNHCR provided 1,250 gas bottles to households in the camps of Sayam forage and Kabelewa with CERF funds, whilst alternative funding enabled UNHCR to reach a total of 2,205 households in the camps with gas bottles.

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

YES  PARTIALLY  NO

In order to better monitor the implementation of CERF activities, OCHA made periodic updates which serve at humanitarian meeting in order to avoid duplication and reinforce multi-sector dynamics. For example, the WASH sector, humanitarian coordination and information management are done through the national WASH cluster, led by UNICEF, as well as in the regional working groups led by the government with the assistance of UNICEF. The CERF funds allowed to organize additional regular coordination meetings with partners (NGOs, government's technical services, and UN agencies) specifically implementing the emergency response in the Diffa region, thus improving coordination and information gathering in this challenging context. CERF funds also led to the reinforcement of coordination among child protection actors as well as to increased awareness of the cross-sectoral nature of child protection of humanitarian actors of all other sectors. Thanks to coordination meetings and further involvement of government actors, this inter-actor and inter-sector collaboration increased and led to the mobilization of other actors (government entities, non-governmental organisations, United Nations agencies and local organisations), within a short period of time, for ad-hoc technical meetings, child protection monitoring and harmonisation of activities in specific areas.

## V. LESSONS LEARNED

TABLE 6:OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Some emergency needs may require heavier, more sustainable and/or more expensive infrastructures due to technical requirements or accessibility issues, for example when displaced populations are located in hard to reach areas where roads are in poor state and the ground too hard to allow for shallow drillings.	While CERF funds can provide for most urgent needs in a humanitarian emergency context, more flexibility in the selection criteria of projects and acceptability of infrastructures may be necessary. Even if arrangements can sometimes be found through exchanges with CERF secretariat, it may be time-consuming and not always result in solutions for under-funded urgent needs.	CERF secretariat
The humanitarian crisis in Diffa is likely to continue and to worsen in view of the increased number of attacks causing continuous massive population displacements. Further funding is therefore going to continue to be necessary in order to ensure that there is no interruption in services and activities.	Consider the Lake Chad Basin crisis affecting the Diffa region as an ongoing crisis, and ensure timely and adequate availability of funding for current and upcoming humanitarian needs.	CERF secretariat

TABLE 7:OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-	Responsible entity
Good coordination of the actors and keeping up-to-date information regarding existing gaps and partners' current and planned interventions facilitate priority setting and quick reaction in emergency context. Some actors still do not coordinate their interventions within the coordination frameworks available at national and regional levels. Strengthened coordination is needed to avoid duplication and ensure harmonized and full geographical coverage.	<p>-Continue the coordination efforts within the national clusters and regional working groups for information management and filling identified gaps.</p> <p>-Increase accountability of sectoral actors and partners, in particular with regard to timely and adequate information and data sharing.</p> <p>-Develop harmonized concepts, approaches and tools in each of the programmatic areas to ensure coherence and quality of the interventions.</p>	<p>Clusters and sub-clusters leads and members</p> <p>Donors</p>

<p>Precise and detailed information and data on the situation of affected children and on planned and existing responses need to be available on a timely basis for planning, monitoring and advocacy purposes in emergency contexts.</p>	<ul style="list-style-type: none"> <li>-Set up a data base of child protection interventions, to be updated on a regular basis.</li> <li>-Produce a detailed geographical mapping of interventions, in particular of community based child protection mechanisms.</li> <li>-Improve sectoral information management.</li> <li>-Improve ORS information system, organize trainings and improve its flexibility to include new actors.</li> </ul>	<p>Child Protection Sub-Cluster Information Management Officer (1, 2 and 3) OCHA (3 and 4)</p>
<p>Training of WASH committees' members in Diffa on liquid soap manufacturing and selling, which has been implemented as a test in addition to usual equipment maintenance and hygiene practices, seemed to ensure deeper interest within the communities and to foster practice of hand washing with soap and safe water even in an emergency context.</p>	<p>Continue to promote and scale-up these activities in future emergency and regular interventions to strengthen hands washing practice and WASH infrastructure maintenance</p>	<p>WASH Cluster</p>
<p>Humanitarian crises caused by massive population displacements as a result of armed conflict are relatively new to Niger. Therefore, the expertise of implementing partner's staff is still limited in this area.</p>	<p>Build the capacity of staff of implementing partners.</p>	<p>Child Protection Sub-Cluster Lead and members</p>
<p>Due to the frequency of attacks, displaced populations often move from one site to another – before or following an attack. Implementing partners must therefore be ready to move their interventions rapidly as well. For the time being, few partners have this rapid response capacity.</p>	<p>Build the capacity of all implementing partners to respond rapidly and in a coordinated manner to rapidly changing emergency situations.</p> <p>Advocate for funding of more flexible projects from donors.</p>	<p>Clusters and sub-clusters lead and members</p> <p>Donors</p> <p>HCT</p>
<p>In view of the volatility of the security situation, continuous population displacements and restrictions of movements of humanitarian actors, the capacity of communities to protect their children and to take over the management of interventions need to be strengthened.</p>	<ul style="list-style-type: none"> <li>-Strengthen the capacity of Child Protection Community-Based mechanisms to conduct awareness-raising activities and to detect, care for and report children in need of protection to competent services.</li> <li>-Build the capacity of communities to take over the management of child friendly spaces and other interventions as soon as possible so they do not need to rely on external support for very long.</li> </ul>	<p>Child Protection Sub-Cluster Lead and members</p>
<p>Other sectors are becoming increasingly aware of the need to integrate child protection concerns in their work, including in emergency context. However, they lack the tools to do so.</p>	<p>Develop additional harmonized and concrete tools to be shared with other sectors (Health, Nutrition, WASH, Education, Communication, etc.), for example in the form of a "toolkit" on specific child protection issues, including tools and support for the media.</p>	<p>Child Protection Sub-Cluster Lead and members</p> <p>Other Cluster Leads and members</p>

Official figures and data provided by the Nigerien authorities are not always complete, accurate or regularly updated, affecting the planning of the emergency interventions	Allow the use of data produced by partners on the field to complete and verify the official data.	HCT
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## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	23/12/2015 – 23/06/2016		
<b>2. CERF project code:</b>	15-RR-CEF-140		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Child Protection			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Prevention and Response to the protection needs of children affected by displacement as a result of armed conflict					
<b>7. Funding</b>	a. Total funding requirements <sup>2</sup> :	US\$ 2,230,510	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>3</sup> :	US\$ 1,115,790	▪ NGO partners and Red Cross/Crescent:		US\$ 759,436	
	c. Amount received from CERF:	US\$ 999,915	▪ Government Partners:		US\$ 45,007	
<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>
Children (< 18)	10,432	7,218	17,650	31,247	27,879	59,126
Adults (≥ 18)	18,990	11,388	30,378	13,171	11,625	24,796
<b>Total</b>	<b>29,422</b>	<b>18,606</b>	<b>48,028</b>	<b>44,418</b>	<b>39,504</b>	<b>83,922</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
Refugees	15,940		27,057			
IDPs	19,324		38,271			
Host population	12,764		16,028			
Other affected people (returnees)			2,566			
<b>Total (same as in 8a)</b>	<b>48,028</b>		<b>83,922</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>	During the implementing period, due to several major attacks, the total number of displaced people increased, reaching higher numbers than those initially planned. As a result, a larger					

<sup>2</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>3</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>	number of participants attended socio-recreational and awareness-raising activities. The number of the latter remained the same as planned, but reached a greater number of beneficiaries – possibly at the expense of quality. For example, the quality of care in overcrowded child friendly spaces, or opportunities for discussion during awareness-raising sessions were not the same as with a smaller group. However, the principle was to provide access to all those who wished to participate and needed those interventions.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To reduce the vulnerability of children affected by displacement as a result of armed conflict through prevention and response to their protection needs.		
<b>10. Outcome statement</b>	Children affected by displacement as a result of armed conflict are provided with adequate prevention and response to their protection needs.		
<b>11. Outputs</b>			
<b>Output 1</b>	Unaccompanied and separated children (UASC) are identified, documented, provided with temporary care and reunified with their families in line with interagency standards (target: 233 children including 125 girls);		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of UASC (disaggregated by unaccompanied/separated, girls and boys) identified and documented	233 (125 girls)	173
Indicator 1.2	Number of UASC benefiting from alternative care and/or individualized support	100 (50 girls)	112
Indicator 1.3	Number of UASC reunified with their family	50 (25 girls)	21
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Identification and documentation of UASC	COOPI, IRC, DRP/PF/PE Diffa	COOPI, IRC, DRP/PF/PE Diffa
Activity 1.2	Alternative care and/or individualized follow up support to UASC	IRC, DRP/PF/PE Diffa	IRC, DRP/PF/PE Diffa
Activity 1.3	Family reunification of UASC	IRC, DRP/PF/PE Diffa	IRC, DRP/PF/PE Diffa
<b>Output 2</b>	Children (displaced, returnees, refugees and from host communities) have access to socio recreational activities and psychosocial support if needed, in child friendly spaces/safe places for children and those with special protection needs are referred to competent services (target: 17,500 children)		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of child friendly spaces set up and/or rehabilitated	48	57
Indicator 2.2	Number of children benefiting from socio recreational activities and psychosocial support	17,500	29,552 (including 15,499 girls)
Indicator 2.3	Number of children identified and referred to competent services	100	269
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Setting up and/or rehabilitation/maintenance of child friendly spaces (DIAP, etc.)	COOPI, Care International	COOPI, Care International, IRC, DRP/PF/PE Niamey

Activity 2.2	Socio recreational activities and psychosocial support for children in safe places such as child friendly spaces or others , staffed with educators, social workers, psychologists and trained community volunteers	COOPI, Care International, IRC	COOPI, Care International, IRC
Activity 2.3	Identification and referral of children with special protection needs to competent services	COOPI, Care International, IRC	COOPI, Care International, IRC
<b>Output 3</b>	Child protection risks are prevented and responded to through community-based Child protection mechanisms (167 mechanisms targeting 29,578 children)		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of children and adults benefitting from sensitization activities	29,578	35,722 (including 17,736 children)
Indicator 3.2	Number of community mechanisms established, strengthened and harmonized	167	368
Indicator 3.3	Number of children facing protection risks identified, referred and cared for by competent services	450	553
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Sensitization activities with communities on child protection risks related to the crisis	IRC, COOPI, Care International. Ministry of Communication	IRC, COOPI, Care International, Ministry of Communication
Activity 3.2	Establishment, strengthening and harmonisation of community-based mechanisms to prevent and respond to child protection risks due to the crisis	IRC, COOPI, Care International, DRP/PF/PE Diffa	IRC, COOPI, Care International, DRP/PF/PE Diffa
Activity 3.3	Identification, referral and care of children facing protection risks	IRC, DRP/PF/PE Diffa	IRC, DRP/PF/PE Diffa
<b>Output 4</b>	Children /suspected of association with armed groups in detention receiving adequate care (psychosocial, socio recreational and NFI) and reintegrated into their families/communities		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Number of children allegedly associated with armed groups in detention receiving adequate care	125	75
Indicator 4.2	Number of children benefiting from temporary alternative care arrangements following release from detention	40	0
Indicator 4.3	Number of children reintegrated with their families and communities	65	1
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Care of children allegedly associated with armed groups in detention	COOPI, DRP/PF/PE Niamey and Diffa	COOPI, DR PF/PE Niamey and Diffa
Activity 4.2	Temporary alternative care for children /allegedly associated with armed groups following release from detention	DRP/PF/PE Niamey	None
Activity 4.3	Reintegration of children /allegedly associated with armed groups with their families and communities	DRP/PF/PE Niamey and Diffa	DR PF/PE

**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:**

The Project achieved expected results and targets for several indicators were exceeded, for example the number of 29,552 children (15,499 girls) benefitting from socio-recreational activities and psychosocial support in 57 structures. Building on the previous CERF Project, Child Friendly Spaces increased their focus on youth, providing support and awareness-raising taking into account the specific risks this group is facing on a daily basis in their communities in large displaced people's sites, such as SGBV, early marriage, sexual exploitation and heavy work. In particular, UNICEF implementing partners COOPI and IRC, set up 10 recreational spaces dedicated to youth called "DIAPados" ("Mobile Psychosocial Support Scheme for Adolescents"), and strengthened 20 Youth Peer Educators' Committees which organized discussions on youth issues, and activities such as literacy classes and non-formal education. Due to the high risk of sexual and gender based violence resulting from the volatile situation, major population displacements and precarious living conditions, implementing partner CARE International strengthened 15 GBV support groups which include 75 female members trained on the issue, its detection and adequate responses with GBV survivors. Furthermore, child protection community-based networks identified and referred over 445 children at risk to competent services for care and follow up.

However, a lesser number of 56 unaccompanied children were identified, documented, and placed in temporary care, and 21 children were reunified with their families through the Regional Child Protection Directorate and ICRC. This situation can be explained by the fact that several displacements took place before attacks, thereby reducing the risk of family separation, and that a number of prevention activities were undertaken. These included stepped-up awareness-raising campaigns on child protection through the use of 2,500 guidebooks provided to community volunteers, radio messages broadcasted through 11 community radios, and activities of community networks. In view of this situation, funds initially intended for host families selected to care for unaccompanied children were re-allocated to families spontaneously taking care of separated children or extremely vulnerable children (including orphans).

With regard to children suspected of association with armed groups in detention, 63 boys and one girl have been detained at the Juvenile Quarter and Women's Quarter in Niamey for over a year. In addition, 10 boys and one girl were arrested and detained in Diffa before being transferred to the Juvenile and Women's Quarters in Niamey, bringing the total number of children to 75, instead of 125 planned in the proposal. UNICEF partners have been providing psychosocial support, socio-recreational activities, literacy classes and professional orientation sessions, as well as complementary food, hygiene, bedding and clothing items. Only one boy out of 75 children was released and received support to return to Diffa and was reintegrated with his family/community and followed up by a social worker. None of the 40 children planned in the proposal was transferred to the Transit and Orientation Centre (TOC) set up through Niamey Regional Child Protection Directorate and local organization ANTD, since no one was released. The UNICEF Representative conducted several advocacy meetings with the Minister of Justice. As a result, children were transferred from adult jails to Juvenile Quarters and the revised Criminal Procedure Code Advocacy for accelerated processing of their case is continuing, as efforts to transfer them to the TOC have so far failed. Should they be declared free of charges or released following trial, they would stay at the TOC with a view to preparing their reintegration. The balance of funds for the TOC and reintegration was re-allocated to support socio-recreational activities in Diffa through the purchase of additional equipment for child friendly spaces and "DIAPados".

Diffa Child Protection Regional Directorate, which is leading the Diffa-based Child Protection Working Group, organized seven monthly technical meetings on child protection in emergencies with UNICEF support, which were regularly attended by most child protection actors/organizations. This activity coordination and approach harmonization mechanism enabled child protection actors to identify and document children at risk (including unaccompanied and separated children), and refer them to competent services with support from six trained Child Protection Regional Directorate social workers. The Directorate also oriented and trained host families on child protection in various locations (including Maine Soroa and N'Guigmi) in order to improve the alternative care of children in need. Due to the complexity of the situation in the region of Diffa, specific technical working groups need to be reinforced, in particular regarding psychosocial support and IDTR (identification, documentation, family tracing and reintegration) of children at risk.

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

Accountability to affected populations was ensured during the entire project cycle. For example, beneficiaries such as teenagers in the Young Peer Educators' Committees and community volunteers in Child Friendly Spaces participated actively in decision-making regarding approaches and contents of the specific activities to be implemented in their communities. The capacity of government social workers was strengthened so that they were able to be directly involved in the identification, documentation, care and monitoring of children at risk, and participated in joint field visits with international actors. As a result, credibility with their communities was developed, which contributed to increase their accountability to the population.





Lessons learnt :

Among lessons learnt, partners mentioned the importance of always involving government entities and communities in their activities, including needs assessments, monitoring visits and training events. The development of synergies among child protection actors at national, regional and local level (including with community and traditional leaders, police and justice, etc.) is also key to achieving results. For example, implementing partners are referring all unaccompanied and separated children to the Regional Child Protection Directorate for temporary alternative care, family tracing and reunification. Communities should be actively involved in all stages of the project cycle and take ownership of child protection actions, in particular through the strengthening of community based networks. Partners are relying on and strengthening local expertise through the involvement of youth in awareness-raising campaigns and other activities (groups of young actors for theatre plays, young peer educators as mentors in their communities and families, spokespersons on child rights to donors and media, etc.). Regarding recreational and safe spaces, partners highlighted the importance of having toys for young children and recreational kits with sports equipment for older children, but also emphasized the need to produce locally-made toys to strengthen children's and youth's creativity.

Finally, the capacity of personnel of Child Protection Sub-Cluster member agencies, as well as of Community Child Protection Committees, needs to be strengthened in order to ensure ownership, continuity and quality of activities in the long-term.

As the current insecurity in the Diffa region is likely to continue, and some pressing needs remain unaddressed, interventions need to go on, and to be strengthened and expanded to remote areas that are yet to be reached.

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	29/12/2015– 29/06/2016		
<b>2. CERF project code:</b>	15-RR-CEF-141		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency WASH response and strengthening of resilience of internally displaced (IDPs), refugees and host communities in the Diffa region.					
<b>7. Funding</b>	a. Total funding requirements <sup>4</sup> :	US\$ 3,447,615	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>5</sup> :	US\$ 2,133,737	▪ NGO partners and Red Cross/Crescent:		US\$ 470,420	
	c. Amount received from CERF:	US\$ 999,513	▪ Government Partners:		US\$ 33,287	
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)	26,105	25,804	51,909	18,085	16,563	34,648
Adults (≥ 18)	19,156	18,935	38,091	23,726	17,788	41,514
<b>Total</b>	<b>45,261</b>	<b>44,739</b>	<b>90,000</b>	<b>41,811</b>	<b>34,351</b>	<b>76,162</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	10,714		25,195			
IDPs	36,286		20,798			
Host population	43,000		26,303			
Other affected people (returnees)			3,866			
<b>Total (same as in 8a)</b>	<b>90,000</b>		<b>76,162</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		As there was no reliable source of information or census on the sites, the initial targeted beneficiaries were calculated through estimates and the disaggregation by age, sex and status was calculated by official statistics. Beneficiaries actually reached thus represent a more accurate number of displaced people in the targeted sites. However, as the sites				

<sup>4</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>5</sup>This should include both funding received from CERF and from other donors.

	<p>are composed of mixed populations, the status of the beneficiaries is calculated through available statistics.</p> <p>Regarding the distribution of hygiene kits, mass distribution has been done in the IDP sites. However, in the sites with host population, the vulnerability criteria have been used to target more effectively the households in need (displaced and hosts), as it was the approach chosen by the inter-cluster. This explains why 76,162 (10,880 households) were reached against 90,000 people (12,987 households) initially planned. The remaining budget from the hygiene kits were reallocated to water infrastructures and maintenance.</p>
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CERF Result Framework			
<b>9. Project objective</b>	Contribute to covering the specific needs of men, women, boys and girls within host communities and in spontaneous and temporary sites (hosting IDPs, refugees and returnees), for drinking water, hygiene and sanitation, as part of a multi-sectoral and interagency approach.		
<b>10. Outcome statement</b>	The mortality and morbidity, linked to unsafe water, of displaced populations and host communities in 7 municipalities of Diffa region is reduced.		
<b>11. Outputs</b>			
<b>Output 1</b>	90,000 people affected by population movement receive a minimum Water-Hygiene and Sanitation package in accordance with international standards		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of men, women, boys and girls with access to safe drinking water	7,090	13,500 people, will reach 18,000 people after boreholes finalization
Indicator 1.2	Number of men, women, girls and boys with access to safe sanitation facilities accessible to children and people with special needs	12,000 people (600 latrines)	16,580 people (350 latrines and 137 block of two latrines)
Indicator 1.3	Number of men, women, boys and girls receiving hygiene kits and covered by sensitization messages / Hygiene Promotion activities	90,000 people (12,987 households)	76,162 (10,880 households)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Construction and rehabilitation of water points and installation of emergency water supply devices	UNICEF/DRHA (Regional Directorate of Water and Sanitation of Diffa)	UNICEF (BAANA and Sahel Hydraulique enterprises)/DRHA, ACTED
Activity 1.2	Construction of emergency latrines separated for men/ boys and women/ girls, secured with locks and ramps for the disabled, in camps and temporary or spontaneous sites and public places;	NGOs partners (ACTED, IEDA RELIEF, IRC) <sup>6</sup>	NGOs partners ACTED, IEDA Relief
Activity 1.3	Hygiene and sanitation promotion in camps and temporary or spontaneous sites, host communities and schools	NGOs partners (ACTED, IEDA RELIEF, IRC)	NGOs partners ACTED, IEDA Relief

<sup>6</sup> The NGO selection process will take place later in relation with the WASH cluster

Activity 1.4	Distribution of hygiene kits including water purification tablets, soap for hand washing as well as menstrual hygiene items for girls in vulnerable households, in synergy with the group shelter / NFI;	NGOs partners (ACTED, IEDA RELIEF, IRC)	NGOs partners ACTED, IEDA Relief
<b>Output 2</b>	The capacity of water and hygiene committees in affected communities in the management of water and sanitation infrastructures is strengthened. Target: 21		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of local committees (water point's management committees, hygiene committees, etc.) trained on the promotion of hygiene and sanitation and the maintenance of infrastructures.	21 water/hygiene committees	31 (5 hygiene committees and 26 Water committees)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Awareness raising of hygiene and sanitation through local committees (water points management committees, hygiene committees, etc.) on	NGOs partners (ACTED, IEDA RELIEF, IRC)	ACTED, IEDA Relief, DRHA Diffa

**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:**

The overrun in safe water beneficiaries is due to the fact that reached beneficiaries were calculated on the basis of standard Sphere norms, adopted by the WASH cluster following a GTS decision following negotiations during the course of the project, considering each water point to cover the needs of 500 people. The estimated number of beneficiaries was calculated, at the time of writing the project, with a basis of 250 people per water point.

Regarding hygiene kits distribution, it was targeted only at households hosting displaced people and refugees in host communities instead of a mass distribution like in the IDP sites. This means that 76,162 (10,880 households) were reached against 90,000 people (12,987 households) planned.

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

Accountability to affected populations has been ensured through the WASH minimum commitments adopted by the WASH cluster partners through the following actions:

- Separate consultations with women, girls, boys, men and people living with disabilities have been performed and documented prior to the establishment of committees, training of committee members, and the distributions of hygiene kits and the installation of latrines, allowing to better take into account their specific needs and concerns;
- The establishment of water points was also conducted together with beneficiaries, particularly the selection of the site of implementation, and the water points' management and hygiene committees that were put in place all consist of at least 60 per cent of women;
- In the allocation of community latrines, implementing partners guaranteed equal access for men and women, as well as geographical separation of blocks (at least 50 meters between men and women) with clear gender identification using pictograms. The management and hygiene committees were constituted respecting gender parity in order to share the responsibilities for infrastructure management and activities related to hygiene, sanitation and water management;
- Liquid soap factory trainings were composed of 2/3 of women over 15 participants with a signed authorization from each of their spouses to attend the training;
- Feedback and complaints mechanisms were set up at community level. Gathered information were relayed to the team in charge of the project in order to continuously adapt and improve the implementation of the activities and address any particular issue;

- Finally, the project also responded to the specific hygiene needs of girls and women of childbearing age through the distribution of 2,280 hygiene menstrual kits, preceded by consultations on the cultural specificities and awareness sessions on their use. CERF funds were particularly useful for that specific activity, as such intervention are usually not funded or included in the regular programmes, while they are of an utmost importance for the women, especially in emergency and displacements contexts.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>There's been no global evaluation of the project. However, the implementation partners have conducted initial and final KAP surveys as part of the implementation of their specific activities to assess the initial and final conditions of access to water and sanitation, general knowledge, attitudes and basic practices of the beneficiary households.</p> <p>The results of the KAP surveys show the existence of a high level of knowledge and practices on sanitation and hygiene in daily life. Moreover, the results show an improvement in the level of knowledge about transmission, identification and techniques to avoid water-borne diseases related to open defecation. Global knowledge has effectively been increased and improved in order to strengthen the capacity of households to implement good hygiene practices.</p> <p>The main points emerging from the final KAP surveys are:</p> <ul style="list-style-type: none"> <li>- In terms of access to water, at the end of the project, every household of the five sites targeted for the implementation of water points had access to more than one source of water, compared to only one site at the initial stage;</li> <li>- While the initial surveys showed that only 3 per cent of the population was satisfied with the quality of water, a significant proportion of beneficiaries (44 per cent) now prioritize quality before access, which could indicate a great improvement in water accessibility for the targeted sites;</li> <li>- The water collection time has been reduced: almost half of the population (46 per cent) now waits between 20 and 30 minutes to collect clean water, while they were 43 per cent to wait between 45 to 90 minutes during the initial survey;</li> <li>- The majority of recipients (56 per cent) wash water containers every day. At the time of the initial KAP survey, only 19 per cent were washing the containers every day;</li> <li>- The practice of open-air defecation is reduced by the use of latrines for adults (44 per cent compared to 87 per cent before the project) and for children (32 per cent against 88 per cent at the time of the initial KAP survey);</li> <li>- A significant proportion of beneficiaries is now able to know and identify diseases related to open-air defecation (55 per cent at the time of the final KAP survey against 16 per cent in the initial KAP survey);</li> <li>- The key moments for hand washing are known by all beneficiaries, while 81 per cent said that they washed their hands after defecation, 81 per cent after cleaning the children, and 67 per cent before cooking.</li> </ul>	<p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNFPA		<b>5. CERF grant period:</b>	05/01/2016– 05/07/2016		
<b>2. CERF project code:</b>	15-RR-FPA-048		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Offer of Minimum Initial Services Package for Reproductive Health in Crisis Situations (MISP) in Diffa region					
<b>7. Funding</b>	a. Total funding requirements <sup>7</sup> :	US\$ 725,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>8</sup> :	US\$ 462,500	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 37,285	
	c. Amount received from CERF:	US\$ 262,500	▪ <i>Government Partners:</i>		US\$ 58,500	
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>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	15,592	13,282	28,874	19,178	11,555	30,733
<i>Adults (≥ 18)</i>	12,758	10,868	23,626	15,202	9,993	25,195
<b>Total</b>	<b>28,350<sup>9</sup></b>	<b>24,150</b>	<b>52,500</b>	<b>34,380</b>	<b>21,548</b>	<b>55,928</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	26,250			25,156		
<i>IDPs</i>	17,325			22,674		
<i>Host population</i>	8,925			8,098		
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>52,500</b>			<b>55,928</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>	A higher number of beneficiaries than expected were reached because the number of beneficiaries went up due to increased displacements from the attacks. These additional populations have been reached particularly by mobile clinics' activities.					

<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.

<sup>9</sup> Including 6,804 pregnant women and 6,307 adolescent girls

CERF Result Framework			
<b>9. Project objective</b>	Reducing excess maternal and neonatal mortality and morbidity among 52,500 displaced and hosting populations including 6,804 pregnant refugees and host populations within 10 health centres in Diffa, Nguigmi and Maine Soroa Districts through MISP implementation for 5 months		
<b>10. Outcome statement</b>	Access to MISP Services package ensured to 52 500 displaced and hosting population including pregnant women and adolescents girls		
<b>11. Outputs</b>			
<b>Output 1</b>	The lives of 5,444 pregnant women saved		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Percentage of pregnant women deliver in acceptable hygienic conditions	80% (5444)	84% (5,856) of pregnant women deliver in acceptable hygienic conditions including 3412 births assisted by skilled health providers
Indicator 1.2	Number of Health Centres have adequate reproductive health kits to ensure attended births	10 (8 CSI, 1 District reference maternities and Diffa center for maternal and child health )	45 (42 CSI, 2 District reference maternities and Diffa centre for maternal and child health)
Indicator 1.3	Number of Reproductive health kits that can cover 12 960 normal deliveries and deliveries with complications available in the health centres	75	75
Indicator 1.4	Number of adolescents girls that have acquired information and competencies to save themselves from HIV infection and early pregnancy in Sayam Forage and Kablewa Safe Spaces	60	60
Indicator 1.5	Number of young peer educators that have acquired information and competencies to educate populations on reproductive health services within the displaced camp	40	40
Indicator 1.6	Number of displaced and hosting population reached by information activities	52,500	54,237
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Purchase of reproductive health and dignity kits	UNFPA	UNFPA
Activity 1.2	Offer of reproductive health package by mobile clinics ( assisted deliveries , family planning , the risks of HIV / AIDS , prevention of gender-based violence , child immunization )	UNFPA, Niger Red Cross, Akarass, Ministère de la santé	UNFPA, Niger Red Cross, Akarass, Ministère de la santé
Activity 1.3	Support to 100 evacuations related to obstetrical complications	Ministère de la santé	Ministère de la santé



Activity 1.4	Technical support and monitoring activities by the Ministry of Health, NGO and UNFPA	UNFPA, Niger Red Cross, Akarass, Ministère de la santé	UNFPA, Niger Red Cross, Akarass, Ministère de la santé
Activity 1.5	Support for two Adolescents girls safe spaces in Kablewa and Sayam Forage	Niger Red Cross, Akarass	Niger Red Cross, Akarass
Activity 1.6	Rapid orientation of 40 young peer educators on reproductive health	Niger Red Cross, Akarass	Niger Red Cross, Akarass
Activity 1.7	Information activities on sexual and reproductive health services by 2 NGO	Niger Red Cross, Akarass	Niger Red Cross, Akarass
<b>Output 2</b>	Medical and psychological care for all victims of gender-based violence and psychological trauma ensured		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Percentage of GBV and psychological trauma victims supported	100% (50)	100% (50)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Support to psychosocial activities in the GBV Center ( a psychologist and two social workers ) for the psychological support	UNFPA	UNFPA
Activity 2.2	Support for the medical management of GBV	Ministry of Health	Ministry of Health
Activity 2.3	Providing 500 dignity kits in support of vulnerable women	UNFPA, Niger Red Cross, Akarass	UNFPA, Niger Red Cross, Akarass

**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:**

More reported above, a higher number of beneficiaries than expected were reached (55,928 reached vs 52,500 planned) because there was a very important IDPs in the sites covered because of recurrent attacks by Boko Haram during the implementation period. These additional populations have been reached particularly by mobile clinics activities.

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

Accountability has been ensured within various beneficiaries' participation in activities implementation and monitoring. Women at reproductive age used as relay between health services (mobile or otherwise) and other refugee and displaced women in order to facilitate access to the services. Young girls and boys are identified among refugees and displaced persons to be trained as peer educators, and thus help to promote facilitative environment to use reproductive health services including STI, HIV and SGBV services. In addition, various monitoring missions allowed interacting with the beneficiaries on the actions already undertaken. The Regional Public Health Office and Districts are fully involved in interventions.

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

EVALUATION CARRIED OUT

The project has not been evaluated but monitoring during the implementation helped adjust to the increased needs in the field and fine-tune strategies. In addition, data related to project activities is monthly collected by Health centres and IDPs sites supported, consolidated by the Field Technical Assistant and transmitted to UNFPA

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	23/12/2015– 23/06/2016		
<b>2. CERF project code:</b>	15-RR-HCR-065		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Protection			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of protection to vulnerable displaced and host populations in the Diffa region					
<b>7. Funding</b>	a. Total funding requirements <sup>10</sup> :	US\$ 17,549,528		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>11</sup> :	US\$ 8,302,309		▪ NGO partners and Red Cross/Crescent:		US\$ 660,000
	c. Amount received from CERF:	US\$ 996,580		▪ Government Partners:		
Beneficiaries						
<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>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	42,564	42,358	84,922	42,564	42,358	84,922
Adults (≥ 18)	33,905	33,326	67,231	33,905	33,326	67,231
<b>Total</b>	<b>76,469</b>	<b>75,684</b>	<b>152,153</b>	<b>76,469</b>	<b>75,684</b>	<b>152,153</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	61,330			61,300		
IDPs	61,330			61,300		
Host population	29,493			29,493		
Other affected people						
<b>Total (same as in 8a)</b>	<b>152,153</b>			<b>152,153</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:						

<sup>10</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>11</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	Provision of protection to vulnerable displaced and host populations in the Diffa region		
<b>10. Outcome statement</b>	Vulnerable populations in the Diffa Region live in a favourable and peaceful protection environment.		
<b>11. Outputs</b>			
<b>Output 1</b>	Refugees and displaced within the camps live in a favourable protection environment : Target: 4,239		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	No. of households in the camps with access to gas for domestic energy	1,250 households	1,250 households
Indicator 1.2	% of persons living within the camps whose needs in terms of protection are met in adherence to UNHCR / SPHERE standards	100% (4,239)	100% (4,239)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Provision of gas bottles, accessories and refills to 1,250 households in the camps	UNHCR / ACTED	UNHCR / Karkara
Activity 1.2	Reinforce communication and coordination with national authorities, security and defence forces and humanitarian partners, and reinforce community participation and empowerment	Karkara	Karkara / IRC
<b>Output 2</b>	Displaced persons from Nigeria (refugees and returnees) living outside of the camps and vulnerable host populations live in a favourable protection environment:138,321		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	No. of displaced persons in detention receiving legal assistance	200	29 (200 cases documented)
Indicator 2.2	% of cases of identified protection cases (persons with specific needs, SGBV) receiving assistance adapted to their needs	100%	15% (100% documented)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Provision of legal assistance to displaced persons in custody	ANJJ / IRC / UNHCR	IRC / UNHCR
Activity 2.2	Identification, documentation and provision of adapted assistance to persons vulnerable to protection risks	IRC	IRC
<b>Output 3</b>	IDPs living in spontaneous sits outside of towns and villages live in a favourable protection environment : 50,000		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	% of cases of IDPs with specific needs receiving assistance adapted to their needs	100%	100%
Indicator 3.2	% of IDPs at risk or victims of SGBV receiving adapted and adequate assistance	100%	100%

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Identification, documentation and provision of adapted assistance to IDPs with specific needs	IRC	IRC
Activity 3.2	Identification, documentation and provision of adapted assistance to IDPs at risk or survivors of SGBV	IRC	IRC

**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:**

**Outcome: Vulnerable populations in the Diffa Region live in a favourable and peaceful protection environment.**

**Output 1: Refugees and displaced within the camps live in a favourable protection environment**

Numerous efforts were made within the two camps, Sayam Forage refugee camp and Kabelawa IDP camp, in order to improve the protection environment for the populations. At the beginning of 2016, camp management was gradually handed over from the international camp management partner ACTED, to a national NGO Karkara. Thus funds which were earmarked for ACTED / Karkara - \$110,000 – were instead all transferred to Karkara who took over full responsibility for Camp Management in 2016). Capacity development and monitoring was undertaken. The effort to handover to national NGOs is important in terms of increasing self-management through the strengthening of community based protection and other committees in the camps, with the guidance of the national partner. In both Sayam Forage refugee camp and Kabelawa IDP camp, numerous committees have been established and strengthened, including protection committees, child protection committees, SGBV committees, youth committees and women's committees and groups, all of whom meet at least monthly, with the participation of the Karkara. The goal is that the camps are governed through community based committees, with the constant support of the national NGO partner, and the various other partners working within the camps, in order to adhere to SPHERE standards. IRC also worked to strengthen the community based protection committees within the camps, with the cooperation of Karkara, similarly to outside of the camps (see Output2 and Output 3).

In terms of reinforcing communication and coordination with the national authorities and security and defence forces, several trainings were carried out throughout the year. Throughout the region, during the reporting period, a total of 85 state and non-state actors, including the security and defence forces (FDS) in the region and those based at the camps received training in protection concepts and communication. It was noted during the reporting period that the FDS present in the camps are regularly rotated, thus the need for regular training for new arrivals was identified. Thus training of trainers (ToTs) were planned for July, so FDS can themselves also participate in the training process.

During the reporting period, following serious attacks in May and June, it was reported that FDS forces were fleeing the Kabelawa IDP camp for fear of being targeted, causing many of the population to also flee, whilst the camp was looted in June by insurgent elements. UNHCR, with implementing partners made major efforts to remedy the situation. Meetings were held with the FDS forces, local and regional authorities and national authorities on the issue. It has significantly improved, with a stronger FDS presence, resulting in the return of many of the population who had fled. Similarly in Kabelawa area and camp, inter-ethnic tensions between ethnic groups were identified. UNHCR and partners carried out an in-depth survey into the reasons behind the tensions. The results showed an extremely worrying situation in terms of peaceful coexistence, mainly based on historical tensions regarding access to natural resources in the Lake Chad area.

UNHCR contacted the High Authority for the Consolidation of Peace (HACP) to intervene, while a joint mission was carried out to the area. UNHCR are also establishing a community based reporting mechanism there to raise issues with the local authorities and FDS forces. The issue seems to have reduced, but requires vigilant monitoring.

In terms of efforts to reduce SGBV in particular in the camps, as planned, UNHCR provided gas bottles to households in both camps. CERF funds were used to distribute gas bottles to 1,250 households as planned, whilst alternative funding enabled UNHCR to reach a total of 2,205 households in the camps with gas bottles. The reason for the increased number of gas bottle distributions is based on the number of persons per household in the camp – an average of around 4.4 persons, while the average household is comprised of 7 people outside of the camps. Vulnerable households are participating in survival strategies, with numerous men and male youth living outside the camps in an effort to develop income generating activities. For the specific case of Sayam Forage, it is also important to mention that there are a higher number of women headed households in the camp, due to the murder of the husbands of many refugees during Boko Haram attacks in Nigeria.

The population of the camps drastically increased the populations of both camps. In January, at the beginning of the implementation period, the population of the two camps combined was just 4,239 (2,946 in Kabelawa and 1,293 in Sayam Forage). However, by the end of the implementation period, the population had more than doubled, to approximately 9,724 (4,632 in Sayam Forage and 5,092 in Kabelawa). The growth in population resulted primarily from the serious attacks by Boko Haram at the end of May and beginning of June 2016, when tens of thousands of people fled the area of Bosso and Yebi, many making their way to the camp of Kabelawa, whilst, many refugees were also assisted by the government and UNHCR to relocate to Sayam Forage, where they could be guaranteed protection and basic assistance, adhering to SPHERE standards.

The provision of gas as a form of domestic energy is a key factor in minimizing tensions and aggression from host population, which up to 32 per cent of camp inhabitants reported whilst collecting wood. Additionally, the fact that women and girls do not have to travel long distance to collect wood significantly reduces the risk of SGBV incidents, and also enables girls to spend more time in school and focusing on education – a key protection priority.

It is important to note that UNHCR are simultaneously implementing an 'out-of-camp' gas distribution project, aimed at providing gas to the most vulnerable displaced and host population in the Diffa region with alternative funding. By the end of the first half of 2016, almost 11,000 households outside of the camps had also received gas bottles. This is a major step in terms of peaceful coexistence, whilst host population are also benefitting, and the pressure on the scarce natural resources available in the region are significantly eased.

**Output 2: Displaced persons from Nigeria (refugees and returnees) living outside of the camps and vulnerable host populations live in a favourable protection environment / Output 3: IDPs living in spontaneous sits outside of towns and villages live in a favourable protection environment**

During the first six months of 2016, the displaced population changed dramatically. With an estimated 38 attacks in the region in the same period, the numbers of IDPs increased dramatically. The national human rights body ANDHH reported a total of 294 suspected protection incidents in the region between January and June 2016. At the beginning of 2016, the government estimated at 138,000 refugees and returnees originating from Nigeria and 50,000 IDPs in the region. Following a rapid census of 59 sites in the region by the Regional Directorate for civil status and Refugees (DREC-R), supported by UNHCR between April and May, the estimates were changed. The official figures released by the government in May included 114,048 displaced originating from Nigeria (refugees and returnees) and 127,208 IDPS – a market increase in IDPs. This does not include the additional 69,000 newly displaced people following the attacks at the end of May and early June. Despite continued efforts by UNHCR to put in place a robust registration and identification system for displaced persons, this was not fully possible in the reporting period. UNHCR provided capacity development and support to the DREC for the registration exercise in April and May, however, many sites and villages were not included, while the zone of Bosso was inaccessible, thus the figures are only partial. The displaced populations are extremely mixed and mobile with the vast majority now living in over 100 sites along the Route Nationale 1.

Major efforts are currently ongoing on the part of UNHCR and the Government, to establish a plan for the implementation of a robust identification and registration exercise throughout the entire region of Diffa, to include the entire population – both host and displaced. This registration exercise will assist in identifying people, monitoring population movements and assistance distribution. The initial steps have been taken, with a joint government / UNHCR mission to Pakistan to meet with NADRA – the organisation responsible for registration in Pakistan, who will be lending their expertise to the programme. A Technical Working Group has been established, and preparatory phases are underway. It is hoped that this exercise will be fully underway in the second half of 2016.

In this dynamic and insecure context, it was often impossible to determine the status of the various displaced populations. Thus UNHCR, with implementing partner IRC, extended protection services to as many sites, villages and towns as possible, providing protection based on vulnerability and not based on status. The geographic breadth of the protection prevention and response intervention increased significantly. With such a dispersed population of concern (PoC) and such a high number of persons at risk, the establishment of a wide-spread community based protection mechanism was prioritized. This entailed the reprioritization of some funding, whilst an additional 50,000 than was initially planned was transferred to IRC for the expansion of these activities. In fact, community members became the key partners for identifying protection risks, cases and survivors, with 60 per cent of incidents brought to the attention of UNHCR and IRC by community members. A "referral pathway" has been developed to facilitate the identification of cases, and the provision of the appropriate response. As regards to awareness rising, several sensitization sessions were held every month, focusing on protection, child protection, SGBV and protection of persons with specific needs. These sessions were delivered in a variety of ways, for example, mass sensitization session, 'tea debates', meetings with community protection groups, awareness raising discussion groups at the sites, amongst others.

In total throughout the region, at the end of the implementation period, 104 protection focal points had been identified and trained, and an additional 13 protection monitors, in partnership with the National Human Rights Association (ANDDH). In addition to the focal points and monitors, a total of 98 community protection have been created and / or strengthened throughout the region.

Additionally, 19 women's groups were created, and 27 youth peer educator groups, both of which are actively involved in the prevention and response to protection risks and incidents. As noted, 60 per cent of protection incidents were reported to partners by community based protection groups, which is a major achievement.

The key protection areas identified were: SGBV, child protection and protection of person's with specific needs. Throughout the reporting period a total of 42 cases of SGBV were reported, with all of the cases receiving appropriate assistance. All 42 survivors received psychosocial support, whilst 20 survivors received medical support and 28 received material support. There are a total of 98 protection sub-groups for SGBV, and 19 women's groups. In the area of Kabelawa, 30 religious leaders and 16 members of the FDS were specifically trained on concepts of SGBV, prevention and response. Additionally, the GBV Information Management System (GBVIMS) in the Diffa region has been strengthened, with the production and dissemination of monthly detailed reports of all incidents, while also respecting the right to confidentiality.

As regards to protection of persons with specific needs, throughout the first six months of 2016, a total of 150 persons were identified and supported, while 28 victims of violence amongst those persons received individual appropriate support. Throughout the relocation process of refugees from spontaneous sites to the refugee camp of Sayam Forage, IRC made concerted efforts to identify anybody with specific needs amongst those travelling and to provide appropriate assistance. A number of people were assisted to travel to the camp by ambulance. As regards to specific child protection prevention and response activities, please refer to UNICEF project, page: 16.

Numerous evaluations took place also, nine in total in the reporting period. These included Multi-Sectoral Assessments (MSAs) at selected spontaneous sites, which incorporated a strong protection needs component. These were shared with all members of the humanitarian community operating in the Diffa region to ensure the most coordinated and appropriate joint response possible. Additionally, with alternative funding, UNHCR are working closely with IM partner REACH in the development of site mappings and needs assessments, which are distributed amongst the humanitarian community to aid in the overall protection and other sector responses.

As noted in the proposal, the issue of arbitrary arrests of refugees suspected of links with terrorist groups is a worrying issue in the Diffa region. Throughout the first six months, numerous steps were taken to assist these refugees. In the initial proposal it was outlined that identification and provision of legal aid for refugees in custody would be provided jointly by UNHCR, IRC and ANAJJ. However, the participation of ANAJJ did not in fact go ahead. This was due to internal issues within the Ministry of Justice who granted ANAJJ the mandate to provide pro bono legal assistance, however with funding managed by the Bar Association. Thus with internal disagreements, instead, actions were taken to sign a clear MoU with the Bar Association for these service. This went ahead, following much negotiation, in the month of August. The funding initially directed towards ANAJJ was instead redistributed between IRC and UNHCR.

Despite this, UNHCR and IRC identified a total of approximately 457 cases of Nigerian refugees in custody. Amongst those cases, a total of 200 were documented, amongst whom 29 are currently receiving legal assistance. In addition to the documentation and provision of legal assistance, a number of other important steps were also taken. Through direct meetings with the Ministry of Justice, UNHCR advocated that those Nigerians in custody in Niger not be transferred back to Nigerian prisons, due to the risk of non-adherence to the principle of non-refoulement. In fact, a 'Note Verbale' was published denouncing the risk of the violation of the principle of non-refoulement. UNHCR were also granted access to regularly monitor the prison conditions, by the Ministry of Justice. The advocacy, prison visits and training preparation was funded using the funds initially planned for ANAJJ, as the activities all work towards the same goal of providing access to justice for Nigerian refugees in detention in Niger.

Following the implementation period, in July, an intensive training was undertaken with key judicial actors, including 28 lawyers, 12 Judges from the Anti-Terrorism Cell of the Judiciary. The training focused on key international protection principles, most notably that of non-refoulement, but also included training of refugee status determination procedures and human and refugee rights. This was followed in August by the signing of a Memorandum of Understanding between the Niger Bar Association and the UNHCR, for the agreed provision of legal aid to refugees in detention, whilst an initial caseload of 100 cases for legal assistance have already been transferred to lawyers in the Bar Association. This is a milestone agreement and a very positive step towards ensuring the right to legal assistance of those Nigerian refugees in custody. For more information, see: <http://unhcnr.niger.tumblr.com/post/150025313519/signature-dune-convention-dassistance-juridique>

Overall, the out-of-camp protection response has been successful in identifying risks, preventing incidents and reporting and following up with victims and survivors through the provision of adapted and appropriate assistance to all of those identified. The move towards a more central role of the community is both positive and essential, due to the magnitude of the situation. Following the attacks in late May and early June, additional efforts will be made to establish community protection groups at newly established sites, or to increase the response at sites and villages which have grown exponentially. UNHCR have hired a number of new Protection staff to be permanently based in the Diffa region, to enhance the protection response, including a Community Based Protection Expert, a Protection Monitoring Expert and an IM officer dedicated to protection monitoring.

<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>Throughout the project design, implementation and monitoring, AAP was ensured. UNHCR consistently applies the AGDM (Age, Gender Diversity Mainstreaming) tool for all projects. Beneficiaries are consulted at all stages of the process, taking into consideration gender, age and diversity. In January AGDM meetings were undertaken in all camps, and in a number of sites and villages, for the purposes of the development of the Country Operation Plan 2017 -2018, but also in order to consult with beneficiaries as to their needs, what they see as priorities, challenges and weaknesses of the response. This information was used to inform the implementation of the project. Again in the month of June, a similar exercise was carried out, this time to inform the UNHCR Mid-Year Review. Again, beneficiaries were consulted, and their issues were taken into consideration in both the implementation and evaluation of protection activities.</p> <p>In addition to the UNHCR AGDM processes, based on the principles of community engagement and empowerment, which are central to this project, community members have played an extremely active role throughout the entire process. As noted above, in each of the camps, up to 10 community based committees are operational. Each of these meet at least monthly to discuss a range of issues. This is supported by the Camp Management partner. There is also a monthly meeting between UNHCR, the Camp Management partner and the Central Committees, where all issues raised throughout the month are discussed, and issues raised with UNHCR.</p> <p>Additionally outside of the camps, the 98 protection committees also meet at least monthly with the Protection partner IRC to discuss the project and issues they may be facing etc. All of this information is relayed to UNHCR in weekly and more in-depth monthly reports from IRC. Appropriate action is ensured based on the needs and issues raised by the PoC.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Throughout the month of June, this project, along with others in the Diffa region, was internally evaluated by the UNHCR team –focusing on achievements, gaps and ways forward. Based on the drastically changed scenario in the month of June following the attacks, additional suggestions to improve the programme were made. The newly appointed Community Based Protection Officer, in collaboration with the Head Protection Officer of IRC, in close cooperation with the Protection Sectorial Working Group in Diffa and the Protection Cluster at Niamey level, is developing a plan for the coming months, in order to improve the overall protection intervention. An evaluation of the existing community based protection mechanism, with the inclusion of all the protection actors during the preparation phase, will be realized during the last trimester of 2016.</p> <p>The evaluation report will be shared with the CERF secretariat when ready.</p>	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

CERF project information						
<b>1. Agency:</b>	IOM		<b>5. CERF grant period:</b>	31/12/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-RR-IOM-046		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Humanitarian Assistance to displaced population fleeing the violence in Diffa Region					
<b>7. Funding</b>	a. Total funding requirements <sup>12</sup> :	US\$ 4,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>13</sup> :	US\$ 2,073,000	▪ NGO partners and Red Cross/Crescent:		US\$ 29,231	
	c. Amount received from CERF:	US\$ 1,273,000	▪ Government Partners:			
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)	12,376	3,332	15,708	7,715	7,994	15,709
Adults (≥ 18)	3,094	4,998	8,092	5,068	4,675	9,743
<b>Total</b>	<b>15,470</b>	<b>8,330</b>	<b>23,800</b>	<b>12,783</b>	<b>12,609</b>	<b>25,452</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	9,520		981			
IDPs	9,520		24,471			
Host population	3,570					
Other affected people	1,190					
<b>Total (same as in 8a)</b>	<b>23,800</b>		<b>25,452</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>	The difference between the number of reached beneficiaries (25,452) and the initial target (23,800) is due to the increase of households assisted in addition to the first target					

## CERF Result Framework

<sup>12</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>13</sup> This should include both funding received from CERF and from other donors.



<b>9. Project objective</b>	Ensure access to adequate shelters and NFI kits to the most vulnerable displaced persons (returnees, refugees, IDPs and host families) in areas most affected by the North Nigerian crisis in Diffa		
<b>10. Outcome statement</b>	3,400 vulnerable households benefit from shelters and NFI kits adapted to their needs (23,800 individuals)		
<b>11. Outputs</b>			
<b>Output 1</b>	3,400 (approximately 23,800 individuals, refugees out of camps, IDPs, returnees and host households and others) received shelters and NFI assistance based on their specific urgent needs.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Vulnerable households have access to emergency shelters	100%	117,64%
Indicator 1.2	Affected refugees out of the camp, returnees, IDPs and host population receive basic and specific relief items (such as blankets, sleeping mats, kitchen sets, jerry cans, hygienic kits, mosquito kits)	100%	106,94%
Indicator 1.3	Affected women, children and old person receive specific relief items (such as clothes, flashlight etc.)	100%	117,64%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Selection of beneficiaries through rapid profiling and identification of very basics and specific needs of the displaced	IOM, UN Agencies, NGOs	IOM, UN Agencies, NGO ADED
Activity 1.2	Purchase of material (in-country) for NFI kits and for shelters, and warehousing in IOM warehouse in Diffa	IOM, NGOs	IOM et local vendors
Activity 1.3	Transportation to identified locations and distribution to selected beneficiaries	IOM, NGOs, authorities	IOM, NGO ADED , Local transporters

**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:**

In the result 1, it was expected that 23,800 individual beneficiaries, representatives 3400 households (returnees, refugees outside of camps and IDPs), receive assistance in shelter and NFIs, based on their specific and urgent needs but with reality in the ground, these became 4000 households benefited from this assistance in shelter and NFIs instead of 3400 originally planned which is highly caused by the changing situation and increasingly difficult. So this brings the number of beneficiaries to be 25,452 instead of 23,800 individual beneficiaries provided.

This situation is justified by the massive influx of IDPs coinciding with the following operations targeting attacks by BH in June 2016 and Bosso following the 7 villages' relocation operation on Boudouri sites and Maina Kaderi. The needs are huge; it was identified 4,000 vulnerable households received assistance to shelter kits and 2,500 for other NFIs kits. In addition, it should be noted that given the importance of the number of displaced families at the time of the targeting, the focus was on the large size of households (10 or more), bringing the number of beneficiaries reached at 25 452 people to 4000 households instead of 23 800 for a total of 3400 households such as expected. The possibility of taking into account this, is more due to the fact that the locally purchased materials which cost less, and has saved more money and take more account of beneficiaries

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

At the time of project design, all appropriate mechanisms to enable affected populations to measure the adequacy of IOM's interventions and its partners in the shelter and non-food items groups were well considerate and respond to their concerns. Complains were taken into to consideration for facilitating a successful implementation and regular monitoring. The well-known of the intervention area, the knowledge of the actors involved and the different power relations are major strengths of admissibility available to IOM. Among these mechanisms, it should also be noted that clear information was provided to beneficiaries, technical services, regional, departmental, municipal and customary. In addition there was also an animated radio live debate organized by IOM staff in partnership with the local radio Anfani towards the people of the Diffa region. It is a framework for exchange of choice between people and project beneficiaries on the one hand and between beneficiaries and secondly IOM.

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

EVALUATION CARRIED OUT

The evaluation will be carried out very soon as it has been postponed because of security reason, the report will be shared as soon as it's done.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	01/12/2015– 01/06/2016		
<b>2. CERF project code:</b>	15-RR-WFP-083		<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>	Providing life-saving support to households in Cameroon, Chad, and Niger directly affected by insecurity in northern Nigeria (EMOP 200777)					
<b>7. Funding</b>	a. Total funding requirements <sup>14</sup> :	US\$ 48,981,511	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>15</sup> :	US\$ 17,320,069	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 249,880	
	c. Amount received from CERF:	US\$ 2,500,000	▪ <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>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	2,465	2,368	4,833	3,412	3,278	6,690
<i>Adults (≥ 18)</i>	18,190	17,477	35,667	32,381	31,111	63,492
<b>Total</b>	<b>20,655</b>	<b>19,845</b>	<b>40,500</b>	<b>35,793</b>	<b>34,389</b>	<b>70,182</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	6,075		10,527			
<i>IDPs</i>	6,885		11,931			
<i>Host population</i>	25,515		44,215			
<i>Other affected people (Returnees)</i>	2,025		3,509			
<b>Total (same as in 8a)</b>	<b>40,500</b>		<b>70,182</b>			

<sup>14</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>15</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 CERF contribution allowed us to assist more people than planned due to the drop in food prices. WFP was able to procure a lot more food and extend its assistance to more beneficiaries in need.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Lifesaving assistance to displaced populations (refugees, returnees, IDPs) and host populations in the Diffa region affected by insecurity in northern Nigeria		
<b>10. Outcome statement</b>	Improve the food security situation and reduce malnutrition among target populations		
<b>11. Outputs</b>			
<b>Output 1</b>	Stabilize and improve food security of affected populations during the assistance period for some 27,667 beneficiaries		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Diet Diversity Score	>5.3	4.7%
Indicator 1.2	Food consumption score: % of households with a limit and acceptable food consumption score	Over 80% of households	91%
Indicator 1.3	Negative coping mechanisms	>80% of populations reducing the use of negative coping mechanisms	20% of the population adopted a negative coping strategy linked to food consumption
Indicator 1.4	Number of women receiving assistance disaggregated by activity	100% (14,110)	32,381
Indicator 1.5	Number of men receiving assistance disaggregated by activity	100% (13,557)	31,111
Indicator 1.6	Total tonnage of food commodities distributed	100% (2,239)	3,161
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of food commodities	WFP	WFP
Activity 1.2	Transport of food commodities	WFP	WFP
Activity 1.3	Signatures of FLAs	WFP and partners	WFP and partners CARE international and VDN NUR
Activity 1.4	General distribution of food commodities	WFP and partners	WFP and partners CARE international and VDN NUR
Activity 1.5	Monitoring	WFP and partners	WFP and partners CARE international and VDN NUR
Activity 1.6	Evaluation on food security	WFP and partners	WFP and partners CARE international and VDN NUR
<b>Output 2</b>	Stabilize and reduce malnutrition among children aged 6-23 months and pregnant women and nursing mothers for some 4,833 beneficiaries		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Prevalence of malnutrition among children aged 6-23 months	<15%	6.5% from MUAC measurements

Indicator 2.2	Proportion of the population eligible for the programme (NSpamm)	>60%	80%
Indicator 2.3	Proportion of the population eligible to participate in the distribution (NSpamm)	>60%	97%
Indicator 2.4	Number of girls (disaggregated by activity) receiving food assistance	100% (2,465)	3,412
Indicator 2.5	Number of boys (disaggregated by activity) receiving food assistance	100% (2,368)	3,278
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of nutritional products	WFP	WFP
Activity 2.2	Transport of nutritional products	WFP	WFP
Activity 2.3	Negotiations of FLAs with partners	WFP and partners	WFP and partners CARE international and VDN NUR
Activity 2.4	Screening for all children using MUAC	WFP and partners	WFP and partners CARE international and VDN NUR
Activity 2.5	Distribution of nutritional supplements (NSpamm)	WFP and partners	WFP and partners CARE international and VDN NUR
Activity 2.6	Monitoring	WFP and partners	WFP and partners CARE international and VDN NUR
Activity 2.7	Evaluation	WFP and partners	WFP and partners CARE international and VDN NUR

**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:**

The results of PDM assessment conducted by WFP in March 2016, shows that 91 per cent of assisted households have a borderline food consumption (34 per cent) or acceptable (57 per cent). This is due to the regularity of food assistance, which has an immediate effect on household food consumption scores.

Overall, the food security situation of these households remains fragile even becoming precarious. According to the Consolidated Approach to Reporting Indicators of Food Security (CARI) method, only 2 per cent of households are classified as food secure. Other households are categorized as follows: severe food insecurity (8 per cent); moderately food insecure (38 per cent); limited food security (52 per cent). In a context marked by recurring shocks and low household capacity adaptation, households in a situation of moderate food insecurity could quickly slip into the category of severe food insecurity. This situation could be the same for some households in the category of limited food security. Under these conditions, food assistance is currently the main activity to mitigate an increase in food insecurity rates within localities or where the adjustment capacities are limited or virtually exhausted.

As there is limited information being received from several areas in the Diffa region, actors cannot speculate on the nutritional situation on the ground. The nutrition cluster decided to carry out a rapid SMART assessment in the regions most affected by the insecurity that began in August 2016.

WFP contributed to efforts in improving the nutritional status of children aged 6 to 23 months from beneficiary households through blanket feeding activities (previously called NSpammin the proposal). During the PDM assessment several reasons were cited as to why children were absent during distributions and did not received BF assistance. In 19 per cent of cases, the child was found to be ineligible for BF; in 31% of cases, the child was excluded from the program or because the partner had left the town without finishing the census (16%) or the census did not take place (15%). Lastly, 11% of households reported not knowing about the program.

All in all, the objective for the participation of children in the BF programme was reached.

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

Accountability to affected populations is ensured throughout WFP assistance programmes in the Diffa region. Firstly, sensitization sessions and feed-back mechanisms are put into place (Post Distribution Monitoring, Distribution Monitoring and Food Basket Monitoring assessments) are carried out to ensure that populations receive information on the targeting method (to include vulnerable populations) and the type of assistance they are receiving in order to ensure complete transparency. The PDM assessment demonstrated that 40 per cent of households were aware of the targeting method used to select beneficiaries and about 60 per cent of households reported that they knew the type of assistance they are entitled to. Complaints committees are also set up at each distribution site in order to provide beneficiaries with the opportunity to report any incidents or dissatisfaction.

Secondly, in areas along the borders and volatile areas, WFP ensures protection sensitization activities among the displaced populations to ensure people's safety, especially during distributions. Locations are carefully selected to minimize the risk of attacks or insecurity for the population. The PDM assessment indicated that nearly 90 per cent of households reported not having difficulties in accessing distribution sites.

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

EVALUATION CARRIED OUT

An external evaluation is in its final stages of finalisation. The report is expected to be available in October and will be shared once received.

EVALUATION PENDING

NO EVALUATION PLANNED

## 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-CEF-140	Child Protection	UNICEF	GOV	\$7,414
15-RR-CEF-140	Child Protection	UNICEF	INGO	\$194,343
15-RR-CEF-140	Child Protection	UNICEF	INGO	\$332,562
15-RR-CEF-140	Child Protection	UNICEF	INGO	\$232,531
15-RR-CEF-140	Child Protection	UNICEF	GOV	\$34,040
15-RR-CEF-140	Child Protection	UNICEF	GOV	\$3,553
15-RR-CEF-141	Water, Sanitation and Hygiene	UNICEF	INGO	\$128,380
15-RR-CEF-141	Water, Sanitation and Hygiene	UNICEF	INGO	\$342,040
15-RR-CEF-141	Water, Sanitation and Hygiene	UNICEF	GOV	\$33,287
15-RR-FPA-048	Health	UNFPA	NNGO	\$9,893
15-RR-FPA-048	Health	UNFPA	RedC	\$27,392
15-RR-FPA-048	Health	UNFPA	GOV	\$58,500
15-RR-HCR-065	Protection	UNHCR	INGO	\$550,000
15-RR-HCR-065	Protection	UNHCR	NNGO	\$110,000
15-RR-IOM-046	Shelter & NFI	IOM	NNGO	\$29,231
15-RR-WFP-083	Food Assistance	WFP	INGO	\$16,993
15-RR-WFP-083	Food Assistance	WFP	NNGO	\$232,887

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to affected population
AGDM	Age, Gender, Diversity and mainstreaming
ANDDH	National human Rights Association
CARI	Consolidated Approach to Reporting Indicators of Food security
CERF	Central Emergency Response Fund
CSI	Integrated Health Center
DIAP	Dispositif itinérant d'appui psychosocial
DREC	Regional Directorate for Civil Status and Refugees
DRHA	Direction Régionale de l'Hydraulique et de l'Assainissement.
DRP/PF/PE	Direction Régionale de la Population, de la Promotion de la Femme et de la Protection de l'Enfant
ECHO	European Commission Humanitarian Office
EMOP	Emergency Operation
FDS	Security and Defence Forces
HACP	High Authority for the Consolidation of Peace
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
IDP	Internally Displaced People
IDTR	Identification, Documentation, family Tracing and Reintegration
ICC	Inter-Cluster Coordination
IOM	International Organisation for Migration
KAP	Knowledge Attitude and Practices
MISP	Minimum Initial Service Package
MSAs	Multi-Sectoral Assessments
NADRA	National Data Base Registration Authority
NGO	Non-Governmental Organisation
NFIs	Non-food Items
OCHA	United Nations Office for Humanitarian Affairs
PDM	Post-distribution Monitoring
PoC	Population of Concern
RC	Resident Coordinator
RH	Reproductive Health
RR	Rapid Response
SGBV	Sexual and Gender Based Violence
STI/HIV	Sexual Transmitted Infection/Human Immunodeficiency Virus
TOC	Transit and Orientation Centre
TOT	Training of trainers
UASC	Unaccompanied and Separated Children
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water Hygiene and Sanitation
WFP	World Food Programme