United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS NIGERIA RAPID RESPONSE CONFLICT-RELATED DISPLACEMENT 2016

RESIDENT/HUMANITARIAN COORDINATOR	**Edward Kallon**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

7 December 2016, participants were from UNICEF, UNHCR, FAO, OCHA, WFP and WHO.

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

YES ☒ NO ☐

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The report was shared with sector leads, implementing agencies and HCT members.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 484 Million		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	9,854,146
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	11,514,099
	TOTAL	**21,368,245**

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	16-RR-CEF-001	Child Protection	396,553
UNICEF	16-RR-CEF-002	Health	348,285
UNICEF	16-RR-CEF-003	Water, Sanitation and Hygiene	2,000,000
UNICEF	16-RR-CEF-004	Nutrition	1,000,000
UNFPA	16-RR-FPA-001	Sexual and/or Gender-Based Violence	517,063
UNFPA	16-RR-FPA-002	Health	309,835
UNHCR	16-RR-HCR-001	Non-Food Items	1,985,228
UNHCR	16-RR-HCR-002	Protection	453,302
UNHCR	16-RR-HCR-003	Protection	197,526
IOM	16-RR-IOM-001	Protection	300,000
IOM	16-RR-IOM-002	Non-Food Items	2,000,000
WHO	16-RR-WHO-001	Health	346,354
TOTAL			**9,854,146**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	5,790,098
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,532,330
Funds forwarded to government partners	2,531,718
TOTAL	**9,854,146**

HUMANITARIAN NEEDS

By the end of 2015, statistics showed that 14.8 million people were affected by the on-going Boko Haram armed conflict in Northeast Nigeria, of which 7.4 million were in need of urgent humanitarian assistance with 4.0 million who were in accessible areas. About 3.0 million people were estimated to be trapped in hard-to-reach/inaccessible areas and whom humanitarian agencies could not access. Those who were accessible were composed of 2.2 million internally displaced persons (IDPs) in camps and camp-like structures and 1.8 million people were in host communities. Of the six states in the Northeast affected by the armed conflict, consisting of Borno, Adamawa, Gombe, Yobe, Bauchi and Taraba; Borno is disproportionately affected having the highest number of IDPs. Ongoing humanitarian response covers four states of Borno, Yobe, Adamawa and Gombe.

The Displacement Tracking Matrix (DTM)[1] has shown steady growth in the numbers of IDPs. From less than 400,000 in December 2014, the number increased to over 2 million by the last quarter of 2015. The DTM - Round VI in October 2015 showed that the IDPs lived in 76 camps (23 formal camps and 53 informal camps). There were 28 IDP camps occupying schools and 12 IDP camps occupying other types of government buildings. The use of schools as camps resulted in the suspension of classes for the entire academic year in Borno.

In Borno State alone, there are 1.6 million IDPs, the majority of whom are in the capital city, Maiduguri. The IDP camps in Borno are seriously over-crowded and have deteriorating shelter conditions. While the majority of the IDPs are living in host communities, 118,400 IDPs in Borno live in 24 camps. Eight (8) of the IDP camps in Maiduguri City, the capital of Borno State, are using schools. The state authorities are now in the process of relocating IDPs out of schools to five new sites. The new sites require massive preparation of shelter, water, sanitation and hygiene (WASH), and health facilities. Decongestion of camps and further enhancement of the shelter and WASH facilities is a priority in camps which will be maintained in Borno, Adamawa and Yobe states.

Access to integrated basic health care services is significantly reduced in the affected areas of Borno, Yobe and Adamawa. This is due to the displacement of population, physical destruction and/or looting of many facilities resulting in overwhelming the remaining health facilities in the IDP camps and host communities with large number of users. Containment and control of the cholera outbreak in Borno and the prevention of possible disease outbreaks in the NE is a new emerging health priority. The cholera outbreak in Borno State started in September and is still ongoing though at a decreasing rate. So far 1,039 cases have been reported with 18 deaths.

The crisis has worsened the health care delivery system in the state with the destruction of health facilities, shortage of drugs and essential supplies and health workers while the few health clinics are overwhelmed and stretched as a result of the influx of the IDPs into the project Local Government Areas (LGAs) (Maiduguri Metropolitan Council, Jere and Konduga). This has limited access and utilization of quality primary health care services for over 1 million people both IDP and the members of the host communities living in these areas

Given the poor harvest and reduction of 30-40% of area for cultivation, an estimated 6.4 million people are food insecure in NE Nigeria; 1.9 million are in urgent need of food aid. An estimated 2.1 million children under 5 and 0.4 million pregnant and lactating women (PLW) are in need of life-saving nutrition interventions in Borno, Adamawa and Yobe. The rise in cases of malnutrition is mainly driven by the disruption of basic services, poor infant and young child feeding practices, increasing food insecurity and inadequate access to markets.
Urgent lifesaving interventions remain a priority, especially those who are liberated from Boko Haram strongholds. Most of these are women and children who have faced a wide range of threats to their physical and emotional safety, psychosocial devastation and restrictions on their freedom of movement. Boko Haram had captured, raped, sexually harassed and forcefully married hundreds of women. These women are either afraid to report these incidences of violence (mostly sexual and gender based violence). Due to lack of appropriate and effective response, some women are pregnant and some are infected with varying sexually transmitted infections. Most of them are traumatized by the violence and thus an increase in cases of post-traumatic stress disorder (PTSD). In addition, due to strong hegemonic masculinities, cultural norms and religious values, victims and survivors of sexual and gender based violence are blamed and considered outcasts. These beliefs effectively result in increased perpetration of rape under the guise of insurgency and poor reporting on the part of persons affected by the incidents. In particular, over 2.7 million conflict affected children are in need of psychosocial support in the crisis affected Borno, Yobe and Adamawa states in the Northeast. An estimated 20,000 children are unaccompanied and separated (UASC), 8,000 boys are associated with armed forces and groups and over 7,000 women are held by Boko Haram and subject to sexual violence. Stigma, rejection and violence create acute challenges for reintegration. Failure to reintegrate, and separation from families, exposes children to increased risk of abuse, violence, exploitation and trafficking.

[1] Reference to the Displacement Tracking Matrix is on the report released as of October 2015

The continuing conflict situation heightens children's risk to secondary separation as host families find themselves unable to continue to care for these children. The psychological impact of the conflict and rapid return of IDPs to their communities also gives rise to the risk of abandonment and secondary separation. Children who have conceived from sexual violence and children born out of sexual violence are at heightened risk of separation and abandonment and returning children who have been associated with armed groups risk rejection by their families and communities.

An upward trend is expected to continue given the regional insurgency/ counter-insurgency activities and the diminishing protection space for Nigerian civilians. The situation of returns to Nigeria has also been exacerbated by repeated attacks by Boko Haram against Niger and Cameroon leaving dozens of people dead, creating an environment of suspicion towards foreigners and migrants and resulting in strong pressure on the asylum space in these countries. Against this backdrop, UNHCR, humanitarian partners and government authorities in North East Nigeria have witnessed abrupt and ad hoc returns of Nigerians from Cameroon. Nigerian authorities have indicated that they are expecting more returnees from Cameroon. By 23 November 2015, a total number of 17,105 Nigerians had returned from Cameroon were registered at Sahuda border. 4,333 returnees had arrived between 1 and 23 November 2015, presenting a sharp increase in the number of returnees.

Immediate actions to improve shelter conditions, food access, nutritional status of children and lactating women and protection of civilians are the on-going humanitarian response in camps and host communities.

II. FOCUS AREAS AND PRIORITIZATION

The overall strategic objectives of the response remained consistent with the 2015 Strategic Response Plan (SRP) specifically focusing on the Northeast, namely; i) to track and analyse risk and vulnerability, integrating findings into humanitarian and development programming; ii) to deliver coordinated and integrated life-saving assistance to people affected by emergencies; and, iii) provide support to vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building the capacity of national actors. Since this CERF appeal was prepared while the humanitarian partners were developing the 2016 Humanitarian Response Plan (HRP), the 2016 HRP strategic objectives[2] were captured and used as guide in the CERF implementation. The 2016 HRP aimed at targeting over 3 million out of the estimated 7 million people in need.

Given the evolving situation on ground a flexible approach was required, in which the strategic direction of the humanitarian response must quickly adapt to rapidly changing realities on the ground. In this context, the Humanitarian Country Team (HCT) sought enhanced coordination among all partners at the point of delivery, facilitating informed response**.** It required effective partnership between humanitarian responders, local and national authorities as well as civil society, private sector and key international and national development actors. Central to the response are affected people themselves. The HCT committed to enhance accountability to affected people through increased communication, information provision, participation and feedback. The HCT utilized a protection-centered and solutions-orientated approach, recognizing the need to look beyond displacement and return, towards longer-term solutions where civilians are safe, secure, with full access to rights and services. While the humanitarian response was stepped up considerably in 2015, it was not able to match the increasing scale and severity of the crisis. The Government has focused on assisting IDPs in formal camps while community-based and faith-based organisations have provided targeted support to both host communities and IDPs with limited available resources.

The situation in the field is extremely volatile and fluid. As more areas were recovered by the army from the armed groups or as camps are closed, new dimensions of human suffering are discovered and more affected people with urgent humanitarian needs are added to the current caseload. At the same time, humanitarian access is still a challenge as it limits the reach of the humanitarian agencies both in terms of proximity to the people in need or spreading the response to those who need it. Therefore, the need for flexible and timely identification of needs remain a priority.

In order to prioritize the coverage of this CERF project, the HCT, with technical support from the Inter-Sector Working Group (ISWG), conducted consultations jointly and bilaterally, to identify priorities for the CERF appeal. After deliberation and agreement with the key sector lead agencies, the identified priorities are shelter/non-food items (NFIs), protection, WASH, nutrition and health services. The applications targeted the four worst-affected states of Borno, Adamawa, Yobe and Gombe, wherethe applying agencies are currently implementing their respective programmes in these same areas and localities. They aimed at scaling up lifesaving interventions while responding to new emerging needs with this CERF application.

[2] The 2016 HRP strategic obejctives are to: deliver life-saving assistance, protection, access to basic services and livelihood support; assess, analyse and monitor the situation in order to address gaps and enable targeted programming; and, strengthen national humanitarian response capacity.

Specifically, the CERF response aimed at an integrated approach among the identified sectors to respond to needs following the Government's plan of relocating the IDPs from the formal camps to give way to resumption of classes and transfer to new sites to improve living conditions of the IDPs.

Specifically, projects were implemented based on further prioritization within their respective sectors:

The Nutrition sector prioritized nutrition response to humanitarian crisis focusing on improving Infant and Young Child Feeding (IYCF) practices in Adamawa, Borno and Yobe, the most affected states by the Boko Haram insurgency in the North East of Nigeria. A total of 158,615 PLW, representing 42% of the IYCF target for the sector, was planned to be reached with the intervention in the selected states using CERF funding.

CERF funding was initially utilized in support of the WASH response for IDPs in some of the biggest camps, namely Bakassi, Dalori 1 and 2; Farm Center and in host communities in Maiduguri, Borno state. However, following the Joint Multi-Agency Assessment in newly accessible areas in April 2015 that revealed high level of malnutrition and diarrheal diseases were the second main cause of mortality. Thus, UNICEF requested a no – cost extension (NCE) to expand and include the newly accessible areas in Borno state including high priority LGAs such as Konduga, Bama, Dikwa, Monguno and Gwoza.

Health interventions were focused on providing emergency primary health care services to 400,000 IDPs in both camps and host communities specifically in Maiduguri Metropolitan Council (MMC), Jere and Konduga. The integrated primary health care services included treatment of common diseases, antenatal care, delivery assistance, immunization and management of emergencies and referral services.

The Child Protection Project was intended to address the critical gap in support for the rapidly increasing number of unaccompanied and separated children (USAC) in Borno and Yobe States, with a focus on identification, registration and interim care for especially high risk children who cannot immediately be reunified with their families; prevention of secondary separation; and family tracing and reunification. CERF Funds were used, as planned, in 10 IDP camps[3] and in two host communities (Medinatu and Wulari); and in three LGAs in Yobe (Damaturu, Potiskum, and Fika). However, during the implementation period, IDPs occupying schools were moved out and relocated to the main IDP camps within Maiduguri Metropolitan Capital – from ATC, WTC, Girls Govt. College, and Govt. College School to Bakassi and Dalori II – during which process, some of the IDPs opted to move into the host communities or return to their LGAs.

A number of LGAs that were previously inaccessible became accessible during the period of implementation, necessitating the extension of case management services for unaccompanied and separated children to these LGAs - Bama, Monguno, Dikwa, Ngala, Damboa, and Konduga. In addition to these LGAs, funds were also used to respond to high risk children in the Southern LGAs of Biu, Bayo, Kwaya Kusar and Hawul based on field reports regarding the existence of a substantial caseload of unaccompanied and separated children who were suffering abuse and exploitation.

Emergency shelter/NFIs focused on improving living conditions of people in camps, camp-like setting and host communities through the provision of emergency shelter and NFI assistance, as well as ensure sufficient, coordinated and adequate delivery of emergency shelters and NFI kits to respond to the immediate needs of displaced populations in host communities, returnees, IDPs in sites and non-covered sites, camp decongestion and to respond in case of sudden movement of populations such as relocation from camps to new sites in Maiduguri to cover 50,900 IDPs.

Eight school buildings in Maiduguri City, Borno State, occupied by approximately 38,145 IDPs, were identified by local authorities for relocation to allow schooling to resume as soon as possible. The state authorities identified five possible new sites for the relocation, which required preparation of shelter, WASH, health and other sector facilities and services. The caseload in the schools originated from a number of Local Government Areas, including Bama, one of the worst affected by the insurgency, where over 90% of the infrastructure is reportedly destroyed. UNHCR prioritized provision of emergency shelter, targeting 19,000 IDPs, to relocate and absorb the families hosted in eight schools in Maiduguri to newly constructed semi-permanent family shelters, including basic provisions for a month.

Emergency psychosocial support for about 10,000 displaced populations in Maiduguri camps was provided by IOM. The project focused on strengthening community and family support mechanisms to enhance the psychosocial wellbeing of conflict affected, displaced and

[3] Borno (Teacher's Village, Dalori, ATC, NYSC, Sanda Kyarimi, WTC, Bakassi, Mogolis, Girls Govternment College, and Govternment College School camps)

vulnerable individuals to prevent long term morbidity, mortality and social disruption. UNHCR led the provision of psychosocial services and access to medical, legal and lifesaving protection assistance to identified protection cases targeting 30,000.
The psychosocial support included safe and confidential reporting (that takes into consideration accepted principles of safety, non-discrimination, confidentiality, respect and accessibility) and referral and follow up of referred cases to ensure access to physical, legal and social protection.

Gender-based violence (GBV) interventions by UNFPA were focused on strengthening support to national actors to undertake GBV prevention and mitigation services in the conflict-affected states of Adamawa, Borno, and Yobe for 35,000 IDPs and 15,000 host populations. In complementation, integrated comprehensive reproductive health services were focused to reduce maternal morbidity and mortality in the same states, to cover 320,000 IDPs and 80,000 in persons host communities.

To enhance provision of basic and protection services, UNHCR rolled out registration and profiling of Nigerian Returnees to inform provision of comprehensive, targeted assistance and protection intervention.

III. CERF PROCESS

The application wasdeveloped as an integral part of the Regional CERF application for Sahel, involving the HCTs in Cameroon and Niger as well. For Nigeria, the prioritization process for the CERF funding took place alongside the 2016 HNO/HRP process led by the HCT. HCT- Nigeria tasked the Sectors/ ISWG to provide guidance for priority areas and sector resources were prioritized for life-saving interventions. The lifesaving activities were identified in a series of sector specific meetings. The identified priority Northeast states were Adamawa, Borno and Yobe. The basis for prioritizing these states were: high intensity of IDPs, vulnerability and most urgent life-saving gaps to be filled in the sectors/sub-sectors.

A first CERF prioritization meeting was held in October 2015 in which initial priority areas were discussed and subsequently presented to the HCT. The priority areas identified were shelter/NFI, protection, heath, WASH and nutrition. These were shared with the CERF Secretariat during the development and revision of the concept note. With comments from the CERF Secretariat on the prioritized sectors and budget, a follow-up prioritization meeting of the ISWG was held on Wednesday 18 November to make a final review and agree on budget allocations. These were then presented to the HC for review and approval. The prioritized areas were presented to the HCT on 25 November 2015. Sector Working Groups (SWGs) met and consulted members on the key life-saving activities and budget allocations, upon which individual agencies submitted their proposals.

Sector working groups are chaired by Government with UN agencies as co-leads, and include NGOs as members. The prioritization process therefore was considered all-inclusive, and involving all humanitarian stakeholders and participants. Special consideration of the criteria to be used was givento the assessment of the operational capacity on the ground to deliver on the CERF allocation in the most effective and timely manner using the comparative advantages of all the operational members of the HCT in the identified priority areas. The constellation of this integrated CERF application through the applying agencies and their implementing partners is therefore a reflection of the highest delivery capacity considered operational on the ground.

The prioritized interventions were implemented in an integrated and complementary manner to ensure maximum synergy. The targeted communities were reached with different sector packages, each of which aimed to ensure life-saving assistance, especially to women, girls and boys. Needs of children were specifically addressed with family tracing and support for unaccompanied children, psychosocial support and a strengthening of referral pathways. There are no pooled funding mechanisms in Nigeria.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR									
Total number of individuals affected by the crisis: 7,000,000									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Protection	14,553	25,488	40,041	9,256	16,550	25,806	23,809	42,038	65,847
Health	112,137	152,423	264,560	87,241	106,657	193,898	199,378	259,080	458,458
NFI	29,383	19,987	49,370	24,409	16,323	40,732	53,792	36,310	90,102
Nutrition	-	89,949	89,949	-	-	-	-	89,949	89,949
WASH	58,743	50,039	108,782	52,092	44,376	96,468	110,835	94,415	205,250

BENEFICIARY ESTIMATION

Nutrition: The estimation was done using the national caseload estimation of all PLW according to the National Census projection. PLW represent 8% of the total population and a target of 60% of all PLW was set for the country. Based on limited funding for IYCF, only 3 LGAs per state were targeted to implement the programme. This brought the estimated caseload to 793,074 PLW to be reached at national level. With CERF funding, it has been estimated to reach 20% of the total PLW, giving an estimated number of 158,615 PLW to be reached in Adamawa, Borno and Yobe States through scale up of the programme in 660 community support groups. This is 42 percent of the IYCF target for the sector which was planned to be covered using CERF funding and the gap was planned to be covered using other sources. To avoid double counting of results reached, a standard monitoring system was used in which only new cases of PLW attending the IYCF education/counselling sessions for the first time were counted and reported in the final figure and appropriate attribution made to the different donors such as CERF.

WASH: For the WASH sector, the number of beneficiaries reached is 205,250 direct beneficiaries. This number is based on the number of additional people with access to water, sanitation and hygiene promotion through the construction/upgrading or rehabilitation of water infrastructures, latrine construction and hygiene promotion interventions (NFI/Kits distribution & hygiene promotion sessions/messages). Calculation for direct access to water and sanitation services was based on Sphere standards (500 persons/ hand pump, 2,500-5,000/borehole, 20/latrine). As an example when one hand-pump borehole was built in a camp of 10,000 IDPs, only 500 beneficiaries were considered direct beneficiaries, as according to emergency standards a hand pump can deliver water for 500 persons per day.

Child Protection: The beneficiary numbers provided herein are from partners that were covering different geographical areas (Save the Children - Maiduguri IDP camps and 2 host communities; Borno Ministry of Women Affairs and Social Development in the newly accessible LGAs and the Southern LGAs; COOPI in Yobe and Yobe Ministry of Youth, Sports, Social and Community Development). In addition, as part of the inter-agency case management process, procedures have been put in place for the transfer of cases between different actors – under this grant between the Ministry in Borno and in Yobe and the NGO working in that State (Save the Children in Borno and COOPI in Yobe). Cases transferred and handled by more than one agency receiving CERF funding has been counted once. This is ensured through the Child Protection Information Management and Case Management System that is used by all child protection partners. A unique number is provided to each case when entered into the system and where additional interventions are provided by other actors, those are entered against that number. Every month the data is reviewed and reconciled. Where more than 10 fields are the same, the system automatically flags these cases and a manual check is carried out in consultation with the partners involved. Numbers presented are those of cases that received case management support, and not inclusive of all the cases that were identified and referred for services from other sectors.

Sexual and Gender Based Violence (SGBV): This project targeted 50,000 people, including 25,935 women of reproductive age and 19,565 women and girls and 4,500 young men vulnerable for sexual violence in Borno, Yobe and Adamawa States. Activities were planned to reach beneficiaries at host communities (15,000) and IDP camps (35,000). In providing comprehensive response to SGBV survivors, it is possible that one survivor can benefit from two or more services to complete the process of recovery. The danger of double counting was avoided through the Gender Based Violence Information Management System (GBVIMS) where a survivor code is generated to facilitate ethical sharing of referral information between different services providers. This data is cleaned and checked for quality and accuracy monthly when the reports are received from GBV partners. For partners that have not been submitting service utilisation data using the GBVIMS, the globally accepted psychosocial assessment intake form and inter agency harmonised form that has been adopted for use in the Nigerian context was rolled out for use to partners. The project primary beneficiaries were women and girls. However, Project implementation also included a focus on men as recipients of PSS support for inclusiveness and the avoidance of secondary marginalization.

Health: The project targeted 400,000 persons, including 208,000 women of reproductive age and young girls and 192,000 boys and girls in Adamawa, Borno and Yobe States. Activities were planned to reach beneficiaries -IDPs in camps and host communities (320,000) and host communities (80,000).

Health: WHO reached 330,366 girls, boys, women and men through response to outbreak of measles and cholera in Yobe and Borno states. Over 3,000 cases of Measles were detected early and promptly responded to in Yobe and Borno states and 71 suspected cases of cholera in Borno state through enhanced surveillance. A total of 10 health facilities received medicines and supplies for case management. About 50 clinicians and 80 surveillance officers were trained on case detection, reporting, case management and integrated disease surveillance and outbreak response in the two states.

ES/NFI (IOM): The data included in the table above reflect 48,995 individuals as the total number of direct beneficiaries. This number is based on the number of individuals who received lifesaving support in the form of the ES/NFI, with activities such as construction of shelters and distributions of NFI/shelter items. In order to calculate. These numbers were calculated based on the information and records collected at the first step of the distribution of any form of direct assistance, when registration is carried out to ensure that vulnerable persons were mapped and prioritized for assistance. The issue of double counting has been addressed by ensuring that partners work in different geographical areas. Thus different IDP groups were supported by different partners. The beneficiary numbers were checked and monitored through regular field visits.

Protection: IOM was able to reach 18,380 individuals (women, children, the elderly and other vulnerable groups) through psychosocial support and counselling in targeted areas. In line with community based approach, IOM ensured that persons with specific needs were mapped and prioritised for assistance. In responding to the psychosocial needs of the displaced population living in Maiduguri camp sites and newly accessible areas, IOM implemented direct and focused psychosocial activities as contained in the 2016 HRP to support community based psychosocial support, strengthen referral mechanisms for protection caseload among the displaced population; and identify and train camp managers and other support groups in Psychosocial First Aid (PFA). Psycho-social interventions were provided to traumatized children and women and survivors at risk, identified through focus group discussions and the psychosocial project.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[24]

	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	214,816	337,886	552,702
Male	172,998	183,906	356,904
Total individuals (Female and male)	**387,814**	521,792	

[4] Based on highest number per sector, except for ES/NFI where two projects implemented by IOM and UNHCR were added up.

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors. As geographical areas and locations are similar, to avoid double counting, reflecting the maximum beneficiary number reached through CERF funds (health response)*

To avoid double counting of beneficiaries, beneficiaries of sectors will multiple CER projects were lumped together such as protection, health, nutrition and WASH. This is on the assumption that a beneficiary may have been captured in several times especially for services provided in these sectors. However, for the NFI sector, the total for projects handled by IOM and UNHCR were added as the point for counting were the number of NFI kits distributed. The total reach of the CERF project is 909,606 individuals with the sex and age disaggregation details captured in table 5.

CERF RESULTS

Nutrition (UNICEF): The CERF funding was used to build capacity of 887 Government health workers and 5,798 community workers on technical knowledge and skills related to key infant and young child feeding (IYCF) practices, essential counselling skills, and effective use of counselling tools and other job aids. For quality training and counselling at facility and community level, IYCF training packages and counselling materials were printed and distributed in Adamawa, Borno and Yobe states for facilitators and participants in the trainings at facility and community levels. These materials included 1,340 facilitator guides, 1,900 participant materials, 3,900 flipcharts on complementary feeding, 1,400 related to 'Supportive Supervision Monitoring and Mentoring', 10,150 flipcharts on IYCF counselling for facility health workers and Community Volunteers; 1,900 Booklet and IYCF Counselling Cards for Community Volunteers. Along with the counselling and training materials, 47,540 brochures related to maternal nutrition, 42,536 brochures on 'How to Breastfeed your Baby' and 51,910 on 'How to Breastfeed Baby from 6 Months' were also distributed as take home messages for mothers who attended the sessions for the first time.

The project allowed to roll out and scale up IYCF interventions in 36 LGAs in the three states including 18 in Adamawa, 12 in Borno and 6 in Yobe, across 241 Primary Health Care (PHC) centers following the strategy of one PHC per ward. In the catchment of those PHC, 678 mother support groups were formed to provide counselling at community level to the mothers in the camps and in the host communities who attended monthly IYCF education and counselling sessions at those targeted PHC and communities/camps. Programme monitoring of IYCF programme implementation at community level and facility level was conducted and supported and revealed that, during the reporting period integration of IYCF with Community Management of Acute Malnutrition (CMAM) and with MNP. In total 89,949 PLW, attended the sessions and were educated and counselled on IYCF appropriate practices.

Nutrition and Food Security surveillance system was established to support the sector to assess the nutrition and food security situation for better programming at all levels. A total of 10 survey domains were created in the three states of emergency to improve understanding of nutrition status and to prioritise resource allocation. A five-day training for 39 survey teams was conducted and data collection for nutrition assessment including IYCF in the affected three states is ongoing. Preliminary findings were presented to the sector partners on 2 December 2016, final report will be available after validation by the Government. The process will be continuous at quarterly basis to ensure regular update of the situation.

WASH (UNICEF): The WASH response has reached 205,250 people with water, 36,400 through sanitation and 68,000 through hygiene promotion overachieving the initial target (please refer to table 8). Before the intervention, in the newly accessible areas, IDPs were collecting 2 litres of safe water per person and per day and no latrines were used resulting in unhygienic sanitation practices causing environmental health risks. After the intervention, conditions have improved significantly aiming to meet the Sphere humanitarian standards with 63% of IDPs having at least 15liters of water per day and 96 IDPs sharing a latrine.

Child protection (UNICEF): In total, 2,513 UASC were supported, against a target of 1,275, in both new care arrangements with trained care givers, and in spontaneous care arrangements, assessed and supported by the case workers/social workers. This led to a higher number reached by partners than originally envisaged. In addition, it was originally envisaged that only COOPI and Save the Children would undertake case management. However, the Borno State Ministry of Women's Affairs and Social Development (SMoWASD) provided more direct case management under the grant. Training was provided to social welfare officers in Maiduguri, who had been displaced from inaccessible LGAs, in anticipation of access being secured. As soon as access was possible, the Ministry's social welfare officers were deployed to their LGAs.

Sexual and Gender Based Violence ((UNFPA): Improved access to vulnerable populations and increased return of IDPs to communities of origin contributed to increasing needs for psychosocial support and protection from SGBV risk and exposure. The

project funds assisted in building the capacities of 60 social and health workers to provide culturally appropriate psychosocial support (PSS) to survivors of violence. The 60 trained PSS counsellors were mobilized and reached 7,200 survivors of GBV and severely affected community members (2,952 women, 2,088 girls, 1,224 boys and 936 men) with one-on-one counselling. About 100 community volunteers' capacities were enhanced in community sensitization on protection from sexual exploitation and abuse (PSEA) and general SGBV prevention. As a result, 51,647 persons (18,336 women, 9,665 girls, 15,614 men and 8,032 boys) gained information on prevention and response to SGBV and PSEA. In addition, 7,000 female dignity kits were distributed to women and girls through supported health facility in host communities and IDP camps for the protection of dignity and enhancement of personal hygiene.

Health (UNFPA): The project contributed to the procurement and distribution of 48 Reproductive Health (RH) kits including, clean delivery kits, rape treatment kits and treatment for sexually transmitted infections. The support to 48 health facilities with RH kits and technical support created access to reproductive health services for 400,000 IDPs and host community members. As a result, 8,000 visibly pregnant women received clean delivery kits through supported health facilities in IDP camps and host communities. 200 women and girls of reproductive age who experienced sexual violence received treatment for rape and Sexually Transmitted Infections (STI). A total of 644,731 gained knowledge of RH information via direct community sensitization and radio outreach, with 400,000 of them reached with free essential RH services.

Health (UNICEF): A total of 458,458 people (264,560 females and 193,898 males) were reached with primary health care services, out of which 199,378 were children under 18 years (112,137 females and 87,241 males) through the health clinics in the IDP camps and host communities. The target was exceeded as a result of the influx of IDPs into the project areas following successful military operations. They were accommodated in camp and host communities. Three additional IDP camp clinics were established to improve on access and utilization of integrated primary healthcare services.

Health (WHO): Capacity for disease surveillance and outbreak response was built in Borno and Yobe states. The CERF funding contributed to increasing capacity for early detection and prompt outbreak response through an enhanced surveillance system. Outbreaks of Measles and suspected cholera were quickly detected and investigated within a short period (24 - 48 hours) and response initiated immediately to break the chain of transmission. Effective case management instituted during the outbreak contributed significantly to reducing the case fatality rate, spread of the infectious disease and eventual containment of the outbreak. Multiple outbreaks of Measles and suspected cholera were responded to and contained at source. As a result, a total of 330,366 population reached in the four LGAs were protected from the outbreak. Herd immunity against measles was also improved among the susceptible population through the reactive vaccination campaign as majority (about 60%) of the reported cases were "zero dose" for measles vaccine. This will also help prevent future outbreaks in the same community.

ES/NFI (IOM): Through CERF funding, 48,995 IDPs living in camps and host communities in Borno State received lifesaving support in the form of NFIs that enabled them to prepare and consume food, have thermal comfort and meet their personal hygiene needs. In addition, 22,530 IDPs received emergency shelters support which gave beneficiaries the opportunity to upgrade and repair their shelters and live in conditions that ensure their access to privacy, safety and health while enabling essential livelihood activities to be undertaken. The construction of shelters enabled the targeted population to relocate from schools across Maiduguri, and to be reunified with their families with minimum standards met. In the most severely overcrowded sites, additional shelters were constructed to relieve density and allow family reunification. In the newly accessible areas (Bama and Gwoza), 1,000 emergency shelters were provided to the affected population in order to provide habitable and covered living space that ensures safety, health, privacy, dignity and creates conducive environment for the provision of protection services.

Shelter (UNHCR): Approximately, 18,000 individuals/ residents in 3 camp sites and some areas in the surrounding host communities were relocated to 2,090 emergency and transitional family shelters. Shelter support gave beneficiaries the opportunity to live in better shelters that ensure their access to privacy, safety and health while enabling essential living activities to be undertaken

Protection (IOM): Psychosocial support and counselling were conducted through the CERF funding. The direct exposure to violence, as well as family separation and displacement patterns have led to considerable psychosocial strain on the affected communities. The damaged protective environment that is critical especially for women and children in times of emergency resulted in a prevalence of grave violations of children's rights, including forced recruitment into armed groups, attacks on schools and hospitals, sexual violence, lack of prevention measures in place and limited response services available to the victims. Psycho-social interventions were provided to 18,380 displaced people, 204 of them in a particular vulnerable situation identified through focus group discussions and the psychosocial support mobile teams. Each mobile team was composed of a teacher, social worker, counsellor, health care worker, and a recreational activity resource person. The mobility of the team was essential in reaching out to the affected population, especially for the most vulnerable ones. The PSS teams often became a focal point for referral and disseminating information on how to access services and conducting sensitization campaigns.

With co-funding, all PSS mobile teams were trained on the following: case management, SGBV, protection mainstreaming, drama for conflict transformation, community based practices in conflict mediation. In addition, IOM reached 595 individuals with integrated forms of psychosocial support and livelihood activities in the targeted areas, building on activities already implemented elsewhere in the region. The objective is to promote positive coping mechanisms and resilience skills among displaced persons, with a community-based approach. Vulnerable groups were involved in these activities, including women and girls at risk to early and/or forced marriage, young widows with children, and persons with disabilities, among others. These kinds of activities aim at decreasing stress of the beneficiaries involved, increasing their self-esteem and improving their sense of control over their lives.

Protection (UNHCR): UNHCR reached 64,806 people through monitoring arrivals and registration of 45,342 returning refugees from Cameroon, Chad and Niger (surpassing the planned 40,000 target); and provision of psychosocial support and follow up of protection case referrals. Psychosocial services support was provided to 19,464 individuals (2,664 reached through individual counselling; 16,800 reached through group counselling). Additionally, four referral networks and linkages for provision of psychosocial, legal, medical services and life-saving protection assistance were established in the four focus states of Borno, Adamawa, Yobe and Gombe. The provision of psychosocial support improved the ability of affected women and children and families to care for themselves.

CERF's ADDED VALUE

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

Nutrition (UNICEF): CERF funds allowed scale up and strengthen IYCF interventions in 36 LGA in the Adamawa, Borno and Yobe including 28 new LGAs and 8 existing implementing LGAs. 241 health facilities and 678 communities in worst affected Borno, Adamawa and Yobe states were reached. Before this scale up IYCF interventions were only limited to 8 LGAs, 40 health facilities and 120 communities.

WASH (UNICEF): UNICEF was able to respond with life-saving intervention in the newly accessible areas where no other partners were responding and cover the most in need population and IDPs. In May 2016, no other funds were available for these areas, therefore, the CERF funds led to a fast delivery of immediate life-saving assistance.

Health (WHO): The CERF funding contributed significantly to initiating a fast and effective response to the outbreaks before government could mobilize additional support. It also helped to improve the sensitivity of the system for early case detection and reporting. Early detection of outbreak is essential for prevention of spread and early containment of the outbreak.

Health (UNICEF): The CERF fund was used to procure supplies and equipment that were critical in providing emergency services to the IDPs in camps and host communities in the supported health facilities.

Child Protection (UNICEF): CERF allowed for rapid deployment of case management services for UASC through our government and INGO partners, in absence of other funding.

SGBV (UNICEF): The funds addressed immediate needs of protection of the dignity of women and girls and the provision of psycho-social support to the growing population in need. It enabled a broader response and the consistent mobilization of PSS counsellors to deliver services to IDPs and host communities affected by violence. The grant contributed to putting the gendered needs and concerns in the agenda for service provision in the humanitarian emergencies. In addition, the fund provided opportunity for community mobilization on the prevention of sexual violence and abuse which is recognized among the HCT as a critical gap in the response to GBV in focus states. It also improved UNFPA's capacity to utilize its technical capacity to respond to needs and services for GBV.

Health (UNFPA) The CERF funds helped respond to immediate reproductive health needs of women and girls in the States of project focus. It improved availability and access of essential reproductive health services to respond to the needs of women and girls until more funds were mobilized and more interventions were implemented.

ES/NFI (IOM): The funding helped to scale-up the humanitarian response in terms of ES/NFI and ensured accelerated response to the acute needs identified in the sector, especially for those who have been relocated from IDP camps using schools and those in the newly accessible areas, where most IDPs are sleeping outdoors. These families were living in makeshift shelters, exposed to risks of violence and bad weather, and also sexual abuse in particular for women and children. Moreover, with the rainy season approaching, urgent action was needed to ensure that IDPs live in a safe environment and were sheltered appropriately.

Protection (IOM): The funding enabled IOM to expand its activities and intervention areas prior to securing additional funding to address the immediate needs of affected population, with special attention to the vulnerable groups. Through CERF funding, interventions were often targeting specific populations (for instance, SGBV survivors or children) where there were very few actors who were responding in an integrated manner to address the emotional distress created by the conflict, the displacement and coping mechanisms with the resulting daily life struggles.

Protection (UNHCR): The CERF funding facilitated the effective service delivery of life-saving support to the most vulnerable persons of concern in Maiduguri and other accessible areas through psychosocial support, case referral, shelter support, returnee monitoring and registration.

b) Did CERF funds help respond to time critical needs[5]?
YES ☒ PARTIALLY ☐ NO ☐

Nutrition (UNICEF): The CERF funding was the only available funding for UNICEF to quickly scale up IYCF interventions in 36 LGAs including newly accessible ones in three most affected states in north east. The funding helped build Government and community's capacity to provide appropriate education and counselling to vulnerable women. It also improved knowledge and practices of PLW in responding to the critical need of how to feed and/or how to improve IYCF practice for 0-24 month old children contributing to the prevention of malnutrition, morbidity and mortality in the three states.

Health (UNICEF): The CERF funds were used to provide emergency referral services through supporting ambulance services for the IDP camps. This helped in the timely transportation of over 2,000 children and pregnant women who required further management at the hospital. This reduced the mortality risk of patients as they were provided with timely emergency referral to hospitals.

WASH (UNICEF): UNICEF was able to respond with WASH life-saving intervention to the newly accessible areas where no other partners were responding and cover the most in need population and IDPs. The CERF funds led to a fast delivery of immediate life-saving assistance.

Health (UNFPA): With declining resources for health programming, the CERF funds assisted the continued support of essential reproductive health facilities with adequate supplies to provide safe delivery services, respond to take hospital deliveries and respond to clinical management of rape and prevention of STI/HIV needs of IDPs and host communities. It created opportunity for expecting mothers to seek antenatal care and have clean and safe deliveries in health facilities.

Health (WHO): Time is very critical in outbreak response. Delay in response could lead to spread of the disease and high mortality if treatment is not commenced early. CERF funding was the only funding available at the beginning of the outbreak response. Availability of the fund contributed significantly to the early interruption of disease transmission and subsequent containment of the outbreak. Without the CERF funds, lives would have been lost while waiting for resources to initiate an effective outbreak.

Child Protection (UNICEF): CERF allowed child protection interventions for UASC to rapidly move into newly accessible areas as they opened up in the second quarter of 2016. This enabled timely assessment and appropriate care to be arranged for UASC.

SGBV (UNFPA): The funds helped to address essential protection needs of vulnerable women among IDPs and host communities. It also provided an opportunity to launch community mobilization around protection from sexual exploitation and abuse (SEA) with a focus on helping communities develop and adapt indigenous strategies of response. It also sustained response to the growing needs of psycho-social support to traumatized women, girls, boys and men in Borno, Yobe and Adamawa states. The funding support contributed to improve referrals to higher mental services for severe cases of trauma among target beneficiaries.

ES/NFI (IOM): CERF funds allowed for the provision of life saving emergency shelters and NFIs to vulnerable IDPs living in camps and host communities. The beneficiaries of the project were lacking essential household and hygienic items while others were living in open air or in makeshift shelters.

[5] 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.).

Protection (IOM): Most of the targeted populations were identified as being in urgent need of assistance. CERF funds were particularly timely and facilitated the timely continuation of identification of psychosocial needs and provision of psychosocial support to the beneficiaries to immediately alleviate the emotional effects of continuing violations of children's rights, sexual violence and exploitation. CERF funds enabled IOM to carry out basic counselling and supportive communication sessions for identified groups, families and individuals in needs. Furthermore, 81 individuals diagnosed with a mental disorder were referred and followed up.

Protection (UNHCR): With the available funding, the project was able to address critical needs especially with the emergency shelters to assist the relocation of IDPs hosted in schools and adjacent camp sites.

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

Nutrition (UNICEF): No additional funds have yet been secured. However, projects funded by CERF helped to leverage UNICEF, Government and partners' funds for lifesaving interventions in the project areas. This included rehabilitation of services (e.g. health services), supportive supervision and Government contribution for operational costs including staff salaries, logistics and transport cost for distribution of materials to facility and community sites.

WASH (UNICEF): The CERF enabled UNICEF to bring in matching extra resources from the water authority in terms of Solar panels. This resulted in cheaper implementation costs on the CERF funds and consequently allowed to reach more beneficiaries.

SGBV (UNFPA): The CERF funding mechanism improved opportunities for UNFPA to mobilize resources from donors for SGBV service provision. The continuous support of the CERF funds enabled sustained response to SGBV protection issues which ultimately contributed to improved donor confidence and possibly reduced donor fatigue and indifference.

Health (UNFPA): The support provided by the CERF funds helped UNFPA to showcase the need, capacity and relevance of the minimum initial service package for reproductive health in humanitarian settings (e.g. Minimum Initial Service Package, MISP) and sustain advocacy for greater resource mobilization and allocation for better health response to the communities in acute need for humanitarian action in the North-East.

Health (WHO): The CERF funding has contributed to improving reporting. As a result, evidence of potential big measles outbreak was demonstrated. This led to high level advocacy at government level and release of more than 1,000,000 million dollars from government and partners for state-wide preventive measles vaccination campaign to increase herd immunity in the community and prevent large outbreaks in the future.

ES/NFI (IOM): The CERF allocation contributed to strengthening stakeholders and donors' knowledge regarding the needs and gaps in this sector and to shed a light on IDPs plight. However, the funds allocated to this sector remain insufficient compared to the needs identified on the ground. Assistance to the humanitarian crisis in Borno State is still urgently needed and more specifically, to expand the response into the newly accessible areas where affected populations have congregated in Borno LGA capitals.

Protection (IOM): The CERF funds helped IOM mobilise additional funding. By benefitting more individuals than initially planned from the livelihood activities and prove the positive results of including a livelihood component in PSS activities, at the end of this project IOM was supported and funded by other donors in order to continue and scale up the activities started thanks to this project. The mechanism of the CERF strengthened coordination of Protection activities in the humanitarian community, leading to a better coordination and strategizing among partners. This helped elimination of duplication, reinforced learning and strengthened cooperation of psychosocial support among key actors.

Protection (UNHCR): The CERF funds triggered the funds particularly from other related sectors. The construction of shelters required the improvement and construction of WASH services, as a result other donors contributed in filling the gaps in WASH to provide a more comprehensive package for the assisted families.

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

Nutrition (UNICEF): Funds were earmarked to scale up IYCF interventions in the conflict affected states but also utilised to strengthen nutrition sector coordination related to these interventions in these three states. The IYCF task force was established under the nutrition sector at Federal and in the 3 states and supported the development and finalisation of indicators, monitoring & reporting tools to be used in monitoring the intervention resulting in strengthened joint supervision.

Child Protection (UNICEF): The project allowed for a continued harmonised case management approach by state and non-state actors working with UASC and strengthened referral mechanisms between partners.

SGBV (UNFPA): The support from CERF strengthened coordination among the SGBV working groups across states of focus and also improved interaction across sector working groups (especially with the CPWG). The grant not only augmented SGBV service provision but enhanced the capacity of actors within the sub-sector working group to regularly meet, share information and best practices, discuss challenges and gaps and strategize on how to improve service delivery.

Health (UNFPA): CERF funds contributed to coordination among the members of the health sector working groups (HSWG), especially the three grant beneficiary agencies - WHO, UNFPA and UNICEF. It provided an opportunity for accountability and supported state-level platforms for engagement of actors to define and refine strategies for delivery and implementation of project priorities. It also strengthened the capacity of sector leads in the health sector response to forge for more collaboration and collective action among critical actors for a more aggressive fund mobilization to respond to increasing health needs of IDPs and affected host communities.

Health (WHO): There was an improvement in coordination among health sectors (UNICEF, UNFPA, WHO) who are recipients of the funds. The three agencies employed an integrated approach that was adopted in delivery of the health interventions at the state level. Inter-sector collaboration was also enhanced with OCHA's support in coordination.

ES/NFI (IOM): The grant improved coordination and collaboration among humanitarian actors, including government partners, NGOs and other UN agencies. In addition to providing ES/NFI assistance, IOM coordinated and monitored the delivery of assistance with other sector partners in order to avoid duplications. Regular exchanges were organized among partners regarding the type of assistance to be provided as well as the areas and beneficiaries to be targeted for this project. The project contributed to the consolidation of relations, reporting and accountability in the shelter and NFI sector even though its coordination mechanisms still need to be reinforced.

Protection (IOM): The project was implemented in close coordination with the relevant national authorities, UN sector co-lead agencies, international and national organizations and local counterparts that have the required mandate and expertise in the targeted sectors of intervention. The CERF funding brought together a better coordination for psychosocial support activities within the sector (protection, child protection and SGBV sector working groups), ensuring information sharing, adherence to relevant standards and guidelines, as well as increased efficient use of resources through better coordination.

Protection (UNHCR): Generally, there was significant improvement in coordination as budgets, targets and activities were harmoniously planned to avoid overlapping and discrepancies especially in sectors which had two or more operational partners e.g. Shelter. With this harmonized approach, monitoring improved and targets reached were high with meaningful impact.

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

SGBV (UNFPA): The fund ensured broader reach of humanitarian assistance and involvement of a greater number of actors for SGBV. It contributed to the provision of services and supplies (mostly female dignity kits and clinical management of rape) on more routine basis and sustained donor interest in funding service provision for GBV.

HEALTH (UNFPA): The fund was critical for the procurement and distribution of RH kits including post rape treatment kits, clean delivery kit, kits for emergency obstetric care, and treatment for sexually transmitted infections, to support provision of essential RH services, especially in a period of dwindling support for health service provision in the humanitarian emergency in the Northeast.

Protection (UNHCR): Addressing critical issues of the crisis and implementation of projects with the CERF funds improved relationships and gained the confidence of the local government authorities as well as the local population.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Flexibility is important to custom-fit response with social and culture context, including - changing needs of populations and geographical location. An integrated approach to assistance is crucial (e.g. shelter assistance should take into consideration WASH, protection, health, nutrition and livelihoods interventions). As these social and cultural contexts cannot always be understood in advance, it is important to build flexibility into the programme to allow for adaptation.	Given the fluidity of the situation in the field, to allow more flexibility particularly allowing the inclusion and expansion of new areas where needs are determined during the course of CERF implementation. CERF Secretariat to support the need for the field to adapt and be flexible in the response which should be driven by community participation and feedback.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Limited donors for IYCF interventions in emergency states slowing down the response.	Resource mobilization and advocacy for continuous support and sustainable implementation of IYCF interventions in emergency are crucial to ensure that interventions are effective. Also, life-saving interventions need to be linked with medium term and long term support from donors.	HCT
The harmonization of budgets and activities by partners operating in the same sector (e.g. shelter) facilitated monitoring and achievement of impact/results and targets.	Same approach can be utilized by other sectors where one or more agencies co-implement or are present in the same area/location implementing different but complementary projects.	HCT and Sector leads
Partners should be realistic with planning figures and targets to avoid wide discrepancies in implementation and reached beneficiaries	Utilize population statistics and planning figures from different sources (e.g. UNHCR registration and profiling, IOM DTM, GBV Information Management System, etc) and triangulate data to come up with more realistic figures.	HCT and Sector leads

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	**5. CERF grant period:**	25/01/2016 – 24/07/2016
2. CERF project code:	16-RR-CEF-001	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Child Protection		☒ Concluded
4. Project title:	Comprehensive Response for Unaccompanied and Separated Girls and Boys in Borno and Yobe		

7. Funding			
	a. Total funding requirements[6]:	US$ 4,650,750	d. CERF funds forwarded to implementing partners:
	b. Total funding received[7]:	US$ 1,057,177	▪ *NGO partners and Red Cross/Crescent:* US$ 282,811
	c. Amount received from CERF:	US$ 396,553	▪ *Government Partners:* US$ 56,236

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	648	627	1,275	1,086	1,427	2,513
Adults (≥ 18)						
Total	**648**	**627**	**1,275**	**1,086**	**1,427**	**2,513**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	1,275	2,513
Host population		
Other affected people		
Total (same as in 8a)	**1,275**	**2,513**
In case of significant discrepancy between planned and reached beneficiaries, either	An additional 1,238 UASC (438 girls, 800 boys) received case management support as a result of the CERF funds. When the project was conceived, there was no access to a	

[6] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[7] This should include both funding received from CERF and from other donors.

the total numbers or the age, sex or category distribution, please describe reasons:	number of LGAs. However, during the lifetime of the project, the Nigerian Armed Forces pushed back Boko Haram, opening access to previously unreachable LGAs. The needs identified were enormous. The CERF funding was, therefore, also used to deploy Borno Ministry Social Welfare Officers to the newly accessible LGAs such as Bama, Konduga, Monguno, Dikwa, Ngala and Damboa for identification and immediate case management assistance for UASC. In total, 2,513 UASC were supported, against a target of 1,275, in both new care arrangements with trained care givers, and in spontaneous care arrangements, assessed and supported by the case workers/social workers. This led to a higher number reached by partners than originally envisaged. In addition, it was originally envisaged that only COOPI and Save the Children would undertake case management. However, the Ministry provided more direct case management under the grant. Training was provided to social welfare officers in Maiduguri, who had been displaced from inaccessible LGAs, in anticipation of access being secured. As soon as access was possible, the Ministry's social welfare officers were deployed to their LGAs. As their salaries and basic costs were met by the Ministry, the funding available (e.g. for travel to those areas), enabled a larger number of beneficiaries to be rapidly reached within the duration of the CERF funding.

CERF Result Framework			
9. Project objective	Implement an effective system of identification and interim care for unaccompanied and separated children displaced by the conflict in Borno and Yobe		
10. Outcome statement	Children who have been orphaned or separated from their families are provided with safe, appropriate interim care in Borno and Yobe		
11. Outputs			
Output 1	1,275 UASC provided with quality interim care		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of UASC supported in alternative care arrangements	1,275	2,513
Indicator 1.2	Number of foster carers trained and supported	683	637
Indicator 1.3	% of new foster families visited each month	100%	100%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Implement a case management system led by the State Ministries to identify, assess and support UASC children	State Ministries responsible for social welfare (SMWASD) (Borno and Yobe), Save the Children, COOPI, UNICEF	State Ministry of Women Affairs and Social Development (Borno); State Ministry of Youth, Sports, Social and Community Development (Yobe); Save the Children, COOPI & UNICEF
Activity 1.2	Provide capacity building and support to foster families providing care for UASC	SMWASD (Borno and Yobe), Save the Children, COOPI	State Ministry of Women Affairs and Social Development (Borno); State Ministry of Youth, Sports, Social

			and Community Development (Yobe); Save the Children, & COOPI
Activity 1.3	Regularly monitor foster care placements	SMWASD (Borno and Yobe), Save the Children, COOPI	State Ministry of Women Affairs and Social Development (Borno); State Ministry of Youth, Sports, Social and Community Development (Yobe); Save the Children, & COOPI
Activity 1.4	Hold weekly case management meetings and quarterly technical review meetings	MWASD (Borno and Yobe), Save the Children, COOPI	Save the Children & COOPI
Output 2	UASC suffering or at high risk of suffering abuse, violence and exploitation identified and referred to appropriate support services		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	% of target communities with functioning child protection committees	100%	89%
Indicator 2.2	Number of community leaders and religious leaders sensitised on identification, referrals and meeting the needs of high risk cases	86	103
Indicator 2.3	Number of specialist foster care placements available for high risk cases (ie children born out of sexual violence, child mothers and children associated with armed groups)	50	32
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Establish child protection committees at community level in the target communities	SMWASD (Borno and Yobe), Save the Children, COOPI	Save the Children and COOPI
Activity 2.2	Convene community meetings with religious and community leaders	SMWASD (Borno and Yobe), Save the Children, COOPI	Save the Children
Activity 2.3	Provide intensive support for specialist foster carers caring for high risk children (children associated with armed groups and children born out of sexual violence and their mothers)	SMWASD (Borno and Yobe), Save the Children, COOPI, UNICEF	Borno Ministry of Women Affairs and Social Development; Save the Children
Activity 2.4	Provide technical support to State Ministries to plan for, identify and prepare placements of rescued and released children who are unaccompanied or cannot be immediately reunified with their families and for mass returns	UNICEF	UNICEF
Activity 2.5	Refer children requiring additional support to available specialist services	SMWASD (Borno and Yobe), Save the Children,	State Ministry of Women Affairs and Social Development

		COOPI	(Borno); State Ministry of Youth, Sports, Social and Community Development (Yobe); Save the Children, & COOPI
Output 3	Robust and harmonised child protection management information system on UASC in operation		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	% of UASC cases uploaded onto the child protection management information system	75%	86%
Indicator 3.2	Number of states with operational CPIMS	2	2
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Upload UASC case information to the CPIMS	MWASD (Borno and Yobe), Save the Children, COOPI	State Ministry of Women Affairs and Social Development (Borno); State Ministry of Youth, Sports, Social and Community Development (Yobe); Save the Children, & COOPI
Activity 3.2	Provide technical support to State Ministry data entry clerks	UNICEF, Save the Children and COOPI	UNICEF, Save the Children, COOPI
Activity 3.3	Extract monthly reports from the CPIMS on UASC	MWASD (Borno and Yobe), Save the Children, COOPI	UNICEF, Save the Children

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:

When the project was conceived, there was no access to a number of local government areas. However, during the lifetime of the project, the Nigerian Armed Forces pushed back Boko Haram, opening access to previously unreached local government areas. The needs identified were enormous. The CERF funding was therefore also used to deploy Borno Ministry Social Welfare Officers to the newly accessible Bama, Konduga, Monguno, Dikwa, Ngala and Damboa LGAs for identification and immediate case management assistance for UASC.

In total, 2,513 UASC children were supported, against a target of 1,275, in both new care arrangements with trained care givers, and in spontaneous care arrangements, assessed and supported by the case workers/social workers. This led to a higher number reached by partners than originally envisaged. In addition, it was originally envisaged that only COOPI and Save the Children would undertake case management. The Ministry provided more direct case management under the grant. Training was provided to social welfare officers in Maiduguri, who had been displaced from inaccessible local government areas, in anticipation of access being secured. As soon as access was possible, the Ministry social welfare officers were deployed to their LGAs. As their salaries and basic costs were met by the Ministry, the funding available (e.g. for travel to those areas), enabled a larger number of beneficiaries to be rapidly reached within the lifetime of the CERF funding

Amongst the UASC reached, 435 were unaccompanied minors (155 girls; 280 boys). 56 were reunified with their family during the project lifetime. An additional 635 at risk and abused children (317 girls; 318 boys), outside the primary target (UASC) were reached through the deployment of social workers to the newly accessible LGAs, and extension of case management support to the Southern LGAs in Borno.

Only 32 out of 50 foster carers were identified, amongst the pool of foster carers, to provide specialist care. This was due to a combination of limited capacity of existing foster carers to handle high risk cases and an unwillingness of foster carers to take in children who are deemed to be associated with Boko Haram, due to the stigma and discrimination within conflict affected communities. In addition, COOPI trained its foster carers outside the period of the CERF grant, under UNICEF's wider partnership with them.

NGOs (COOPI and Save the Children) led the establishment of community based child protection committees and Save the Children led the engagement with religious leaders. While this was done in full consultation with the respective Ministries in Borno and Yobe, the Ministries were not directly involved as they wanted to prioritise the case management work in the newly accessible areas for UASC.

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

The delivery of case management services to UASC and other at risk/abused children embeds some inherent accountability mechanisms that are part of the overall case management process:

- Identification and verification of UASC is being done in collaboration with the community based child protection committee members and other community leaders.
- Foster parent meetings to provide feedback are also attended by other community leaders, documented and agreed actions are shared with relevant actors
- Individual support though case management is tailored to the needs of the household based on discussions with family members and the children placed in care.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
CERF funds part of a wider UASC programme. Evaluating a four-month time period would not produce valuable findings. A comprehensive evaluation of child protection, including UASC is planned for 2017.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	25/01/2016 – 17/10/2016
2. CERF project code:	16-RR-CEF-003	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	Life-saving WASH interventions in IDP Camps and select host communities		

7.Funding

a. Total funding requirements[8]:	US$ 21,200,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[9]:	US$ 2,000,000	▪ *NGO partners and Red Cross/Crescent:*	
c. Amount received from CERF:	US$ 2,000,000	▪ *Government Partners:*	US$ 1,704,493

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total[10]***
Children (< 18)	21,816	19,772	41,588	58,743	52,092	110,835
Adults (≥ 18)	13,948	12,641	26,589	50,039	44,376	94,415
Total	**35,764**	**32,413**	**68,177**	**108,782**	**96,468**	**205,250**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	68,177	205,250
Host population		
Other affected people		
Total (same as in 8a)	**68,177**	**205,250**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category	The WASH response has reached 205,250 people with emergency water supply, 36,400 people through sanitation service support and 68,000 people through hygiene promotion. Water support beneficiaries exceeded targets (+350%) while achievements for sanitation and hygiene	

[8] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[9] This should include both funding received from CERF and from other donors.
[10] Includes beneficiaries which benefitted from sanitation and hygiene promotion interventions, in addition to access to water

distribution, please describe reasons:	were compatible with set targets. In fact, as explained in the reprogramming request, in the newly liberated areas, UNICEF prioritised rehabilitation and upgrading of existing water facilities to new construction as initially planned. This cost effective approach led to higher achievements through the investment in existing infrastructural assets. Rehabilitation has a multiplier effect on new investments as it revives previously made investments and consequently expand results.

CERF Result Framework			
9. Project objective	Ensure coordinated and timely WASH assistance to people affected by emergencies in IDP camps and in select at-risk communities in Borno and Yobe.		
10. Outcome statement	68,178 Displaced and conflict affected people have improved access to basic water and sanitation services		
11. Outputs			
Output 1	59,000 vulnerable people in select camps (Dalori, Bakassi, Farm Centre (Ngala road) in Borno; Bukar Ali & Kukareta in Yobe) and at-risk communities in Bale Galtimari and Mahamari wards in Borno have access to an improved water source		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	No. of people provided with access to safe water	59,000	205,250
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Drilling & Installation of 10 motorised boreholes with overhead tank and related piping and tap stands in IDP camps (Dalori, Bakassi, Farm Centre) in Borno (solar panels, pumps, casing pipes provided as in-kind by Borno State)	Borno State RUWASA (Rural Water Supply & Sanitation Agency)	Borno State RUWASA (Rural Water Supply & Sanitation Agency) - 19 boreholes using solar energy were built, rehabilitated or upgraded through in Farm Center (2); Teacher village (1) and Maiduguri's host communities (16) - 22 boreholes using solar energy were built, rehabilitated or upgraded in Bama (4); in Damboa (4); in Dikwa (4); in Gwoza (6), in Muna Garage (2) and in Mafa (2). - 6 handpumps boreholes were newly built in newly liberated areas (1 in Mafa, 4 in Dikwa and 1 in Bama).
Activity 1.2	Drilling & Installation of 2 motorised boreholes with overhead tank and related piping and tap stands in IDP camps in Yobe (Bukar Ali & Kukareta)	Contractors	This activity was funded by another grant and CERF funds reallocated to newly liberated areas (see above Activity 1.1) as explained in the reprogramming request.
Activity 1.3	Rehabilitation/ Provision of hand pump boreholes in 25 locations in select at-risk communities in Bale Galtimari and Mashamari wards, Maidugiri	Contractors	Contractors - Work done as per the reprograming request - 16 handpumps boreholes were newly built in host communities (Bulabulin, Alajiri, Bololori 1&2 and Hausari, Gwange 1,2&3, Muna Dusuman, Madinatu, Old Maiduguri, Limanti, Shehuri North, Dala and Gomari)

			- 9 motorized boreholes rehabilitated in host's communities of Bale Galtimari and Mashamari + 15 extensions of small water network mainly to health centres and primary schools (in NYSC, Gubio, Dolari 2, Dalori 1, Farm Centre, Muna Custom, Muna Garage, Teachers Village, Gwange 2, Gamboru)
Activity 1.4	Regular chlorination of water points in the targeted IDP camps in Borno and Yobe	Borno State RUWASA; Yobe State RUWASA	Borno State RUWASA; Yobe State RUWASA – 250 water points chlorinated
Activity 1.5	Provision of basic WASH kit to vulnerable households in at-risk communities	Borno State RUWASA/ NGO	- Borno State RUWASA – - - 1, 000 WASH kits delivered by RUWASA (Rural Water Supply and Sanitation Agency) in host's community of Mashamari ward (Maiduguri)
Output 2	Over 30,000 vulnerable people in select camps have access to improved sanitation and bathing facilities		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	No. of people provided with access to latrines	33,400	- 36, 400 IDPs according to Sphere standards (20 persons per latrine)
Indicator 2.2	No. of people provided with access to bathing facilities	30,676	- 15,500 IDPs. As per reprogramming request, priority in the newly liberated areas was given to water access and not to shower facilities as it was impossible to consider bathing facilities without adequate water supply.
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Construct 1670 pit latrines in IDP camps (Dalori, Bakassi, Farm Centre in Borno; Bukar Ali & Kukareta in Yobe)	Contractors and NGOs	Contractors and RUWASA - 1.820 emergency latrines built using contractors including 1, 60 latrines in Maiduguri (Dolori, Bakassi, Farm Center, Muna Garage and host communities) and 660 in newly accessible areas (150 in Bama; 70 in Damboa; 150 in Monguno; 100 in Dikwa; 90 in Konduga; 100 in Gwoza) - 60 latrines desludged.
Activity 2.2	Construct 614 shower compartments in IDP camps (Dalori, Bakassi, Farm Centre in Borno)	Contractors and NGOs	Contractors and RUWASA - 310 emergency showers (62 compartment with 5 showers in one compartment) built using contractors. As explained in reprogramming request, priority in the newly liberated areas was given to water access and not to shower facilities as it was impossible to consider bathing facilities without adequate water supply.
Output 3	Over 68,000 vulnerable people in select camps (Dalori, Bakassi, Farm Centre in Borno; Bukar Ali & Kukareta in Yobe) and at-risk communities (Bale Galtimari and Mashamari wards in Maidugiri) are aware of proper hygiene and sanitation practices		
	Description	**Target**	**Reached**

Indicator 3.1	No. of people reached with hygiene promotion messages	68,178	68,000
Indicator 3.2	No. of people reached with messages on dangers of open defecation	68,178	68,000
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Promote awareness of proper hygiene and sanitation practices	Borno State RUWASA; Yobe State RUWASA; NGOs	RUWASA in Yobe (3 camps) and Borno (12 camps in Maiduguri Cosmopolitan Council (MCC) and 9 camps in newly accessible areas).

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 WASH response reached 205,250 people with emergency water supply, 36,400 people through sanitation service support and 68,000 people through hygiene promotion. Water support beneficiaries exceeded targets (+350%) while achievements for sanitation and hygiene were compatible with set targets. In fact, as explained in the reprogramming request, in the newly liberated areas, UNICEF prioritised rehabilitation and upgrading of existing water facilities to new construction as initially planned. This cost effective approach led to higher achievements through the investment in existing infrastructural assets. Rehabilitation has a multiplier effect on new investments as it revives previously made investments and consequently expand results. On the other hand, cross fertilization of resources; considering that solar panels were procured and provided by RUWASA, resulted in the availability of a larger pool of funds and the consequent capacity to reach more needy IDPs.

Regarding sanitation and hygiene activities, these were implemented as initially planned and focused on high priority accessible areas of Borno State as detailed in the reprogramming request. Through this project, UNICEF has built more latrines than initially planned but less showers to suit the actual need. Interventions for water access were significantly changed but were aligned with the reprogramming request submitted in June 2016. UNICEF has worked on many more boreholes than initially planned but instead of constructing new ones, rehabilitated and upgraded existing boreholes. Upgrading the borehole means that the hand pump was removed (from boreholes with good yield) and a submersible solar pump using solar energy was installed with elevated water tank and solar panel. Instead of delivering water to 500 persons (standards for hand pump in emergency), it was possible to deliver water up to 5,000 IDPs through a small water network connected to the solar borehole through a quick, cost-efficient response benefiting high number of IDPs.

Moreover, and considering the high needs for water in newly accessible areas, significant amount of HR costs has been reallocated to the activities to achieve much more than initially planned.

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

The design of the project was mainly based on vulnerability and life-saving criteria's identified by the WASH sector in line with field assessments. Once camps and settlement were identified, displaced populations were consulted on preferred locations of sanitation and water facilities mainly through discussion with water and sanitation committees, with members being from the same communities.
Beneficiaries were also consulted on the content of WASH kits. The kit delivered were especially adapted to address the menstrual hygiene needs of women & adolescent girls. Design of latrines and showers facilities have been improved through consultation with beneficiaries making access easier for disabled people and children.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No final evaluation of the project was planned in the initial proposal.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	08/02/2016 – 07/08/2016
2. CERF project code:	16-RR-CEF-004	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ Concluded
4. Project title:	Nutrition Response to Humanitarian crisis in the 3 states most affected by the Boko Haram Insurgency in the North East of Nigeria		

7.Funding			
	a. Total funding requirements[11]:	US$ 11,219,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[12]:	US$ 3,105,000	▪ *NGO partners and Red Cross/Crescent:*
	c. Amount received from CERF:	US$ 1,000,000	▪ *Government Partners:* US$ 707,990

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)						
Adults (≥ 18)	158,615		158,615	89,949		89,949
Total	**158,615**		**158,615**	89,949		89,949

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	94,293	40,949
Host population	64,322	49,000
Other affected people		
Total (same as in 8a)	**158,615**	**89,949**
In case of significant discrepancy between	The project succeeded in building capacity for a higher number of health workers and	

[11] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[12] This should include funding received from all donors, including CERF.

planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	community volunteers and to put in place more mother support groups to scale up IYCF interventions, exceeding the initial target. However, the number of PLW reached by IYCF sessions for the first time is less than the target, as some of the communities included in the original planning figures remain inaccessible due to security reasons. Similarly, not all locations in the newly liberated areas were accessible in time for IYCF responses. IYCF interventions continue as areas become accessible and results will be achieved after the project time period.

CERF Result Framework			
9. Project objective	Reduce malnutrition related mortality and morbidity in children under two years of age through improved IYCF practices preventing malnutrition among children in IDP camps and host communities.		
10. Outcome statement	Coverage of Infant and Young Child Feeding (IYCF) intervention improved by 15 percent		
11. Outputs			
Output 1	158,615 pregnant and lactating women reach with IYCF program		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of pregnant and lactating women counselled on Infant and Yong Child Feeding (IYCF) practice.	158,615	89,949
Indicator 1.2	Number of health workers trained on IYCF	660	887
Indicator 1.3	Number community volunteers trained on IYCF	1,980	2,034
Indicator 1.4	Number of IYCF groups formed	660	678
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Development of training materials and training of health workers	UNICEF, Government, NGOs	State Primary Healthcare Development Agency Borno, Yobe & Adamawa, UNICEF
Activity 1.2	Procurement and distribution of IYCF IEC/BCC materials	UNICEF, Government, NGOs	State Primary Healthcare Development Agency Borno, Yobe & Adamawa, UNICEF
Activity 1.3	Monitoring of IYCF program	UNICEF, Government and NGOs	State Primary Healthcare Development Agency Borno, Yobe & Adamawa, UNICEF
Output 2	Actors in nutrition in the North East work closely together in planning, implementation, monitoring and reporting		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of monthly national level Nutrition in Emergency meeting held	6	3
Indicator 2.2	# of monthly state level meetings held	6	4
Indicator 2.3	Nutrition surveillance system established	1	1
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Conduct monthly national level and monthly state level coordination meetings	Government, UNCEF, INGOs	Government & UNICEF
Activity 2.2	Collate monthly sector program data reports	Government, UNCEF, INGOs	Government & UNICEF
Activity 2.3	Collect monthly surveillance data, collate, analyse and report	Government, UNICEF, INGOs	Government & UNICEF

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 succeeded to build capacity of 887 health workers (HW) and 2,034 community volunteers(CW) and put in place 678 mother support groups around in 241 health facilities to scale up IYCF interventions, against the target of 660 HW, 1980 CV and 660 community mother support groups resulting in reaching 89,949 PLW. Reaching less PLWs at community level was mainly due to inaccessibility to field location and IYCF counselling is still ongoing. The new liberated areas are currently accessed and by end of the year, the planned target will be reached.

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

The project was initiated through a consultation process with Government partners at Federal, State, LGA and communities' levels to secure their buy-in and support for the project implementation. Health facilities and communities were selected in line with Government existing strategy and operational plans. Community volunteers were selected by caregivers (PLW) to facilitate the mother support groups in the community. The PLW also identified the venue of the monthly meeting for easy access. The members of the mother support group facilitators conduct regular home visits for regular support and close follow up. Peer counselling is also done among PLW to provide information to other women in the community who were not able to attend the IYCF sessions.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	29/01/2016 – 28/07/2016
2. CERF project code:	16-RR-CEF-002	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Provision of emergency integrated primary health care services to internally displaced persons in camps and in host communities in Borno state		

7.Funding

a. Total funding requirements[13]:	US$ 13,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[14]:	US$ 1,773,885	▪ *NGO partners and Red Cross/Crescent:*	
c. Amount received from CERF:	US$ 348,285	▪ *Government Partners:*	US$ 63,000

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	95,000	80,000	175,000	112,137	87,241	199,378
Adults (≥ 18)	130,000	95,000	225,000	152,423	106,657	259,080
Total	**225,000**	**175,000**	**400,000**	**264,560**	**193,898**	**458,458**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	400,000	458,458
Host population		
Other affected people		
Total (same as in 8a)	**400,000**	458,458
In case of significant discrepancy between planned and reached beneficiaries, either	As areas became accessable more IDPs initially trapped were relocated to the IDP camps and host communities in Maiduguri Metropolitan Council. Three new IDP camps	

[13] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[14] This should include both funding received from CERF and from other donors.

the total numbers or the age, sex or category distribution, please describe reasons:	were established (one in Konduga and two in Maiduguri Metropolitan Council). This resulted in reaching more people than planned.

CERF Result Framework			
9. Project objective	Provision of Emergency Integrated Primary Health Care Services to IDPs in camps and Host communities in Borno State		
10. Outcome statement	Increase the proportion of pregnant women and children under 5years IDPs provided with quality maternal, new-born and child health services in IDP camps and host communities.		
11. Outputs			
Output 1	15 Health Facilities in camps and host communities equipped to Provide Emergency Integrated Primary Health Care services.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Percentage of health facilities providing Integrated PHC services.	80%	100%
Indicator 1.2	Percentage of children in IDP camps immunized with measles vaccines	80%	85%
Indicator 1.3	Percentage of birth conducted by skilled attendant	65%	58%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Minor rehabilitation, procurement and distribution of basic medical equipment, supplies and drugs	State Ministry of Health (SMOH), State Primary Healthcare and Development Agency (SPHCDA) and UNICEF	SMOH, SPHCDA and UNICEF
Activity 1.2	Support the provision of Integrated PHC services through the health facilities in IDP camps and in host communities	SMOH, SPHCDA and UNICEF	SMOH, SPHCDA and UNICEF
Output 2	Improved emergency referral services from the health facilities in camps and host communities to referral hospitals		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of IDPs who benefitted from the emergency referral and ambulance services	2,000	2,179
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Support the fuelling, maintenance and coordination of ambulance services in IDP camps and health facilities in host communities	SMOH, SPHCDA, and UNICEF	SMOH, SPHCDA, and UNICEF
Activity 2.2	Provide emergency drugs and supplies to the referral hospitals	SMOH, SPHCDA and UNICEF	SMOH, SPHCDA and UNICEF
Output 3	Strengthened Coordination of Emergency PHC service delivery		
Output 3 Indicators	**Description**	**Target**	**Reached**

Indicator 3.1	Number of biweekly health partners' coordination meetings with documented action points conducted	18	10
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Support the conduct of biweekly health partners' coordination meetings	SMOH, SPHCDA and UNICEF	SMOH, SPHCDA and UNICEF

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 15 health facilities in IDP camps and host communities were provided 150 Nigeria health kits[15] and 15 sets of midwifery kits , Kit 1 (Equipment), Kit 2 (drugs) and Kit 3 (consumables) during the project period. However, as a result of the influx of IDPs into the project areas following successful military operations, the commodities were also shared with the three (3) additional IDP camp clinics established (one in Konduga and two in MMC) to improve access and utilization of integrated primary health care services. Of the 15 health facilities, two primary health care facilities, Gwange and Gamboru PHC, damaged and looted by the insurgents were rehabilitated and equipped using additional funding from the UNICEF regular resources.

All the 15 targeted health facilities and additional 3 IDP camp clinics provided emergency integrated PHC services (outpatient for treatment of common ailment, antenatal care, delivery, routine immunization and community mobilization and hygiene promotion). Overall 458,458 people were reached with PHC services, of which 78,750 (85%) children (6months-15 years) were immunized with measles vaccines while 377 (58%) deliveries were facilitated by skilled attendants.

UNICEF also supported the State Government with fuelling, maintenance and coordination of ambulance services in IDP camps. There are six ambulances clustered around the IDP camps to support patients requiring emergency or secondary healthcare to be able to transport them to the referral hospitals. The most common cases referred include obstetric complications and malaria complications among children under five. A total of 2,179 cases were referred during the period.

UNICEFsupported the state in collaboration with WHO as co-lead in the coordination of the emergency PHC service delivery which were scheduled to take place twice a month but in some cases were held on monthly basis because of engagement of Government counterparts in Polio response activities.

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

The project was designed based on the needs identified during rapid assessment conducted in affected communties including the IDPs and members of the host population. The implementation and monitoring was spear-headed by the government in close collaboration with the representative of the affected population through the camp coordination committee and the health facility management committee while UNICEF provided technical support.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

[15] Nigeria Health Kits follow the same standards as health kits with quantification based on evidence on disease prevalence. One (1) Nigeria Health kit serves a population of 500.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	26/01/2016 – 21/09/2016
2. CERF project code:	16-RR-HCR-001	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Non-Food Items		☒ Concluded
4. Project title:	Provision of emergency shelters in the North East of Nigeria		

7.Funding

a. Total funding requirements[16]:	US $ 5,519,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[17]:	US$1,985,228	▪ *NGO partners and Red Cross/Crescent:*	US$ 819,113
c. Amount received from CERF:	US$ 1,985,228	▪ *Government Partners:*	

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	5,130	5,700	10,830	6,033	4,936	**10,969**
Adults (≥ 18)	4,940	3,230	8,170	4,273	3,335	**7,608**
Total	**10,070**	**8,930**	**19,000**	10,306	8,271	**18,577**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	19,000	18,577
Host population		
Other affected people		

[16] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[17] This should include both funding received from CERF and from other donors.

Total (same as in 8a)	**19,000**	**18,577**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The difference between the planned number (19,000) vs the achievement (18,577) is due to the estimated planning size during planning stage vs. actual household size during implementation. The estimated family size used was 7 members per household, whereas during actual implementation, the average household size is composed of 5 members only.	

CERF Result Framework			
9. Project objective	Relocate and absorb displaced families hosted in eight schools to newly constructed semi-permanent family shelters with accompanying basic services in a one-month time frame		
10. Outcome statement	Insurgency affected displaced families provided with adequate shelter as opposed to classrooms		
11. Outputs			
Output 1	19,000 displaced individuals occupying eight schools' facilities in Maiduguri Metropolis are relocated to alternative locations and provided adequate shelter for their families		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Relocation of 19,000 individuals to newly constructed 2,375 semi-permanent family shelters at the new locations in Maiduguri provided by the Government of Borno	100%(10,070 females & 8,930 males)	99% (18,577)
Indicator 1.1	Construction of 2,375 semi-permanent family shelters for displaced families occupying schools in Maiduguri	100% (Check the % UNHCR is supposed to cover)	88% (2,090)
Indicator 1.2	Support the registration and identification of families totalling 19,000 individuals from eight occupied schools to newly constructed family shelters at the alternative locations	100%	97.8% 18,577
Indicator 1.3	Joint sensitization of displaced families on the relocation process in conjunction with State Officials, Humanitarian Actors and IDP leadership	100%	100%
Activity 1.1	Construction of 2,375 semi-permanent family shelters for displaced families occupying schools in Maiduguri	UNHCR	UNHCR, Norwegian Refugee Council (NRC), INTERSOS
Activity 1.2	Support the registration and identification of families totalling 19,000 individuals from eight occupied schools to newly constructed family shelters at the alternative locations	UNHCR/IOM/ State Emergency Management Agency (SEMA)/ National Emergency Management Agency (NEMA)	UNHCR/IOM/SEMA/NEMA

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 allowed the Borno state to reopen schools and commence the learning programm upon relocation of the IDP families who were living in the school buildings. Also the project allowed unification of families who were all living in communal set up, as all the shelters constructed were family based shelter, which also offered the IDP more privacy, dignity and also better living conditions.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
UNHCR standard shelter provided dignified accommodation and offered a considerable improvement from makeshift shelter constructed by IDPs. UNHCR consulted IDPs in designing the shelter and their views were taken into consideration, a prototype shelter was constructed, viewed, and approved by all stakeholders, introduction of a roofed veranda shade was incorporated as requested by women and children for providing shade during the day time. UNHCR provided family shelter units to enable family reunification. This was a major change from the family separation mode that IDPs were living in in school compounds/informal camps.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	26/01/2016 – 25/07/2016
2. CERF project code:	16-RR-HCR-002	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Protection		☒ Concluded
4. Project title:	Registration and profiling of Nigerian Returnees and Provision of targeted protection services in Adamawa and Borno States		

7.Funding

a. Total funding requirements[18]:	US$5,519,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[19]:	US$453,302	▪ *NGO partners and Red Cross/Crescent:*	US$ 30,000
c. Amount received from CERF:	US$ 453,302	▪ *Government Partners:*	

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	10,800	12,000	22,800	12,695	15,417	**28,112**
Adults (≥ 18)	10,400	6,800	17,200	9,521	7,709	**17,230**
Total	**21,200**	**18,800**	**40,000**	22,216	23,126	**45,342**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	40,000	45, 342
Total (same as in 8a)	**40,000**	**45,342**

[18] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[19] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The project registered 45,342 people above the planned 40,000 due to the change in the operation context especially in Borno state due to three main factors: i. Liberation of more areas from Boko Haram in Borno state. This resulted into returnees' movement directly to Borno state through Ngamboru Ngala instead of movement through Sahuda border in Adamawa state. Only 1,665 returnees were registered in Sahuda in 2016, in comparison to a total of 22,098 returning refugees in Adamawa since August 2015. ii. Improved security and return of security officials into liberated areas in Borno state. iii. Continued push from neighbouring countries as a result of counter insurgency activities.

CERF Result Framework			
9. Project objective	Provide credible and reliable registration information on Nigerian returnees and profiling most vulnerable returnees to inform provision of comprehensive, targeted assistance and protection intervention.		
10. Outcome statement	Credible information is collected on Nigerian returnees and profiling of most vulnerable returnees to enable provision of comprehensive, targeted assistance and protection intervention.		
11. Outputs			
Output 1	40,000 returnees are registered to obtain demographic breakdown/profile of the population		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	No of persons of concern registered on an individual basis with disaggregated by sex, age, location and diversity	40,000	45,342
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Manual registration at Sahuda border and Mubi transit centre	Nigerian Immigration Services (NIS), Nigerian Red Cross Society (NRCS)	UNHCR/NIS/NRCS/SEMA/NEMA/Ministry of Reconstruction and Resettlement (MRRR)
Activity 1.2	Data entry and analysis to provide statistics dashboard and manifest that will be shared with all stakeholders	UNHCR, NEMA, SEMA	UNHCR/NIS/NRCS/SEMA/NEMA/MRRR
Output 2	Registration infrastructure and capacity of NEMA, SEMA, NIS, NRCS maintained by providing material/ human resources support and contingency plan for 40,000 returnees.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	No of registration sites constructed and made functional	2	2
Indicator 2.2	No of returnees accommodated at registration site for at least 2 days	40,000	1,665 (Returnees to Sahuda, Adamawa were accommodated, while in Ngala, Borno, returnees proceeded directly to the IDP camp.)
Output 2	**Description**	**Implemented by**	**Implemented by (Actual)**

Activities		(Planned)	
Activity 2.1	Purchase and transport documentation materials and furniture	UNHCR	UNHCR
Activity 2.2	Contingency plan adopted by all partners	UNHCR, NEMA, SEMA	UNHCR, NEMA, SEMA, NIS
Output 3	Provide protection support and targeted life-saving assistance to 40,000 most vulnerable returnees including feeding		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	No of returned provided with feeding	40,000	1,665 (Returnees in Sahuda, Adamawa accommodated with wet feeding.)
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Feeding and targeted life serving activities	UNHCR	UNHCR

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 registered 45,342 people, which is 5,342 above the planned 40,000 due to the change in the operation's context especially in Borno state due to three main factors:

i. Liberation of more areas from Boko Haram in Borno state

ii. Improved security and return of security agents into liberated areas in Borno state

iii. Continued push from neighbouring countries as a result of counter insurgency activities.

It should be noted that most of the returnees are indigenous of Borno state and many of those returning to Gamboru Ngala are originally from Ngala Local Government Areas. Due to the three factors noted above, returns were taking place into Borno state directly in 2016, mainly through Gamboru Ngala, and returnees taken to the IDP camps as there were no transit centres. Only 1,665 returnees entered through Adamawa state between January 2016 and 31 July 2016.

Registration of Nigerian returnees from Cameroon, Chad and Niger was conducted in partnership with the Nigeria Immigration Service (NIS). Food, shelter and non-food items are provided to returnees. Advocacy has been conducted to improve conditions of return and reception. Registration and vulnerability screening training has been conducted to 261 immigration officers.

Most areas of return in Borno are unreachable to humanitarian community due to insecurity. The NIS officers registering the returnees in these areas are armed and they have military and civilian JTF cover as additional protection measure. Due to ongoing insecurity in their villages of origin, most returnees find themselves initially in IDPs camps in Ngamboru Ngala, though for some of the IDPs, there is a slow return over the past few months back to their homes within Ngala as the situation continues to improve.

Heavy military escort is required to access the returnee population. Ngala LGA where more than 95% of returnees enters into Borno state was not accessible to humanitarian actors as of end of July 2016.

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

Most returnees to Adamawa State from Cameron are forced to return in very poor and inhumane conditions, including maltreatment by Cameroonian authorities, lack of food, water and issues of family separation.

Though returnees from Cameroon to Borno seem largely to be voluntary due to an improvement in security in Ngala, returnees face dire conditions, including lack of food, water, shelter and lack of medication, resulting in daily deaths among the population. UNHCR

in collaboration with the Nigerian Immigration Services (NIS) collected returnees' information and ensured seamless management of information from the point of arrival, in addition to proper screening. UNHCR ensured that registration information at the border and within the camps is managed in a manner that enhances credibility of the information and information sharing. In addition, UNHCR improved reception conditions at the Sahuda border where returnees were becoming severely dehydrated and hungry while compelled to sit in the hot sun while waiting for registration and screening. In Gamboru Ngala registration was conducted within the immigration office compound. This office had been destroyed by Boko Haram insurgents. Due to volatile security situation, registration was undertaken within the immigration office compound where basic infrastructure- tents, benches and chairs were provided by UNHCR.

The project enabled profiling of the needs of the most vulnerable returnees to enable targeted lifesaving protection activities, including provision of NFIs to 3000 households of 16,570 people in Ngala, wet feeding and NFIs in Adamawa. This enhanced reception in dignity.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
Borno state was not accessible to humanitarian actors as of end of July 2016.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	26/01/2016 – 25/07/2016
2. CERF project code:	16-RR-HCR-003	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Protection		☒ Concluded
4. Project title:	Psychosocial Support and Follow up of Protection Cases referrals		

7. Funding

a. Total funding requirements[20]:	US$ 640,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[21]:	US$ 197,526	▪ *NGO partners and Red Cross/Crescent:*	US$ 155,000
c. Amount received from CERF:	US$ 197,526	▪ *Government Partners:*	

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	8,782	8,438	17,220	389		389
Adults (≥ 18)	6,518	6,262	12,780	18,296	779	19,075
Total	**15,300**	**14,700**	**30,000**	**18,685**	**779**	**19,464**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	30,000	19,464
Host population		
Other affected people		
Total (same as in 8a)	**30,000**	19,464
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category	The profiling of the displaced population was mostly women and children. Not many men between the ages of 18 and 40 are present among the IDP population in the LGAs covered. As such all outreach activities mostly targeted women and adolescent girls.	

[20] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[21] This should include both funding received from CERF and from other donors.

distribution, please describe reasons:	Most mothers do not want to expose their girls after they have suffered any violence; hence mothers and girls rarely seek services. The security situation in the north has also been challenging as most of the areas are completely inaccessible unless one moves around with security personnel.

CERF Result Framework			
9. Project objective	Provide psychosocial services and access to medical, legal and lifesaving protection assistance to identified protection cases.		
10. Outcome statement	30,000 IDPs are provided psychosocial services and are provided access to medical and legal services and lifesaving protection assistance.		
11. Outputs			
Output 1	30,000 IDPs are provided psychosocial services or referred for medical legal or protection assistance		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	No of referral networks and linkages for provision of psychosocial, legal, medical services and lifesaving protection assistance in, Adamawa, Borno, Gombe and Yobe states established.	4[22]	4
Indicator 1.2	No of identified cases in need of psychosocial services supported	24,970	19,464 (2,664 reached through individual counselling; 16,800 reached through group counselling)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Recruit and deploy 6 local psycho-social experts in the field to provide psychosocial counselling	FHI 360[23]	FHI 360
Activity 1.2	Recruit 6 social workers for case identification & referrals	FHI 360	FHI 360
Activity 1.3	Establish effective referral mechanism for identified protection cases to access medical, legal and lifesaving protection assistance	FHI 360	FHI 360
Activity 1.4	Provide psychosocial support/services to identified cases in need	FHI 360	FHI 360

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:
UNHCR through FHI 360 extended psychosocial counselling to IDPs in North-eastern Nigeria (Gombe, Borno, Taraba Bauchi and Yobe). The counselling was conducted through individual counselling/then referral as well as group counselling sessions. Meetings were held with communities first for them to understand the meaning of psychosocial group counselling and thereafter, men and women were separated for further discussions. The sessions involved sharing of experiences, general counselling on how to expect consequences of conflict and how to deal with the trauma; in addition to the question and answer session.

[22] Note that as this indicator refers to referral pathways, the target should have been 4 (one per state). We therefore corrected the typographical error in the target.
[23] Note that FHI 360 is not an acronym, but the foundation's proper name (formerly called Family Health International)

Thereafter IDPs who needed individual counselling were provided with such counselling as well as appointments for a counselling session on an identified date.

Further, UNHCR and FHI 360 during its vulnerability assessments and profiling took time to provide individual counselling for women and girls who reported SGBV cases. Cases were referred for further support where necessary for comprehensive services, including psychosocial support.

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

The case referral component includes a monitoring system for case follow up between hospital, service providers and caseworkers. The monitoring system ensures consistency in terms of service provision for all referrals from FHI 360 for survivors of SGBV.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The project has been concluded, but evaluation cannot be done immediately as it requires some time to determine the impact. Evaluation will therefore be done in January 2017.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	26/01/2016 – 25/07/2016
2. CERF project code:	16-RR-FPA-001	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Sexual and/or Gender-Based Violence		☒ Concluded
4. Project title:	Strengthening national actors to undertake GBV prevention and mitigation services in the conflict-affected North East Nigerian States of Adamawa, Borno, and Yobe		

7.Funding			
	a. Total funding requirements[24]:	US$3,822,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[25]:	US$ 980,064	▪ *NGO partners and Red Cross/Crescent:* US$181,820
	c. Amount received from CERF:	US$ 517,063	▪ *Government Partners:*

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	25,935	4,500	30,435	14,553	9,256	23,809
Adults (≥ 18)	19,565		19,565	25,488	16,550	42,038
Total	**45,500**	**4,500**	**50,000**	**40,041**	**25,906**	**65,847**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	35,000	39,508
Host population	15,000	26,339
Other affected people		
Total (same as in 8a)	**50,000**	**65,847**
In case of significant discrepancy between	The project was able to reach greater number of beneficiaries than planned because of	

[24] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[25] This should include both funding received from CERF and from other donors.

planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	the greater mobilization efforts by the community volunteers and 43 PSS counsellors in addition to improved access to target beneficiaries occasioned by improved security and access to previously inaccessible areas. The greater result was achieved within budget.

CERF Result Framework			
9. Project objective	The main objective of the project is to prevent gender-based violence (GBV) and establish systems for effective prevention and response to conflict affected people in Borno, Adamawa and Yobe States.		
10. Outcome statement	Vulnerable women, girls and boys protected from GBV and appropriate services made available to survivors.		
11. Outputs			
Output 1	50,000 people have improved awareness on GBV prevention and response		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of community volunteers trained on GBV and sexual exploitation and abuse (SEA) sensitization	100	100
Indicator 1.2	# of people sensitized on key GBV topics, including SEA	50,000	51,647
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Refresher training 100 community volunteers on community sensitization on GBV issues including sexual exploitation and abuse (SEA)	UNFPA/ActionAid	UNFPA/ Action Health Incorporated (AHI)/Fistula Foundation Nigeria (FFN)
Activity 1.2	Mobilize 100 trained community volunteers to organize community sensitizations on GBV including SEA targeting 5,000 persons in IDP camps and the host communities – the trained volunteers and sensitized community members will: • sensitize other members, • mobilize the IDPs to protect members from GBV and PSEA, and demand protection and justice from government, • provide community-based social support to survivors, and • Facilitate referral to other services.	UNFPA/ActionAid	UNFPA/AHI/FFN
Output 2	Improved hygiene and dignity for 7,000 vulnerable women and girls		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of dignity kits procured and distributed to vulnerable women and young girls	7,000	7,000
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement of 7,000 dignity Kits	UNFPA	UNFPA
Activity 2.2	Distribution of dignity kits	UNFPA/ NRCS	UNFPA/NRCS

Output 3	Improved access to GBV services, including medical and psycho-social support, to 6,400 survivors of violence and severely distressed persons through increased service availability		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of PSS counsellors who receive refresher trainings	60	60
Indicator 3.2	# of distressed persons reached with one-on-one psycho-social counselling	6,400	7,200
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Organize refresher trainings on PSS for 60 PSS counsellors	UNFPA/ SMOH/ SMOWASD/ActionAid	UNFPA/SMOWASD/AHI
Activity 3.2	Mobilize 100 trained counsellors and health workers to provide culturally appropriate one-on-one counselling to survivors of violence	UNFPA/SMOH/ SMOWASD/ActionAid	UNFPA/SMOWASD/AHI

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 was able to reach greater number of beneficiaries than planned because of the greater mobilization efforts by the community volunteers and PSS 44counsellors. This was complemented with improved access to target beneficiaries occasioned by increased security and liberation of hitherto inaccessible areas. This did not have adverse impacts on planned budget.

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

Programme was designed with the inputs from key stakeholders through rapid assessments, discussions and observations prior to project implementation. Project implementation was guided by beneficiaries, government and NGO partners within the focus States. The views of the beneficiaries were captured through the sensitization sessions, focus groups discussions in safe spaces and during psychosocial support counselling sessions.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The project design incorporated routine monitoring of project which was done by UNFPA, implementing partners and government partners through the tenure of project. Quarterly joint field monitoring of project implementation was undertaken to aid quality assurance and progress in line with project indicators.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	26/01/2016 – 25/07/2016
2. CERF project code:	16-RR-FPA-002	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Integrated comprehensive package of reproductive health services to reduce maternal morbidity and mortality in the conflict-affected North East Nigerian States of Adamawa, Borno, and Yobe.		

7.Funding

a. Total funding requirements[26]:	US$7,276,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[27]:	US$3,656,021	▪ *NGO partners and Red Cross/Crescent:*	US$63,586
c. Amount received from CERF:	US$ 309,835	▪ *Government Partners:*	

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	119,392	110,208	229,600	68,085	66,442	13,4527
Adults (≥ 18)	88,608	81,792	170,400	150,088	99,665	249753
Total	**208,000**	**192,000**	**400,000**	**218,173**	**166,107**	**384,280**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	320,000	278,624
Host population	80,000	105,656
Other affected people		
Total (same as in 8a)	**400,000**	**384,280**
In case of significant discrepancy between planned and reached beneficiaries, either		

[26] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[27] This should include both funding received from CERF and from other donors.

the total numbers or the age, sex or category distribution, please describe reasons:	The project reached direct beneficiaries of 384,280 with services while a total of 260,451 were reached indirectly various media platform through dissemination of messages and information on SRH. This strategy became necessary as project implementation experienced operational delays by implementing partners. As a result, the radio option was utilized with age specific messages to reach the planned target and beyond. Improved access in previously insecure areas has also helped the project to create access to free reproductive health services 384,280 people.

CERF Result Framework			
9. Project objective	The main objective of the project is to reduce maternal morbidity and improve the sexual and reproductive health status of women among Internally Displaced Persons (IDPs) and host communities in the Boko Haram conflict affected Borno, Adamawa and Yobe States.		
10. Outcome statement	Improved sexual and reproductive health status of the internally displaced persons and host communities in high burden Local Government Areas and communities in Adamawa, Borno and Yobe States.		
11. Outputs			
Output 1	Increase availability and access to reproductive Health Services		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of Internally Displaced Persons (IDPs) and host community members reached with free Sexual and Reproductive Health services and information.	400,000	644,731
Indicator 1.2	# of pregnant women who receive safe delivery services through utilization of clean delivery kits and free services in assisted health facilities	8,000	8,000
Indicator 1.3	# of survivors of sexual violence who receive treatment in assisted health facilities	2,000	1,550
Indicator 1.4	# of Mobile outreaches held in hide to reach communities in the Adamawa, Borno and Yobe	6	4
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of Reproductive Health (RH) kits • Block 1 (kits 2A&B, 3, 4 and 5). Includes kits for clean delivery, post rape treatment, emergency contraception and treatment of STIs. (Geographic Focus: Borno- 19 kits for 19; Yobe- 12 kits; Adamawa – 8 kits) • Block 2 (kits 6A&B, 8, 9 and 10). Included clinical delivery and management of miscarriage and complications. Geographic Focus: Borno – 4 kits and 1 kit each to Yobe and Adamawa. • Block 3 (kits 11 and 12) for emergency obstetric care in Borno and Yobe State Specialist Hospitals.	UNFPA	UNFPA
Activity 1.2	Transportation and clearance of the RH kits	UNFPA	UNFPA
Activity 1.3	Distribution of procured reproductive health Kits and Supplies to selected health care facilities in Adamawa, Borno and Yobe States	UNFPA/ NRCS	UNFPA/NRCS

Activity 1.4	Provision of free basic sexual and reproductive health services in prioritized IDPs and host communities	SMOH/ SPHDA	SMOH/SPHDA
Activity 1.5	Conduct mobile outreaches in prioritized hard to reach high IDP burden LGAs	ActionAid/SMOH/SPHCDA	N/A
Activity 1.6	Conduct Community sensitization and mobilization to enhance sexual and reproductive health (SRH) services utilization and uptake	ActionAid/SMOH	UNFPA
Activity 1.7	Facility level monitoring and collection of utilization reports	NRCS	NRCS
Activity 1.8	Programme Monitoring and Supportive Supervision	UNFPA	UNFPA

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 difference in the number of people reached as against initial planned is mainly due to the utilization of radio media platforms in the dissemination of messages and information on SRH. This strategy became necessary as project implementation experienced operational delays by implementing partners. As a result, the radio was utilized with age specific messages to reach the planned target.

ActionAid which was planned to implement some activities and was a partner, faced some challenges regarding risk management. The Fistula Foundation, which has been another partner of UNFPA, was engaged to implement some of the activities.

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

The programme was designed with the input from key stakeholders through rapid assessments, discussions and observations prior to project implementation. Project implementation was guided by beneficiaries, government and NGO partners within the focus States.

The views of the beneficiaries were captured through antenatal care sessions, during post-delivery sessions, health education sessions, and focus groups discussions in safe spaces for women and girls.

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

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

The project design incorporated routine monitoring of project which was done by UNFPA, implementing partners and government partners through the tenure of project. Quarterly joint field monitoring of project implementation was undertaken to aid quality assurance and progress in line with project indicators.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	**5. CERF grant period:**	27/01/2016 – 06/09/2016
2. CERF project code:	16-RR-IOM-001	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Protection		☒ Concluded
4. Project title:	Emergency Psychosocial Support for displaced population in Maiduguri camps, Borno State		

7.Funding

a. Total funding requirements[28]:	US$ 1,000,000	d. CERF funds forwarded to implementing partners:
b. Total funding received[29]:	US$ 1,255,000	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 300,000	▪ *Government Partners:*

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	1,500	500	2,000	5,910	6,430	12,340
Adults (≥ 18)	4,500	3,500	8,000	2,287	3,753	6,040
Total	**6,000**	**4,000**	**10,000**	**8,197**	**10,183**	**18,380**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	10,000	18,380
Host population		
Other affected people		
Total (same as in 8a)	**10,000**	**18,380**
In case of significant discrepancy between planned and reached beneficiaries, either	Due to the improvement on the security and accessibility of the LGAs outside Maiduguri, a high number of IDPs moved to Maiduguri in search of humanitarian	

[28] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[29] This should include both funding received from CERF and from other donors.

the total numbers or the age, sex or category distribution, please describe reasons:	assistance and therefore the number of people reached was higher than expected. The psychosocial support (PSS) mobile teams carried out the same activities planned to a higher number of beneficiaries in order to reach biggest number possible of people in need of psychosocial support.

CERF Result Framework			
9. Project objective	Delivery of coordinated and integrated life-saving assistance through the provision of psychosocial support service to vulnerable populations		
10. Outcome statement	Copy mechanism and resilience at individual, family and community level of the most affected people are strengthened		
11. Outputs			
Output 1	Expanding of psychosocial mobile teams with 15 additional team members		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Expanding of psychosocial mobile teams with 15 additional team members	15	27
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Recruitment of psychosocial mobile team members	IOM	IOM
Activity 1.2	Creation and establishment of three psychosocial mobile team	IOM	IOM
Output 2	10,000 benefit from non-focused specialized psychosocial support intervention		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of people receiving lay counselling session	200	451
Indicator 2.2	Number of people participating in focus group discussion session	4,300	3,915
Indicator 2.3	Number of people involved in recreational activities	5,500	13,025
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Implementation of lay counselling session	IOM	IOM
Activity 2.2	Implementation of focus group discussion session	IOM	IOM
Activity 2.3	Organization and implementation of recreational activities	IOM	IOM
Output 3	50 Identified cases receive mental health specialized care		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Identified cases benefit from specialized mental health care service, including follow up session	50	81
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Identification of cases in need of specialized mental health care	IOM	IOM

Activity 3.2	Case management and follow up	IOM	IOM
Output 4	100 individuals from particularly vulnerable group will benefit from relocation/reintegration component through small livelihood activities		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Identification of individuals in particularly vulnerable situation	50	286
Indicator 4.2	Implementation of small scale livelihood component for particular vulnerable individuals	100	595
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Creation of small group of livelihood component	IOM	IOM
Activity 4.2	Implementation of livelihood activities	IOM	IOM
Activity 4.3	Facilitating the market analysis	IOM	IOM

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:

Through this project, IOM reached almost double of the target planned. With the improvement on the security and accessibility of the LGAs outside Maiduguri, a high number of IDPs moved to Maiduguri in search of humanitarian assistance. The PSS mobile teams provided direct psychosocial support to a higher number of IDPs, who used to be "trapped", as they moved from the previously hard-to-reach areas to central Maiduguri.

A small-scale livelihood component was introduced as psychosocial support activity but the activities reached six times more people than initially planned. This activity originally targeted 100 individuals; the actual implementation reached 595 people. During the implementation of the activities of this component, IOM gave equipment to groups, and not to individuals. As some of the activities such as sweater knitting are better conducive to accommodate higher number of IDPs, some of the groups were bigger than initially planned so a higher number of IDPs in need could in the areas targeted could benefit from the support provided through this project but without jeopardizing sustainability of the livelihood activities. Funding provided by other donors supported the deployment of more staff in the field in order to assist in the implementation of the livelihood component and its monitoring to ensure the feasibility of the activities with more beneficiaries involved.

It was recognized that an income generating activity is a strong coping mechanism to greatly decrease the stress, and improve the resilience of the people at individual and family level. People were selected according to their skills, their willingness to form stable groups and to collaborate with other members. Subsequently, the groups received tools and materials only one time. Once the final products were ready, IOM mobile teams supported the groups in identifying vendors that would buy the products at a fair price. The income was given to the groups who had to decide the budget they would reinvest to purchase additional materials in order to continue the business. The above described methodology included also a peer to peer support component: while the group worked together, the IOM mobile team facilitated group discussions around different topics. The feedback was so positive and encouraging that more groups were set up than those ones initially planned at the beginning of the project.

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

In line with its community based approach, IOM ensured that persons with specific needs were mapped and prioritized for assistance including NFIs distribution and provision of psychosocial and livelihood supports provided under projects from other sectors and agencies. Participatory assessments were conducted through focus group discussions. Community based protection and community engagement sensitization sessions were conducted through training sessions, monitoring by PSS mobile teams, identification of vulnerable groups and assessments to understand the context of displacement and to prioritize humanitarian response.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The project design incorporates routine monitoring of project which was done by IOM through	EVALUATION PENDING ☐

the tenure of project. Quarterly monitoring of sites for project implementation was undertaken aid quality assurance and progress in line with project indicators.	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	**5. CERF grant period:**	02/01/2016 – 19/09/2016
2. CERF project code:	16-RR-IOM-002	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Non-Food Items		☒ Concluded
4. Project title:	Shelter provision for school relocations, and camp decongestion/upgrade in Maiduguri, Borno State		

7.Funding

a. Total funding requirements[30]:	US$ 7,380,000	d. CERF funds forwarded to implementing partners:
b. Total funding received[31]:	US$ 3,558,688	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 2,000,000	▪ *Government Partners:*

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	16,456	14,593	31,049	23,350	19,473	42,823
Adults (≥ 18)	10,521	9,330	19,851	15,714	12,988	28,702
Total	**26,977**	**23,923**	**50,900**	**39,064**	**32,461**	**71,525**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	50,900	71,525
Host population		
Other affected people		

[30] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[31] This should include both funding received from CERF and from other donors.

Total (same as in 8a)	**50,900**	**71,525**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The number of beneficiaries reached through this project is 71,525 IDPs instead of the initial target of 50,900 individuals. The increase in the number of beneficiaries is due access to areas outside Maiduguri (newly accessible areas). Moreover, the shelter and NFI kits distributed to beneficiaries were less costly than initially planned which allowed for more IDPs to be targeted and assisted.	

CERF Result Framework			
9. Project objective	Improved shelter and NFI for 50,900 people in the Maiduguri Metropolitan Area, contributing to upgrade and decongestion of formal and informal camps, in a six-month timeframe		
10. Outcome statement	Displaced people are living in family shelters, meeting minimum standards, and have their basic NFI needs met		
11. Outputs			
Output 1	14,500 people have family shelters that met minimum standards		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Family shelters constructed on identified adequate sites	2,600	3,412
Indicator 1.2	People living in family shelters, with minimum 3,5sqm covered living space	14,500	22,530
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Identification of adequate sites and plots for construction	IOM/NEMA/SEMA (in coordination with sector partners)	IOM/NEMA/SEMA (in coordination with sector partners)
Activity 1.2	Procurement of shelter materials	IOM	IOM
Activity 1.3	Construction of shelters including supervision and quality control	IOM	IOM
Activity 1.4	Registration and identification of families totalling 19,000 individuals from eight occupied schools to newly constructed family shelters at the alternative locations	IOM/NEMA/SEMA	IOM/NEMA/SEMA
Activity 1.5	Joint sensitization of displaced families on the relocation process in conjunction with State Officials, Humanitarian Actors and IDP leadership	IOM/NEMA/SEMA (in coordination with sector partners)	IOM/NEMA/SEMA (in coordination with sector partners)
Output 2	40,000 people have access to essential non-food items		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	NFI kits distributed	4,550	11,342
Indicator 2.2	Post-distribution monitoring reports produced, shared and informing programming	3	3
Output 2 Activities	**Description**	**Implemented by**	**Implemented by**

		(Planned)	(Actual)
Activity 2.1	Procurement of NFI kits	IOM	IOM
Activity 2.2	Assessment and distribution of NFI kits	IOM	IOM
Activity 2.3	Post-Distribution Monitoring	IOM	IOM

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 difference between the planned and actual outcomes with regards to the number of beneficiaries who received emergency shelter or NFI kits is due to the fact that the humanitarian community was able to access areas outside Maiduguri (newly accessible areas) and therefore reached a higher number of the affected population. Moreover, the shelter and NFI kits distributed to beneficiaries were less costly than initially planned for which allowed for more IDPs to be targeted.

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

The affected population and especially the most vulnerable IDPs living in camps and host communities were involved at every stage of the project implementation. The selection of beneficiaries was done in close collaboration with traditional and community leaders while the distribution and provision of ES/NFI material was done in consultation with the target population. In addition, beneficiaries were interviewed for the post distributions monitoring assessments that were conducted in the locations where the distributions took place. The result of these assessments will inform future programming and contribute to improve the assistance provided in terms of ES/NFI.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
In order to account for the progress of activities, implementing partners submitted financial and narrative reports during the implementation phase of the program. In addition, post distribution monitoring assessment has been conducted in the locations targeted through this project.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	**5. CERF grant period:**	03/02/2016 – 02/08/2016
2. CERF project code:	16-RR-WHO-001	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Emergency Disease Outbreak Response in Four LGAs (MMC, Jere, Damaturu, Potiskum) in Borno and Yobe States.		

7.Funding		
a. Total funding requirements[32]:	US$ 5,031,200	d. CERF funds forwarded to implementing partners:
b. Total funding received[33]:	US$ 1,000,000	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 346,354	▪ *Government Partners:*

Beneficiaries

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

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	65,511	84,058	149,569	80,022	90,055	170,077
Adults (≥ 18)	60,472	77,591	138,063	74,234	86,055	160,289
Total	**125,983**	**161,649**	**287,632**	**154,256**	**176,110**	**330,366**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	195,590	219,944
Host population	92, 042	110,422
Other affected people		
Total (same as in 8a)	**287,632**	**330,366**

[32] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[33] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The total number of people reached is higher than the people targeted due to contribution of other partners to the response activities. At the later stage of the response, there was additional support for the other response. WHO contributed over 95% of the result and additional support from SMOH and partners like MSF during Measles outbreak contributed to reaching higher number of beneficiaries.

CERF Result Framework			
9. Project objective	To reduce avoidable morbidity and mortality associated with outbreaks of measles and cholera in four LGAs in Borno and Yobe states and cholera in two LGAs in Borno state		
10. Outcome statement	Improved health services for displaced men, women, boys and girls and host communities affected by the armed conflict in the identified communities in the states of Borno and Yobe		
11. Outputs			
Output 1	Improved case management and availability of medicines and supplies for outbreak response of cholera in two LGAs in Borno state and measles in four LGAs in Yobe and Borno states		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of health facilities in four LGAs in Yobe and Borno states supplied with lifesaving medicines and other medical supplies	10	10
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provision of cholera and measles case treatment medicines and supplies in four LGAs	FMOH/SMOH/WHO	FMOH/SMOH/WHO
Activity 1.2	Community sensitization on measles and cholera in four LGAs	FMOH/SMOH/WHO	FMOH/SMOH/WHO
Output 2	287,632 men, women, boys and girls are covered by a functional disease surveillance and response system		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of timely and complete surveillance reports received from the LGAs and states	24	30
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Training surveillance officers in MMC and Jere LGAs of Borno state on outbreak investigation and active surveillance including data management and reporting	FMOH/SMOH/WHO	FMOH/SMOH/WHO
Activity 2.2	Printing of surveillance tools	WHO	WHO
Activity 2.3	Clinician sensitization in MMC, Jere, Damaturu and Potiskum on cholera and measles case detection and prompt reporting	FMOH/SMOH/WHO	FMOH/SMOH/WHO
Output 3	287,632 men, women, boys and girls have access to a well-coordinated cholera and measles outbreak response		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of supportive supervisory visits conducted	6	6
Output 3 Activities	**Description**	**Implemented by**	**Implemented by**

		(Planned)	(Actual)
Activity 3.1	Conduct monthly supportive supervision in MMC, Jere, Damaturu and Potiskum LGAs	FMOH/SMOH/WHO	FMOH/SMOH/WHO

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 number of reports received increased due to increased frequency of reporting due to outbreaks. During outbreaks, surveillance report is monitored daily or twice per week depending on the epidemiological situation rather than the weekly reporting to ensure that the outbreak is closely monitored for effective response and timely containment.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
The affected population was involved during the project development. Some of them were also involved as community volunteers for rumour monitoring and reporting of rumours/ feedback to the health facilities. The spread of false information was mitigated through immediate deployment of teams to validate and confirm.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMETING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
16-RR-CEF-001	Child Protection	UNICEF	GOV	$53,930
16-RR-CEF-001	Child Protection	UNICEF	GOV	$2,306
16-RR-CEF-001	Child Protection	UNICEF	INGO	$166,523
16-RR-CEF-001	Child Protection	UNICEF	INGO	$116,288
16-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	GOV	$1,657,260
16-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	GOV	$47,233
16-RR-CEF-002	Health	UNICEF	GOV	$63,000
16-RR-CEF-004	Nutrition	UNICEF	GOV	$233,986
16-RR-CEF-004	Nutrition	UNICEF	GOV	$233,097
16-RR-CEF-004	Nutrition	UNICEF	GOV	$177,709
16-RR-CEF-004	Nutrition	UNICEF	GOV	$63,198
16-RR-FPA-001	Gender-Based Violence	UNFPA	NNGO	$108,814
16-RR-FPA-001	Gender-Based Violence	UNFPA	INGO	$60,446
16-RR-FPA-001	Gender-Based Violence	UNFPA	RedC	$12,560
16-RR-FPA-002	Health	UNFPA	NNGO	$35,213
16-RR-FPA-002	Health	UNFPA	RedC	$7,556
16-RR-FPA-002	Health	UNFPA	NNGO	$20,817
16-RR-HCR-001	Shelter & NFI	UNHCR	INGO	$319,116
16-RR-HCR-001	Shelter & NFI	UNHCR	INGO	$499,997
16-RR-HCR-003	Protection	UNHCR	INGO	$155,000
16-RR-HCR-002	Protection	UNHCR	NNGO	$30,000

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
AHI	Action Health Incorporated
CERF	Central Emergency Response Fund
COOPI	Cooperazione Internazionale
CPIMS	Child Protection Information Management System
DTM	Displacement Tracking Matrix
ES	Emergency Shelter
FAO	Food and Agriculture Organization of the United Nations
FBO	Faith based organizations
FF	Fistula Foundation Nigeria
FMOH	Federal Ministry of Health
GAM	Global Acute Malnutrition
GBV	Gender based violence
HIV	Human Immunodeficiency Virus
HNO	Humanitarian Needs Overview
HR	Human Resources
HRP	Humanitarian Response Plan
HW	Health Worker
IDPs	Internally Displaced People
INGO	International Non-Government Organizations
IPHC	Integrated Primary Health Care
IYCF	Infant and Young Child Feeding
LGA	Local Government Area
MH	Mental Health
MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package for reproductive health in humanitarian setting
MMC	Maiduguri Metropolitan Council
MNPs	Multiple Micronutrients Powder
MoH	Ministry of Health
MoWASD	Ministry of Women's Affairs and Social Development
MRRR	Ministry of Reconstruction and Resettlement
NCE	No cost extension
NE	Northeast
NEMA	National Emergency Management Agency
NRCS	Nigerian Red Cross Society
NFIs	Non food items
NIS	Nigerian Immigration Services
OCHA	Office for the Coordination of Humanitarian Affairs
PFA	Psychological first aid
PHC	Primary Health Care
PLW	Pregnant and lactating women
PSEA	Prevention from Sexual Exploitation and Abuse
PSS	Psychosocial Support
RH	Reproductive health
RUWASA	Rural Water Supply and Sanitation Agency
SAM	Severe Acute Malnutrition

SEA	Sexual Exploitation and Abuse
SEMA	State Emergency Management Agency
SGBV	Sexual and Gender based violence
SMOH	State Ministry of Health
SMWASD	State Ministry of Women Affairs and Social Development
SPHCDA	State Primary Healthcare and Development Agency
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SWG	Sector Working Group
UASC	Unaccompanied and separated children
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization