

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

**RESIDENT/HUMANITARIAN COORDINATOR**

**Stephen Tull**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

Due to time constraints no AAR was conducted but a mid-term progress was presented to the Humanitarian Country Team (HCT) and key achievements were presented and discussed with the HCT. The draft report was shared with the agencies focal points: WFP, UNICEF, IOM, UNHCR, WHO, UNFPA, FAO.

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

YES  NO

The report as such was not discussed in the HCT but the key achievements were discussed with the Humanitarian Country Team (HCT) and the Inter-Cluster Coordination (ICC) group as well as with the agencies focal points during the compilation and review of the report.

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

YES  NO

The final draft was shared with recipient agencies and their focal points for their validation and shared with the HC for his endorsement.

## I. HUMANITARIAN CONTEXT

<b>TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)</b>		
<b>Total amount required for the humanitarian response: 49,448,570</b>		
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	CERF	6,997,593
	COUNTRY-BASED POOL FUND ( <i>if applicable</i> )	N/A
	OTHER (bilateral/multilateral)	42,450,977
	<b>TOTAL</b>	<b>49,448,570</b>

<b>TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)</b>			
<b>Allocation 1 – date of official submission: 25 November 2015</b>			
<b>Agency</b>	<b>Project code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
UNICEF	15-RR-CEF-136	Education	698,350
UNICEF	15-RR-CEF-137	Child Protection	749,139
UNICEF	15-RR-CEF-138	Health	800,007
FAO	15-RR-FAO-035	Agriculture	500,000
UNFPA	15-RR-FPA-047	Health	400,000
UNHCR	15-RR-HCR-064	Sexual and/or Gender-Based Violence	100,096
IOM	15-RR-IOM-045	Protection	150,000
WFP	15-RR-WFP-081	Food Aid	3,100,001
WHO	15-RR-WHO-054	Health	500,000
<b>TOTAL</b>			<b>6,997,593</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Type of implementation modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	5,599,948
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	991,984
Funds forwarded to government partners	405,661
<b>TOTAL</b>	<b>6,997,593</b>

## **HUMANITARIAN NEEDS**

Since July 2015 the humanitarian situation in Chad's Lac region has significantly deteriorated due to the intensified fighting and military operations on the islands. A large number of the population living in these areas sought refuge on the mainland, mainly around Bol and Baga Sola. An initial influx of refugees and Chadian returnees who arrived at the beginning of the year was followed by successive waves of internal displacement from July 2015. The situation has deteriorated further since September 2015 with the successive attacks of Boko Haram in Chad and the intensification of Chadian military operations in the Lac region causing the displacement of more than 52,000 persons between the end of July and October. Population movements remained very dynamic after several attacks on Chadian soil and specifically after the attack of Baga Sola's market on October 10<sup>th</sup> 2015. The rising insecurity led to the declaration of a state of emergency in the Lac Region.

The situation of people displaced since July 2015 (referred to in this document as "the newly displaced") was particularly alarming. These people fled, leaving their belongings and were no longer able to practice their traditional livelihoods. They had urgent needs in food security, shelter, protection, health, WASH and education. Moreover, this influx of people put additional pressure on already scarce and fragile resources and infrastructures. The security situation and border closures also had an impact on the local population, whose access to livelihoods fell considerably. Local population's livelihoods capacities were affected by several factors like prohibition of fishing, abandonment of fields on the islands, and increased risk of epizootic diseases due to the concentration of livestock which caused overgrazing.

Host and local communities also suffered due to the deterioration of the security situation in the Lac region resulting in a high level of food insecurity, acute malnutrition as well as an impact on basic services like health, education, water and sanitation which were overwhelmed. The influx of new users/arrivals has compromised access to and provision of essential services in the area.

In October 2015, overall, 321,242 persons (232,242 host communities and 89,000 people in displacement) were affected by the Boko Haram crisis in the Lac region. Among these affected persons, 201,000 (112,000 host population, 63,000 Internally Displaced Persons (IDPs), 14,000 refugees, 11,000 returnees and 1,000 Third Country Nationals(TNC) were in need of humanitarian assistance.

Since the new influx of IDPs at the end of July 2015, the humanitarian community has struggled to provide assistance to some 52,000 additional IDPs because of a lack of funding and operational capacities. 90% of IDPs had no access to latrines; 13,938 school-aged children in and around Bol and Baga Sola did not have access to education. 22,500 IDPs still did not have access to essential healthcare and/or reproductive health services. 20,000 IDPs still did not receive any food assistance or already consumed the limited rations they received. Feeding activities were a priority in a context where 111,943 persons were facing food insecurity in Mamdi county; among them 5,331 severely food insecure people. Food security and livelihood assessments<sup>1</sup> underscored the far-reaching impact of the crisis, both in terms of scale and time.

The deterioration of the security resulted in negative impact on education which was already insufficient and became overwhelmed by the influx of new arrivals. According to cluster information 14,000 IDP children did not attend school and were at risk of being recruited by extremist groups. Moreover the Gross Enrolment Rate in the region at 47% demonstrated the low intake capacity of the regional education system.

Immediate support was needed to ensure a minimal emergency protection from weather conditions in the form of basic emergency shelter elements (tarp) and Non Food Items (NFI) to reduce vulnerability, particularly of children. Indeed, the situation resulting from population displacements was a threat to the integrity and wellbeing of children, who suffered from cases of violence such as discrimination, child marriage and other forms of gender-based violence (GBV) that required reinforcing the protection monitoring systems in place.

The study carried out by FAO and SODELAC in the Lac region<sup>2</sup> in order to assess the impact of the North East Nigeria crisis on communities' livelihoods revealed a restrained access to pastureland for 38% of breeders and a limited food consumption score (73%), contributing to food insecurity and malnutrition in the area. 64% of households had no access to cropland and 68% of households considered that their incomes had decreased or were lost.

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<sup>1</sup> WFP assessment of food security in the two counties of Lac region (Mamdi and Wayi) October 2015, FAO - SODELAC "impact of the North East Nigeria crisis on communities' livelihoods" report, July – August 2015

<sup>2</sup> July 2015

The nutrition SMART surveys<sup>3</sup> revealed a prevalence of global acute malnutrition at 14.7% and an overstretched health system taking care of children and women, thus demonstrating an emergency situation. The results of a screening of 2,460 children under five conducted at the end of October 2015 showed that 13.6% of children suffered from moderate acute malnutrition and 2.3% from severe acute malnutrition. Both rates were above emergency thresholds. In some IDP sites it was reported that IDPs received less ration than what is required for their alimentation.

A joint assessment undertaken by the Government of Chad, WFP and partners in October 2015 revealed that in the department of Mamdi where the IDPs are hosted, 42 percent of the population of 285,740 required urgent food assistance<sup>4</sup>. Recent rapid nutrition screenings of children under five found moderate malnutrition rates as high as 11.6% in some IDP sites. Food insecurity and malnutrition were identified as the primary humanitarian challenge for this population.

The health situation was very challenging due to lack of qualified human resources, medical equipment and essential drugs in the health centres. Malaria remained the leading cause of morbidity and mortality in the Lac region and HIV/AIDS prevalence rate in the region was 10% versus 2.34% for all Chad. GBV cases were not reported, nor treated or documented so the consequences of GBV were increasingly significant.

Since May 2015, the majority of the affected persons were still suffering from distress and trauma. Among the returnees and internally displaced persons, programs showed that there were 69% of women, 45% of girls, 31% of men and 61% of boys who faced challenges in terms of permanent psychological consequences that needed support.

## II. FOCUS AREAS AND PRIORITIZATION

The CERF funding was requested to urgently and efficiently address needs and gaps and increase access to basic services of people affected by new displacements (displaced persons and host communities) due to the successive waves of internal displacement since July 2015. The funding focused on providing lifesaving assistance to most vulnerable people including IDPs, refugees, returnees, TCNs and host communities who are in need of urgent support for protection, health, nutrition, food security, NFIs and shelter and education. Urgent needs and gaps were of particular concern in IDP sites due to the volatility of displacements. The key imperatives to efficiently respond to the crisis were increasing access to basic services of people affected by the displacements, ensuring their protection and addressing vulnerabilities outside facilitating integration of IDPs in host communities.

Based on several assessments carried out in the Lac region since January 2015, an emergency response plan was adopted by the Humanitarian Country Team (HCT) in October 2015 and aimed at bringing assistance to some 40,000 displaced people until the end of the year. This three-month plan identified priority needs and activities, and quantified the targeted individuals and response capacities. This response plan was later revised to reflect overall humanitarian needs over a six-month period for all affected communities in the affected sub-prefectures in the Lac region. The CERF allocation complemented the on-going activities in the Lac region funded by ECHO (health, WASH and nutrition) and SIDA (food security). CERF would respond to priority needs since the end of July and new needs in October for which other donors had not yet committed additional funding.

The priority needs and gaps to be addressed during the CERF allocation's six month timeframe were based on the HCT's emergency response plan that identified immediate gaps. The deterioration of the security situation in the Lac region resulted in a high level of food insecurity, acute malnutrition as well as an impact on basic services like health, education and water and sanitation. However, due to increasing concerns about the living conditions of displaced people, the HCT had recommended the inclusion of the provision of shelter/NFI and primary healthcare in this funding request.

The following needs assessments highlighted the need to respond to the humanitarian urgent needs provoked by the influx of people into Chad's Lac region: WFP assessment of food security in the two counties of Lac region (Mamdi and Wayi) from October 2015, FAO - SODELAC report on the "impact of the North East Nigeria crisis on communities' livelihoods" conducted from July to August 2015, a Nutrition screening in Mamdi county and IDP sites (Aug – Oct. 2015), a Joint mission by the Education Cluster and Ministry of Education in the Lac region in September 2015, several reports of organizations operating in the Lac region (Aug - Oct. 2015) and report of a joint NGO mission to the Lac region (Coopi, ACF, IRC, Care) from October 2015.

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<sup>3</sup> July – August 2014

<sup>4</sup> For the country as a whole, about 24 percent of the population is current moderately (18.6%) or severely (5.5%) food insecure.

As humanitarian access remained difficult due to insecurity and military operations, CERF primarily focused on IDPs, refugees, and host communities in Bol and Baga Sola areas with possible extension of assistance to people in new areas once access became possible and if assessments were available. Overall, 201,000 persons (112,000 host population, 63,000 IDPs, 14,000 refugees, 11,000 returnees and 1,000 TCN) were in need of humanitarian assistance.

### III. CERF PROCESS

The prioritization process was conducted through inclusive consultations with key humanitarian partners involved in the Lac region. Strategic and operational discussions were held respectively through the HCT and the ICC that include representatives of UN agencies, NGOs and key humanitarian donors.

The HCT met on 19 October 2015 and agreed on sectorial priorities that should be addressed with the CERF in line with the four priority areas defined by the Humanitarian Coordinator for the Sahel. Based on the response gap outlined in the action plan developed by the HCT in October to address the urgent needs of the newly displaced people since July 2015, the HCT agreed to prioritize food security, health, nutrition, protection, education and shelter/NFI sectors which were identified as those with urgent needs to be addressed.

Due to access constraints, a number of areas were not accessible for security or logistic reasons, and because of the ongoing military operations in the region, which had recently been designated by the government as a region under State of Emergency. In this context, the HCT decided to focus CERF-funded response activities on Baga Sola and Bol areas. The two locations were those with the most important concentration of IDPs.

Based on the CERF concept note developed by the HCT, an extraordinary ICC meeting was held on 4 November 2015, following the CERF Webinar on the strategic use of the fund, with the participation of agencies' CERF focal points and partners operating in the Lac region. The aim was to identify and agree on priority interventions complying with lifesaving criteria, targeted beneficiaries and the budget allocation for each area of intervention. The operational capacity/presence of each agency to implement activities in the Lac region as well as the opportunities of partnership with NGOs were considered. UN agencies were encouraged to involve operational NGOs through a partnership to timely deliver assistance.

The proposed priority activities aimed to target the most vulnerable people within displaced and host populations and address the lifesaving needs of these populations. Agencies have also been requested to ensure complementarity with ongoing and future interventions even from other donors in order to strengthen the impact of the action.

### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR <sup>1</sup>									
Total number of individuals affected by the crisis: 321,242									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	493	8 445	<b>8 938</b>	385	1 982	<b>2 367</b>	878	10 427	<b>11 305</b>
Child Protection	1 590	1 092	<b>2 682</b>	1 554	1 190	<b>2 744</b>	3 144	2 282	<b>5 426</b>
Education	13 332	0	<b>13 332</b>	20 680	0	<b>20 680</b>	34 012	0	<b>34 012</b>
Food Aid	16,588	8,932	<b>25,520</b>	24,882	13,398	<b>38,281</b>	41,471	22,330	<b>63,801</b>
Health	12 997	45 973	<b>58 970</b>	12 487	44 171	<b>56 658</b>	25 484	90 144	<b>115 628</b>
Protection	6 416	9 252	<b>15 668</b>	7 215	7 667	<b>14 882</b>	13 631	16 919	<b>30 550</b>
Sexual and/or Gender-Based Violence	121 329	67 655	<b>188 984</b>	111 530	60 499	<b>172 029</b>	232 859	128 154	<b>361 013</b>

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

## BENEFICIARY ESTIMATION

The total number of beneficiaries was calculated by adding up the beneficiary details provided by the concerned UN Agencies in the same cluster/sector. Based on the consultation with the respective cluster leads, the risk of double counting has been minimized by considering only the highest number of beneficiaries in the cases of more than one project implemented in the same geographical area within the same cluster/sector.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children ( &lt; 18 )</b>	<b>Adults ( ≥ 18 )</b>	<b>Total</b>
<b>Female</b>	121,329	67,655	188,984
<b>Male</b>	128,017	60,499	172,029
<b>Total individuals (Female and male)</b>	<b>232,859</b>	<b>128,154</b>	<b>361,013</b>

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

## CERF RESULTS

The CERF rapid response allocation helped fund the Emergency Response Plan in the pre-defined priority sectors of education, food security, nutrition, protection, NFI/Shelters and health (with a strong emphasis on reproductive health). Emergency assistance was provided to 361,013 persons including refugees, returnees, IDPs and host communities, including 3,929 severely malnourished children under five. This is more than the 321,242 initially affected during the CERF request, mainly due to the extension of health services in Liwa area through mobile clinics.

CERF funds were used to provide lifesaving assistance in the priority sectors mentioned above:

- Food security focused on improving the food and nutrition situation for 11,305 beneficiaries through the distribution of animal protein and milk, while preserving the livelihoods of pastoralists. 202 out of 1,000 pastoralists' households had an opportunity to destock their livestock and protect their core breeding stock. This discrepancy is due to the fact that during the project implementation, security conditions improved and all animals re-joined the Lake Chad islands in search of pasture, reducing overgrazing and fodder crops deficit. The availability of food protein was improved for 878 beneficiary households.
- General food distributions through a combination of in-kind and cash-based transfers were delivered to 63,801 internally displaced persons to cover their needs (based on the daily nutritional requirements of 2,100 kcal/person/day) during 60 to 65 days depending on the site of assistance. In May 2015, 58% of the households had an acceptable food consumption score, which was already a considerable improvement compared to 10% at the time of the baseline; and the latest monitoring of August 2016 noted 82% of the beneficiaries with an acceptable food consumption score, slightly over the target of 80%.
- Health centres were equipped to deliver a full package of health interventions for 112,585 patients. Two mobile clinics conducted at least twice a week visits (48 in total) in targeted regions and allowed children to receive doses of vaccines. Some activities aimed at reducing excess mortality and morbidity associated with malnutrition. 12,051 children were screened and referred to the appropriate services. All sites were covered with Community-based Management of Acute Malnutrition (CMAM) and 3,929 children were admitted in nutrition units. 10,637 mothers and children received micronutrients supplementation.
- Regarding access to reproductive health services, 10 health facilities in Baga Sola and Bol health districts were supplied with drugs, medical supplies, and medical equipment including emergency reproductive health kits. 88% of childbirths were assisted by a skilled staff trained on danger signs during pregnancy and childbirth. 14 community mechanisms of functional orientation and identification allowed the referencing of 303 cases of GBV. 116,303 survivors/victims of sexual and gender-based violence (SGBV) benefited from multi-sector health care. Health services were extended to Liwa district with additional means, which enabled partners to reach more people than planned (112%).

- SGBV activities aimed at strengthening protection of children, reducing risk of SGBV and improving quality of response to SGBV for 5,426 refugees. 107 children with specific needs were taken in charge and benefited from assistance. The establishment of 4 children's committees facilitated the identification of 18 cases of abuse, neglect, exploitation or violence against children. Five awareness campaigns on SGBV prevention and response were also conducted. Eight community-based committees working on SGBV prevention and response were put in place or reinforced. The difference between planned and reached beneficiaries is explained by the on-going biometric registration in December 2015 that resulted in a reduction of the number of refugees in Dar Es Salam camp. The 1,572 refugees who lived outside the camp could not be reached due to the security measures.
- Regarding protection, direct psychosocial assistance was provided to 27,152 individuals instead of 24,000 due to the no cost extension. 3,569 people benefited from awareness sessions on mental health and 60 volunteers were trained in the basics of psychosocial support. 62 campaigns were organised in 50 areas of displacement and 12 in host communities. 23 community discussion huts were built to develop a community helpline system for direct counselling, recreational activities, referrals and special counselling to vulnerable women.
- 22,139 girls and boys received support to recover from and to reduce their exposure to child violence. A child protection monitoring system was set up through the training of 30 leaders in reporting child rights violations and the creation of 10 community mechanisms to offer a protective environment for all children, especially unaccompanied and separated ones. Child-friendly spaces (CFS) were established to provide psychosocial support to 2,330 children with psychosocial distress and mental disorders. 2,600 displaced households received basic emergency shelter and NFIs to protect them, and particularly children, from exposure to weather conditions.
- 51 new classrooms were built or repaired and 34 temporary learning spaces (TLS) constructed to provide physical, psychosocial and cognitive protection through education to 34,012 children who also benefited from recreational and learning materials. 50 teachers were trained in specific pedagogical approaches and content while 422 benefited from teaching materials on emergency modules.

## **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

With CERF approvals, agencies were able to use their existing resources and stocks to start assisting the population prior to CERF disbursement. The two no-cost extensions granted enabled partners to implement all activities and reach more beneficiaries.

### **b) Did CERF funds help respond to time critical needs<sup>5</sup>?**

YES  PARTIALLY  NO

CERF funds helped provide lifesaving assistance to the most vulnerable newly displaced people and host communities who were in need of urgent support in protection, health, nutrition, food security, SGBV and education.

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

YES  PARTIALLY  NO

CERF funds help Agencies to mobilize within their own organisations or other donors. As a result FAO was able to mobilize funding from the Swedish International Development Agency (SIDA) to build on more durable agricultural activities in the Lac region. Additionally, UNFPA was able to mobilize its own additional funds to address the growing needs of the affected population by extending assistance to additional peoples not initially targeted by CERF and also to ensure transitioning into sustainable interventions.

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<sup>5</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).



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

YES  PARTIALLY  NO

The prioritization process was conducted through inclusive consultations with key humanitarian partners involved in the Lac region. Strategic and operational discussions were held respectively through the HCT and the ICC that include representatives of UN agencies, NGOs and donors.

The three-month emergency response adopted by the Humanitarian Country Team in October 2015 has later been revised to reflect overall humanitarian needs over a six-month period for all affected communities in the affected sub-prefectures in Lac region. The revision process enabled extensive discussions within the ICC and among operational partners, which has reinforced the coordination among partners in the Lac region.

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

As donors are part of the HCT, where strategic use of CERF and prioritization are discussed, this guided their support and funding decision in complementarity with the CERF.

**V. LESSONS LEARNED**

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Most of the projects were approved in December 2015 and it was not clear to which appeal (2015 or 2016) this funding should be related to.	In the future when projects are being submitted at the end of the year it should be clarified if they will be related to the next year appeal.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
All challenges regarding the implementation of projects are not clearly reflected in the mid-review follow-up	Reinforce the follow-up of CERF project implementation	HCT/Agencies
Low quality of agencies' projects and reports and no respect of deadlines	Improve the commitment of agencies during all phases of the process	HCT/Agencies

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

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<b>CERF project information</b>						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	01/12/2015 – 01/06/2016		
<b>2. CERF project code:</b>	15-RR-CEF-136		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Education			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Access to an equitable and inclusive education in emergencies for IDPs, and host community children in the Lake Region – Mamdi department - affected by the Nigeria crisis					
<b>7. Funding</b>	a. Total project budget:	US\$ 3,601,348	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 698,350	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 25,881	
	c. Amount received from CERF:	US\$ 698,350	▪ <i>Government Partners:</i>		US\$ 149,750	
<b>Beneficiaries</b>						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>	12,500	17,500	30,000	13,332	20,680	34,012
<i>Adults (≥ 18)</i>	250	250	500			
<b>Total</b>	<b>12,750</b>	<b>17,750</b>	<b>30,500</b>	<b>13,332</b>	<b>20,680</b>	<b>34,012</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
<i>Refugees</i>						
<i>IDPs</i>	6,000		3,747			
<i>Host population</i>	24,500		29,585			
<i>Other affected people</i>			680			
<b>Total (same as in 8a)</b>	<b>30,500</b>		<b>34,012</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Initially, it was anticipated that more communities would host IDPs and the number of target beneficiaries was set based on this assumption. However, it turned out that IDPs were mainly hosted in the camps rather than with host families, and owing to the					

	momentum of movement of population, the interventions focused on reaching the IDPs who had settled for a longer period.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provision of physical, psychosocial and cognitive protection through education for 30,000 (42% girls/ 12,500 girls) school age children (6-15 year) among IDPs, returnees and with host communities in Mamdi Department (Bol and Bagassola areas)		
<b>10. Outcome statement</b>	30,000 crisis affected school-age children have an equitable and inclusive access to life-saving and relevant education and learning in host schools		
<b>11. Outputs</b>			
<b>Output 1</b>	Physical protection provided for 6,000 IDP children and 24,000 host community students (42% girls) in the Department of Mamdi (Bol and Bagassola areas)		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of classrooms repaired and equipped	34 in Bol and Bagassola areas	34 classrooms repaired and equipped
Indicator 1.2	Number of school fences repaired (average of 250 lineal meters per school)	17 in schools in Bagassola and Bol areas	17 school fences repaired
Indicator 1.3	Number of temporary learning spaces (TLS) constructed	34 in in Bol and Bagassola areas	34 temporary learning spaces (TLS) built
Indicator 1.4	Number of children benefiting from recreational and learning materials (girls and boys)	30,000 (12,500 girls) in department schools	34,012 students (including 13,332 girls) received recreational and learning materials
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Emergency repair of 34 classrooms in identified schools	UNICEF	UNICEF
Activity 1.2	Emergency repair of 17 school fences in identified schools	UNICEF	UNICEF
Activity 1.3	Construction of 34 TLS in identified schools	UNICEF	UNICEF
Activity 1.4	Distribution of teaching and learning materials	UNICEF/MoE	UNICEF/MoE
<b>Output 2</b>	Psychosocial and cognitive protection training provided to 500 teachers (50% females) in Mamdi schools and IDP sites schools where applicable		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Numbers of teachers trained in specific pedagogical approaches and content (psychosocial support, HIV prevention, etc.)	50 in department schools	50 teachers trained in specific pedagogical approaches and content (psychosocial support, HIV prevention, etc.) by SECADEV

Indicator 2.2	Number of teacher benefitting teaching materials	500 in department schools	422 teachers benefitting from teaching materials
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Trainings of 50 trainers	National NGO (potentially CRT, SECADEV, OPAD, ACRA, IAS)	SECADEV
Activity 2.2	Training of teachers for emergency relevant modules: in order to make a safe and protective learning environment in host schools, the teachers will be trained on psychosocial support, protection of students against violence in schools, etc. These training sessions will end with design of rules and code of conduct for teachers	UNICEF/MoE	UNICEF/MoE

**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:**

Regarding indicator 1.4. which refers to the number of children benefiting from recreational and learning materials, UNICEF and partners were able to reach 34,012 (including 13,332 girls) as compared to the 30,000 students planned (including 12,500 girls) in the Mamdi department schools. This was made possible due to the large number of students from host communities newly joining the new schools supported through this CERF grant. Owing to the non-payment of teacher subsidy in more than 2 years, many of the schools in the area had closed. With the schools and TLS newly equipped and made available, students from host communities transferred to these schools to continue their education.

The non-payment of teacher subsidy had an impact on indicator 2.2., the number of teachers benefitting from teaching materials, which was set at 500 in department schools. This target number could not be met as some of the community teachers had left schools and could not be reached. UNICEF and partners were able to reach all 422 teachers in the intervention area.

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

In order to enhance ownership of project intervention and thus nurture sustainability, communities were involved in the planning and implementation of these interventions. They were mainly engaged in the production of bricks, which not only contributed in building their capacities but also increased their income since the bricks had to meet the quality check criteria of the refurbishing contractors that purchased them.

Social policy dialogue has made possible to raise the awareness of community members to become more conscious about the need to maintain infrastructures for their optimum use by students and teachers.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation of the project was planned due to the regular follow-up, monitoring and supervision that was included in the project coordination arrangement and carried out by the cluster, UNICEF, the Ministry of Education (MoE) and the Délégué Regional de l'Education). One staff member from the Education in Emergency team deployed in the UNICEF zonal office in Bagasola. Monthly field missions were organized in coordination with local education authorities (DREN of Lake Region and IDEN of Mamdi Department) in order to ensure the effective implementation of the project's activities.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	24/12/2015-24/06/2016		
<b>2. CERF project code:</b>	15-RR-CEF-137		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Child Protection and CCCM/NFI/Shelter			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency protection of Boys and Girls affected by Boko Haram-related violence in Lac Region in Chad					
<b>7. Funding</b>	a. Total funding requirements <sup>6</sup> :	US\$ 4,706,508	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>7</sup> :	US\$ 111,920	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 285,916	
	c. Amount received from CERF:	US\$ 749,139	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	7,097	7,096	14,193	6,416	7,215	13,631
<i>Adults (≥ 18)</i>	5,353	5,354	10,707	3,948	4,560	8,508
<b>Total</b>	<b>12,450</b>	<b>12,450</b>	<b>24,900</b>	<b>10,364</b>	<b>11,775</b>	<b>22,139</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	7,300		1,172			
<i>IDPs</i>	14,300		15,629			
<i>Host population</i>	3,300		5,338			
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>24,900</b>		<b>22,139</b>			

<sup>6</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>7</sup> This should include funding received from all donors, including CERF.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The awareness building activities focused more on IDP and host populations where the need was most urgent, than in the refugee camp of Dar es Salam where word of mouth is relied on and where awareness sessions have been done through other partners. In addition, some of the children supported as being unaccompanied and separated children (UASC) are also attending the Child Friendly Space in the camp, and therefore were counted only once.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provision of Protection to girls, boys and their communities displaced and affected by humanitarian crisis in the Lac Region		
<b>10. Outcome statement</b>	Girls and boys in the Lac region are protected from violence and receive support to recover from and to reduce their exposure.		
<b>11. Outputs</b>			
<b>Output 1</b>	12 protection mechanisms are set up and functional		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of cases of children's rights violations reported by protection monitoring group	200	2
Indicator 1.2	Number of community mechanisms in place/ reinforced	12	10
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Training organized for 30 leaders in reporting child rights violations	UNICEF, DRAS LAC (Délégation Régionale de l'Action Sociale, Régional Délégation for Social Action), MFPESEN (Ministère de la Femme, de la Protection de l'Enfance et de la Solidarité Nationale)	UNICEF, DRAS Lac, Ministry of Defense, MFASSN (Ministère de la Femme, de l'Action Sociale et de la Solidarité Nationale)
Activity 1.2	Incident forms and reports submitted	UNICEF, DRAS LAC, MFPESEN	UNICEF, DRAS LAC, MFPESEN
Activity 1.3	Organize creation of community mechanisms and training for capacity building	UNICEF, IHDL, DRAS LAC	UNICEF, IHDL, DRAS LAC
<b>Output 2</b>	Care and Psychosocial support is provided to 2,500 children with Psychosocial Distress and Mental Disorders		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of girls and boys reached with psychosocial support through child friendly spaces (CFS)	2,500	2,330
Indicator 2.2	# of CFS established	2	1
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

Activity 2.1	Provision of psychosocial activities for children in child friendly spaces	UNICEF, DRAS, IHDL	UNICEF, DRAS, IHDL
Activity 2.2	Establishment of two CFS	UNICEF, DRAS, IHDL	UNICEF, DRAS, IHDL
<b>Output 3</b>	8 awareness raising sessions conducted on violence against children, GBV, mine risk education		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# of children benefiting from mine risk education	3,600	2,658 children (1,587 male, 1,071 female)
Indicator 3.2	# of children and adults benefiting from community mobilization	12,400	3,995 (1,646 female, 2,349 male)
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Organize sessions on mine-risk education (provide training material, training sessions, organise sensitization campaign, provide communication material)	UNICEF, Handicap International, DRAS LAC, CND	UNICEF, Handicap International, DRAS LAC, CND
Activity 3.2	Organize community mobilization sessions on violence against children, GBV and MRE	UNICEF, IHDL, DRAS LAC	UNICEF, IHDL, DRAS LAC
<b>Output 4</b>	200 unaccompanied and separated children (UASC) are Identified and receive care/support		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# of UASC identified (disaggregated by unaccompanied minors (UAM), separated children (SC), girls and boys)	UAM: 150 SC: 200	UAM: 51 SC: 274
Indicator 4.2	# of UASC placed in alternative care arrangements (foster family or centre-based care) and who benefited from follow-up	UAM: 150 SC: 200	UAM: 51 SC: 274
Indicator 4.3	# of UAM reunified with their biological families	NA	9
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Identification of UASC	UNICEF, IHDL, DRAS LAC	UNICEF, IHDL, DRAS LAC
Activity 4.2	Placement of UASC in alternative care arrangements	UNICEF, IHDL, DRAS LAC	UNICEF, IHDL, DRAS LAC
Activity 4.3	Reunification of UAM with their families	UNICEF, IHDL, DRAS LAC	UNICEF, IHDL, DRAS LAC
<b>Output 5</b>	200 children associated with armed forces or armed groups (CAAFAGs) are supported and reintegrated in their communities		
<b>Output 5 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 5.1	# of children identified as associated with armed forces or groups (disaggregated by girls and boys)	200	0
Indicator 5.2	# of children identified as associated with armed forces or groups released from them	200	0
Indicator 5.3	# of children released from armed forces or groups who have benefited from community reintegration support	200	0
<b>Output 5 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

Activity 5.1	Identification of CAAFAG	UNICEF, DRAS LAC, Ministry of Defence, IHDL	IHDL, DRAS
Activity 5.2	Release of children identified as CAAFAG	UNICEF, DRAS LAC, Ministry of Defence, IHDL	N/A
Activity 5.3	Community reintegration support for children released from armed forces and armed groups	UNICEF, DRAS LAC, Ministry of Defence, IHDL	N/A
<b>Output 6</b>	2,600 displaced households have basic emergency shelter and NFIs to protect them, and particularly children, for exposure to the elements		
<b>Output 6 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 6.1	# of IDPs receiving emergency shelter kits	14,300	12,197
Indicator 6.2	# of IDPs receiving a full NFI kit as per the agreed CCCM standard in Chad	14,300	12,197
Indicator 6.3	# of IDPs receiving life-saving messaging on best use of NFIs for protection	14,300	12,197
<b>Output 6 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 6.1	NFI Distribution to IDPs	UNICEF, Help Chad	UNICEF, ADERBA
Activity 6.2	Promotion of life-saving messages on the best use of NFIs for protection (ex. use and importance of bednets, water treatment)	UNICEF, Help Chad	UNICEF, ADERBA

**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:**

**Output 1:** As compared to the twelve (12) new child protection mechanisms which were to be put in place and be functional, only 2 mechanisms were set up to monitor and report around the MRM (Monitoring and reporting Mechanism on grave child rights violations). This was partly due to the late deployment of the protection partner in charge of this aspect, who will continue the work beyond the initially planned date. UNICEF trained 30 military personnel of the Multinational Joint Taskforce on MRM and child rights in order to raise awareness among the military deployed in the area and prevent grave violations. OCHA was invited to provide a training session on key aspects of civil-military coordination. The case reporting mechanism through the protection monitoring group in the region only resulted in 2 cases as compared to the 200 planned, as a direct result of the reinforced security measures by the government and the improved surveillance in collaboration with the community mechanisms.

**Output 2:** One (1) new child friendly space (CFS) was established in the town of Bagasola for IDPs, returnees and the host population. An existing CFS was also supported to ensure continuation of CFS activities for children directly affected by the conflict in the refugee camp of Dar es Salam. 1,172 children in the Dar es Salam camp, plus 1,158 children in the Bagasola CFS benefited from psychosocial support and recreational activities, as well as teaching of life skills such as sewing and knitting for adolescent girls. There was a delay in signing the partnership agreement with a civil society partner, and UNICEF support was necessary in the identification an adequate site for the CFS. Since there were no international NGO with expertise in the matter operational on the ground at the time of signing, the national NGO, although with limited capacity, was selected as a partner.

**Output 3:** Through the partnership with Handicap International, communication materials on mine risk education (MRE) were designed for the specific context of the Lac region. 20 community protection focal points were trained on MRE and on the use of reporting tools. These focal points will be responsible for reporting incidents but also identifying mine areas, and sharing information with the villages on sites. Each sensitisation session will reach around 70 people. This will allow reaching a bigger number of community members in the coming months. Sensitisation sessions on GBV prevention and other children's rights violations will continue after the project through the focal points.



A major challenge for reaching a big number of people in providing sensitisation sessions proved to be the distance between sites and the fact that community member's leave the site during the day to try to find food or make a living. Despite the challenges, 74 MRE sessions were conducted in 12 villages, reaching 2,658 children (1,587 male, 1,071 female).

**Output 4:** While less unaccompanied children were identified, than planned, there were far more separated children. Although all of these children were supported by the project, a technical verification exercise took place in July showing that some of the identification criteria had not been fully understood by the focal points on the ground, and after verification the numbers were updated to isolate only cases directly linked to the ongoing conflict. Thus, while initially over 600 children were reported and assisted, after verification the actual situation for Dar es Salam, Bagasola and surrounding areas was 51 UAC (unaccompanied children) (29 boys and 22 girls); and 274 SC (separated children) (127 boys and 147 girls).

**Output 5:** Although no children associated with armed forces were released in the period covered by this project, CERF funding enabled the creation of a Transit and Orientation Center (CTO) in Bol. The facility has been furnished and equipped and 12 staff from IHDL (NGO partner) and the government welfare services have been trained on psychosocial support (PSS) and reintegration of children associated with armed forces and groups (CAFAAG). Security measures have also been ensured. The effective closure of the border with Nigeria had made it unlikely for CAFAAG to cross into Chad at a certain point. However, this preparation phase was essential to deal with a problem that may arrive any day. Recent developments in Nigeria have led to a wave of renditions from Boko Haram fighters. Local and central authorities are mobilised for the use of the CTO and the application of the existing protocol as soon as they are informed of children in custody.

**Output 6:** As compared to the 2,600 planned, UNICEF and partners provided NFIs to 2,800 households (2,600 with CERF funding and 200 additional ones with UNICEF's own resources). The average household size was smaller than expected however, which meant that in absolute numbers fewer beneficiaries were reached: 12,197 instead of 14,300 initially planned. UNICEF had advanced its own stock to ensure timely distribution of all items except the kitchen sets which had to be purchased locally for quick delivery. For this reason, kitchen sets were distributed later and with different criteria. Bed nets were provided by the Ministry of Health to complete the kit funded by CERF (2 per household).

Due to conflicting engagements, Help Chad, who had been identified at the proposal stage as a partner for Output 6, was no longer available so UNICEF worked in collaboration with ADERBA.

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

UNICEF regularly consults the affected population when launching its interventions to make sure they adequately respond to the needs. The NFI component of this project also included sensitization of the population on good health and hygiene practices which also provided the population with the opportunity to express any concerns they may have. The community protection mechanisms also provide a forum to raise any possible concerns.

The choice of the NFI kit items was maintained after consultation with the population around Bagasola, towards the end of 2015, who confirmed that the items were useful and of sufficient quality. There is no formal communication channel available, but UNICEF regularly monitors and receives feedback from the IDPs during field visits and they are taken into consideration when designing interventions.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was planned as the project was regularly monitored by UNICEF child protection staff in Bagasola with the Delegation Regionale de l'Action Sociale du Lac and the Sous Prefecture of Bagasola. An international staff supervised the team in Bagasola and provided oversight and quality assurance.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	24.12.2015 – 24.06.2016		
<b>2. CERF project code:</b>	15-RR-CEF-138		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health and Nutrition			<input type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency Health and nutrition Care to refugees IDPs, returnees and host population affected by the Nigerian crisis on the Lac Region in Chad					
<b>7. Funding</b>	a. Total funding requirements <sup>8</sup> :	US\$ 10,967,627	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>9</sup> :	US\$ 2,533,719	▪ NGO partners and Red Cross/Crescent:		US\$ 18,369	
	c. Amount received from CERF:	US\$ 800,007	▪ Government Partners:		US\$ 53,911	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	12,952	12,444	25,396	12,997	12,487	25,484
Adults (≥ 18)	45,814	44,018	89,832	45,973	44,171	90,144
<b>Total</b>	<b>58,766</b>	<b>56,462</b>	<b>115,228</b>	<b>58,970</b>	<b>56,658</b>	<b>115,628</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	2,643		2,733			
IDPs	63,321		65,756			
Host population	11,593		8,639			
Other affected people	37,671		38,500			
<b>Total (same as in 8a)</b>	<b>115,228</b>		<b>115,628</b>			

<sup>8</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>9</sup> This should include funding received from all donors, including CERF.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	UNICEF was able to reach a slightly higher number of beneficiaries than what was planned, reaching 115,628 as compared to 115,228. UNICEF reached less returnees than the number projected, due to high movement of the population in the area. The latest update from IOM shows that there are 8,639 returnees who have settled in the target zone as of end of June 2016 (as compared to 11,593 planned).
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Reducing excess mortality and morbidity associated with malnutrition and provide life-saving health interventions to targeted refugees, returnees, IDPs and host communities in the Lac region of Chad.		
<b>10. Outcome statement</b>	Morbidity and mortality among refugees, returnees, IDPs and host communities, in particular among children and women in the region of Lac are reduced.		
<b>11. Outputs</b>			
<b>Output 1</b>	115,228 refugees, returnees, IDPs and host communities, especially mothers and children have access to quality health and nutrition services.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Children are screened for malnutrition and referred to the appropriate services	80% (10,767)	89.5% (12,051)
Indicator 1.2	Proportion of Community Health Workers trained and actively carrying out outreach activities	90%	100%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Refresher training for 150 Community Health Workers	UNICEF, MOH	UNICEF, MOH
Activity 1.2	Implementation of mass active screening for acute malnutrition and referral	UNICEF	UNICEF
Activity 1.3	Purchase vaccines and injection devices for emergency vaccination activities	UNICEF	UNICEF
Activity 1.4	Distribute the vaccines and drugs to the districts and health centres	UNICEF, MOH	UNICEF, MOH
<b>Output 2</b>	3,100 severely malnourished children admitted and treated in nutrition units fixed and mobiles		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	% of sites covered with the CMAM	100%	100%
Indicator 2.2	% and # of children admitted in nutrition units	80% (3,100)	127% (3,929)
Indicator 2.3	Cured rate	>75%	92.7%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of therapeutic food, material and essential medicines	UNICEF	UNICEF
Activity 2.2	Distribution of therapeutic food, material and essential medicines to health centres, mobiles clinics and hospital implementing CMAM	UNICEF	UNICEF
Activity 2.3	Implementation of Community management of severe acute malnutrition cases	UNICEF, MOH	UNICEF, MOH

Activity 2.4	Implement outreach activities (follow-up for defaulters and non-responders)	CELIAF / AI Nadja	CELIAF / AI Nadja
<b>Output 3</b>	6,000 Mother-Child couples have access to support groups services on Infant and Young Child Feeding		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# Groups of support to mothers functioning	24	24
Indicator 3.2	# Mother –child friendly spaces set-up for health and nutrition services	13	13
Indicator 3.3	% mothers of new-born children applying exclusively breastfeeding	50%	Not recorded
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Setup temporary mother –child friendly spaces with counselling on Exclusive Breastfeeding and complementary feeding integrated with PFE	AI Nadja, CELIAF, MOH	AI Nadja, CELIAF, MOH
Activity 3.2	Setup and train groups of support to mothers	AI Nadja, CELIAF, MOH	AI Nadja, CELIAF, MOH
Activity 3.3	Provide counselling and community mobilisation on Infant and Young Child Feeding	AI Nadja, CELIAF, MOH	AI Nadja, CELIAF, MOH
<b>Output 4</b>	10,637 children and mothers have received micronutrient supplementation		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Coverage of Ferrous /Folic acid supplementation among women attending antenatal care	95% (7,567)	81.8% (6,518)
Indicator 4.2	Vitamin A coverage among children aged 6 to 59 months in Out-patient therapeutic units	100% (3,100)	136.9% (4,244)
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Procure micronutrients (Vitamin A, ferrous and folic acid)	UNICEF	UNICEF
Activity 4.2	Dispatch micronutrients (Vitamin A, and deworming medicines through mass campaign	DSR-L, UNICEF	DSR-L, UNICEF
Activity 4.3	Implement micro-nutrient supplementation coupled with ANC and vaccination	DSR-L, AL Nadja, CELIAF	DSR-L, AL Nadja, CELIAF
<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>			
<p><b>Indicator 1.1:</b> More children were screened and treated for acute malnutrition than expected – initially 3,100 cases target represented 80% of cases to be managed but at the end of the project 3,239 cases were admitted into the programme. This is because additional mobile clinics funded by UNICEF were set-up in Liwa health districts and helped to cover new IDP sites in Magy, Tataveron, N'Djalia, Moundi, Koudouboul and Sabre Kouta; and also in Bagasola and Bol health districts (Maar, Tagal and Bibi IDP sites).</p> <p><b>Indicator 1.2:</b> All the community health workers recruited for the project were trained and participated in the implementation of planned activities. In total, 182 community workers (140 outreach workers and 42 traditional birth attendants) and 30 supervisors attended the training that was conducted in two sections- first the training of trainers at Bol and Bagasola, and then the training of different community workers of Bagasola, Bol and Liwa health districts.</p> <p><b>Indicator 2.1.</b> Community management of severe acute malnutrition was implemented in all the planned sites (100%) through mobile and static therapeutic feeding units both in health centers, hospital and IDP sites.</p>			

**Indicator 2.3:** Overall, the performance indicators, which were reached for the therapeutic programme, were very good when compared to the SPHERE standards in emergencies. About 92.7% of children admitted in therapeutic feeding units were discharged cured which is above the threshold of 75% in emergencies.

**Indicator 3.3:** Counselling and sensitisation for exclusive breastfeeding was carried out both in Child Friendly Spaces (CFS) and in health centres. However, there was no survey conducted to assess the current rate of women practicing exclusive breastfeeding and the current rate remains unknown.<sup>10</sup>

**Indicator 4.1:** Iron /folic acid supplementation was provided through antenatal care services. Due to low attendance rate related to geographical remoteness of the population and security reasons amongst others the target of 7,567 women (95%) initially planned could not be reached. 6,518 women (that is about 81.8%) received the supplement.

**Indicator 4.2.** Additional children received vitamin A supplementation. It was provided to children who are not malnourished during measles campaigns in Bagasola Health district, reaching more than 100 percent of the target (136.9%).

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

This project was designed and implemented through a community-based approach. Community health workers and Traditional Birth Attendants were recruited in consultation with community leaders and local health authorities. Their role in the community was to carry out screening for malnutrition and follow-up of malnourished children admitted in therapeutic feeding units (focussing on defaulters and absentees) as well as providing education on good family practices, which include good feeding practices and behaviours.

Community support groups to mothers were created in consultation with community leaders and provided counselling and education to mothers of both healthy and malnourished children on good practices concerning infants and young child feeding, and on other essential family practices such as attending immunisation, using long lasting impregnated mosquito nets, hand washing with soap, etc.

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

EVALUATION CARRIED OUT

There is no evaluation carried out for this project. At national level the SMART survey (Standardized Monitoring and Assessment of Relief and Transition) is carried out covering the nutrition sector and the EDS-MICS survey (l'Enquête Démographique et de Santé et l'Enquête par Grappes à Indicateurs Multiples) covering the health sector.

EVALUATION PENDING

However, monitoring visits were conducted timely to ensure the implementation of planned activities. Monitoring for this project is ensured under UNICEF leadership in close collaboration with the local health authorities. Data collected from health facilities and the communities are analysed and results discussed with different stakeholders during monthly health and nutrition coordination meeting.

NO EVALUATION PLANNED

<sup>10</sup> No health worker qualified to conduct the survey could be identified.

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	FAO		<b>5. CERF grant period:</b>	31/12/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-RR-FAO-035		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Agriculture			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Improving Nutrition for host and displaced population in Lac region					
<b>7. Funding</b>	a. Total funding requirements <sup>11</sup> :	US\$ 3,680,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>12</sup> :	US\$ 1,384,917	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 45,155			
	c. Amount received from CERF:	US\$ 500,000	▪ <i>Government Partners:</i> US\$ 62,000			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>				493	385	<b>878</b>
<i>Adults (≥ 18)</i>	6,370	6,250	12,620	8,445	1,982	<b>10,427</b>
<b>Total</b>	<b>6,370</b>	<b>6,250</b>	<b>12,620</b>	<b>8,938</b>	<b>2,367</b>	<b>11,305</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	6,250			1,723		
<i>Host population</i>	6,370			9,582		
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>12,620</b>			<b>11,305</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category</i>	The difference between the actuals and the planned beneficiaries is due to fewer men participating in nutrition activities than expected. In terms of nutrition activities and regarding the social realities, women tend to be more involved.					

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

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

<i>distribution, please describe reasons:</i>	Regarding the category, IDPs are only supported at the centres of Meleya, Sawa, Ngouboua and Kiskra. Therefore the number is lower than the host population who are supported in 20 health centres.  The difference between the target and the actual value are explained in section 12.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Improve food and nutrition situation of the host populations, returnees and displaced persons, while preserving the livelihoods of pastoralists.		
<b>10. Outcome statement</b>	12,620 beneficiaries improve their nutrition through the distribution of animal protein and milk, including 1,000 pastoralists who have also preserved a core breeding stock.		
<b>11. Outputs</b>			
<b>Output 1</b>	Pastoralists have an opportunity for destocking their livestock and protect their core breeding stock		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of households having destock their livestock	1,000 HH	202 HH
Indicator 1.2	# of pastoralists households having received a donation of more than 380 kg of animal feed	1,000 HH	202 HH
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Identification of beneficiaries pastoralists	FAO + DRE	FAO + DRE
Activity 1.2	Destocking of livestock and animal feed distribution	FAO + DRE	FAO + DRE
Activity 1.3	Monitoring of pastoralists	FAO + DRE	FAO + DRE
<b>Output 2</b>	The availability of animal protein is improved by the drying of slaughtered meat		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of tons of processed meat	10 T	1.69 T
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Stakeholder identification, negotiation and implementation of the mechanism	FAO + DRE	FAO + DRE
Activity 2.2	Technical capacity building of butchers and groups of processors and distribution of inputs for transformation	FAO + DRE + CECOQDA + CNNTA	FAO + DRE + CECOQDA
Activity 2.3	Monitoring and management of slaughter and processing	FAO + DRE + CECOQDA	FAO + DRE + CECOQDA
<b>Output 3</b>	The food protein profile of households with children admitted in ambulatory nutritional units supported by the International Medical Corps (IMC) is improved: 1 500 beneficiary households		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# of beneficiaries (households)	1,500	878

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Identification of severe acute malnourished children admitted in ambulatory nutrition units	IMC	IMC
Activity 3.2	Distribution of dried meat to the person accompanying severe acute malnourished children	IMC	IMC
Activity 3.3	Monitoring of the use of the ration (post distribution monitoring)	IMC + ECD + DRS + CNNTA	IMC + ECD + DRS + CNNTA
Activity 3.4	Nutritional education	IMC + ECD + DRS + CNNTA	IMC + ECD + DRS + CNNTA

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

**Outcome 1:** The number of households targeted for livestock exchange was 1000HH and achieved number is only 202HH, therefore a difference of 798HH.

This variation is explained by several reasons, which include:

1. The project was designed when Mamdi "department" was overloaded with Lake Chad islands areas breeders fleeing the atrocities of the Boko Haram extremists. This led to overgrazing and an important fodder crops deficit. However during the project implementation, security conditions improved and all animals have joined the lake Chad islands in search of pasture. Thus grazing problems reduced. That is why herders did not find the need in a first place to ensure the survival of their livestock.
2. The socio-cultural constraints of local herders who are reluctant to sell their livestock against the cattle feed.
3. The late mobilization of herders for exchanging livestock against cattle feed.

**Output 2:** the plan was to produce 10T dried meat, the realization is only 1,69T. This variation is explained by several reasons, which include:

1. The project's delays in starting activities.
2. The short period remaining at the end of the project to complete activities (meat processing and distribution)

**Output 3:** Considering that output 3 depends on the livestock exchange and the dried meat production, the results above have seriously impacted the target. Hence, the reason why only 878 HH (corresponding to 878 children) were reached out of the targeted number of 1,500 HH.

The limited ability to carry out livestock exchange did not impact the budget as all the cattle feed was distributed at the end of the project to vulnerable livestock owners. Considering that all the cattle feed was distributed it is expected that the overall number of beneficiaries was reached. However, as this cattle feed distribution occurred late in the project, it was not possible to exchange it with livestock, to process and distribute the meat after the end of the project.

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

Local leaders including traditional authorities ensured that herders understood the project. Women who process meat and butchers were very satisfied with the trainings and the small equipment they received. Herders finally acknowledged the fact that the exchange of livestock with cattle feed improved the remaining livestock health conditions and overall status and increased milk production.

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

EVALUATION CARRIED OUT

. An evaluation was not planned due to the limited budget. However a national consultant was in charge of the project and was based in Bol with a team of three FAO animators and 6 technicians from Direction Regionale de l'Elevage (DRE) to ensure a close monitoring of the project.

EVALUATION PENDING

NO EVALUATION PLANNED



**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNFPA		<b>5. CERF grant period:</b>	05/01/2016 – 05/07/2016		
<b>2. CERF project code:</b>	15-RR-FPA-047		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Access to reproductive health and sexual violence services among affected populations Bagasola-Bol					
<b>7. Funding</b>	a. Total funding requirements <sup>13</sup> :	US\$ 1,108,470	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>14</sup> :	US\$ 547,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 42,000	
	c. Amount received from CERF:	US\$ 400,000	▪ <i>Government Partners:</i>		US\$ 140,000	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	15,000	20,000	35,000	121,329	111,530	232,859
<i>Adults (≥ 18)</i>	30,575	16,460	47,035	67,655	60,499	128,154
<b>Total</b>	<b>45,575</b>	<b>36,460</b>	<b>82,035</b>	<b>188,984</b>	<b>172,029</b>	<b>361,013</b>
<b>8b. Beneficiary Profile</b>						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	3,527		5,403			
<i>IDPs</i>	23,124		60,854			
<i>Host population</i>	50,400		285,740			
<i>Other affected people (TCN and returnees)</i>	4,984		9016			
<b>Total (same as in 8a)</b>	<b>82,035</b>		<b>361,013</b>			

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

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

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	After a better explored assessment coupled with a thorough analysis of the situation by UNFPA, the health delegation of the Lake and health districts, found that, due to the dynamic context of the situation, the real needs of affected persons required increased assistance. Indeed, the situation there was extremely volatile and the spontaneous IDP sites were multiplying, especially during the sporadic attacks and suicide bombings in the islands. This created new needs and the number of beneficiaries exceeded that planned. Faced with this situation, UNFPA supplemented the CERF funds received by implementing appropriate and cyclical activities.
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CERF Result Framework			
<b>9. Project objective</b>	Increase access to reproductive health services to 82,035 affected people including 45,575 girls and women of childbearing age, 36,460 sexually active men and provide holistic management of 303 rape survivors in the Lake Chad Region		
<b>10. Outcome statement</b>	82,035 affected people including 45,575 girls and women of childbearing age, 36,460 sexually active men and provide holistic management of 303 rape survivors in the Lake Chad Region have access to quality reproductive health services		
<b>11. Outputs</b>			
<b>Output 1</b>	10 health facilities in Bagasola and Bol health districts supplied with drugs, medical supplies, medical equipment including emergency reproductive health kits.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of health centers strengthened in medicines, medical supplies and technical medical equipment	10	47
Indicator 1.2	Number of district hospitals reinforced in drugs, RH Kits, medical supplies and technical medical	2 (Bol and Bagasola)	3 (Bagasola, Bol and Liwa)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Supply of 10 health of Bol and Bagasola with drugs and with medical equipment including RH kits	UNFPA	UNFPA + Ministry of Public Health. (Given the urgent needs assessed in the field UNFPA has targeted 47 health centers instead of the 10 originally planned).
Activity 1.2	Buy drugs and medical equipment, including HR kits for ten health centers and two referral hospitals of Bol and Bagasola.	UNFPA	UNFPA
Activity 1.3	Rental of truck for RH Kits transport from N'Djamena to Bol and Bagasola.	UNFPA	UNFPA
Activity 1.4	Deliver drugs, medical equipment and RH kits to 10 health centers in Bol and Bagasola.	UNFPA	UNFPA (Distribution to 47 instead of 10 for the same reason as for the activity 1.1)
Activity 1.5	Follow up the implementation of planned activities	UNFPA	UNFPA, Health Regional Delegation and Health

			Districts of Bol, Baga-Sola and Liwa
Activity 1.6	Supply of Bol and Bagasola referral hospital with drugs, medical equipment including RH kits to manage obstetrical emergencies	UNFPA	UNFPA
<b>Output 2</b>	The quality of the Sexual and Reproductive health services 45,575 women of childbearing age including 1,504 family planning users among refugee communities, IDPs, returnees and hosts is reinforced.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Proportion of the childbirth assisted by a skilled staff in the 10 establishments of health of Bol and Bagasola	75%	88%
Indicator 2.2	Utilization ratio of the modern contraceptive methods within the refugee population, returnees, IDPs and the host populations in Bol and Bagasola.	2,2%)	2,3%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Training for 2 days of 20 service providers on clinical management of rape survivors	UNFPA	UNFPA
Activity 2.2	Training for 3 days of 30 providers on danger signs during pregnancy and childbirth	UNFPA	UNFPA
Activity 2.3	To recruit midwives to reinforce human resources in maternal health	UNFPA	UNFPA
<b>Output 3</b>	A system of referencing and identification of 303 cases of GVB functional in the sites of the populations affected		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Community mechanisms (committees of women, of the leaders, the teenagers and young people) of functional orientation and identification	10 (3 committees in Dar el Salam, 3 in Bagasola, 3 in Bol and 1 central committee)	14 ( 5 in Dar es Salam refugees camp , 2 in Baga-Sola-Kafia IDPs site and 1 GBV central committee + 6 committees in Liwa center and Liwa IDPs sites).
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	a. Identification and regrouping by local committees b. capacity building 10 local committees c. Development of the communications tools (information communication education on the GBV and the consequences) d. Identification and orientation on the GBV cases	UNFPA and Locals ONGs UNFPA and Locals ONGs UNFPA and Locals ONGs UNFPA, Local committees and partners of fight against the GBV	a. UNFPA, ADESOL and CJERCAB b. UNFPA, UNHCR, ADESOL and CRT c. UNFPA and APSELPA d. UNFPA, CJERCAB, APSELPA, UNHCR, IMC, CNARR, MSF + Chief of cantons of Nguelia 1 and 2 and Bol, ADESOL
Activity 3.2	a. Programming activities for the complexities of case and context b. Health care advocacy for the GBV cases and the implication of all the sensitivities	UNFPA and partners of the fight against the GBV UNFPA and partners of fight	a. UNFPA, APSELPA, CJERCAB b. UNFPA and IHDL, Chiefs of cantons of Bol and Bagasola, Association

		against the GBV	of young unwed mothers of Bol and CJERCAB.
<b>Output 4</b>	Multisector health care of 303 survivor/victims of sexual and gender violence (medical care, psychosocial support, physical and legal protection.) :reinforcement of specific capacities and by field (essential equipment for the services)		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Medical care	303	116
Indicator 4.2	Psychosocial care	303	116
Indicator 4.3	Security care (protection which will be ensured by the police force or gendarmerie)	303	116
Indicator 4.3	legal care (justice)	303	116
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Installation of the equipped tents to be used as "one GBV stop center "	UNFPA and medical delegation	UNFPA and DRS , Health Districts of Bol, Baga-Sola and Liwa
Activity 4.2	Practical Organization for the medical care	UNFPA and medical delegation partners of fight against the GBV	UNFPA and IMC
Activity 4.3	Equipment for the psychosocial care (staff and didactic materials)	UNFPA and partners of fight against the GBV	UNFPA and MSF
Activity 4.4	Equipment for the assumption of legal care (personnel and didactic materials)	UNFPA and partners of fight against the GBV	UNFPA and Health Districts of Bol, Baga-Sola and Liwa
Activity 4.5	Equipment for the security care (personnel and didactic materials)	UNFPA and partners of fight against the GBV	UNFPA and Health Districts of Bol, Baga-Sola and Liwa
<b>Output 5</b>	Data base management and reporting		
<b>Output 5 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 5.1	Functional GBVIMS	1	0 Exchanges with the Ministry of Women for the establishment of a GBVIMS are underway. That explains why this indicator is not achieved
Indicator 5.2	Base data available	1	1
Indicator 5.3	Report/ratio of Follow-up available	3	11

Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Installation of the GBVIMS software	UNFPA, medical delegation and delegation of the social action	-
Activity 5.2	Data base management	UNFPA and partners of fight against the GBV	UNFPA and Health Districts of Bol, Baga-Sola and Liwa
Activity 5.3	Activities of monitoring and reporting	UNFPA and partners of fight against the GBV	UNFPA and Health Districts of Bol, Baga-Sola and Liwa ( see Monitoring reports)

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:

A diagnostic assessment of the state of maternal health indicators with support from UNFPA revealed the worrying following maternal health indicators:

ANV1 rate estimated at 35.2%, deliveries in hospitals reached 4% rate and contraceptive prevalence of 0.1%. The rate of knowledge of the means of prevention against HIV / AIDS which is 1.7% among women and 6.9% among men is very low. HIV / AIDS has reached alarming proportions in the Lake region, especially for pregnant women, youths and adolescents. Indeed, it was recorded in 3 months at the regional hospital of Bol, that the HIV prevalence rate is respectively 60% and 30% for youth 18 to 25 years and for women in labor who refused to be tested during the antenatal visits.

UNFPA interventions in 2016 consisted of providing sustainable responses within the period with a focus on supporting the health system. UNFPA, within its mandate and with the support of CERF funds received in December 2015, has decided to achieve with the national and local authorities a major operation consisting of a "campaign of acceleration of the fight against maternal mortality, HIV prevention and repositioning family planning" in the Lake Chad region. This campaign which was only intended to cover Bol and Baga-Sola health districts was extended to Liwa health district that the humanitarian community has identified as a district in need of urgent action.

Thus, UNFPA reached 3 health districts instead of two planned for at the beginning with the deployment of more than 160 midwives instead of three initially planned for. Three obstetrician-gynecologists have also been deployed in three districts of the Lake Chad region.

Setting up mobile clinics in the districts of Liwa and Bagasola allowed bringing health services to affected populations. Medical and technical equipment and medicines were made available in 47 health facilities in three districts in order to strengthen the region's health system, instead of the 10 originally planned. The establishment of two friendly spaces for teens in the Dar EL Salam refugee camp and Bagasola High School has created a framework for exchange and awareness of young people and adolescents on reproductive health issues.

Additional interventions were funded by UNFPA with its own funds and with the aim of meeting the growing needs of the affected population and to transitioning into sustainable interventions.

These interventions have increased by 13% the number of assisted deliveries, 57% the number of treated recorded complications and by above 300% the number of new users of contraceptive method compared to the average in the same period in 2015.

Regarding the management of cases of GBV, the number of cases to be taken care of as planned has not been reached (out of the 303 survivors taken into account and planned for only 116 survivors were indeed supported). This difference is explained by the socio cultural and legal obstacles.

Indeed, the survivors mentioned in their whistle blower notes that they fear reprisals during the judicial procedures (as most of authors are men in uniform) and the fear of being indexed, stigmatized and even rejected by family and community members.

All these mentioned obstacles did allow achieving the planned results in the integrated management of cases of GBV. To overcome this, UNFPA proposes an approach involving traditional leaders and especially the chiefs of canton, in facilitating the management of cases of GBV.

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

The participation of the affected population was taken into account during all phases of the CERF project (designing, implementation and monitoring / evaluation).

The project design was based on the results of 3 missions conducted by the Office teams in the Lake Chad area where work sessions were held with administrative, health, traditional and religious authorities. A diagnostic workshop was organized with the health authorities in the region to determine the real needs of health structures. Associations of civil society were involved in the project design phase. Consultation with the affected population during the project design phase has to take into account the real needs and characteristics of these populations. Determining the content of dignity kits has thus taken into account the cultural sensitivities of the population. Identification of local associations for the implementation of interventions helped to involve beneficiary populations in the implementation of interventions. This has taken into account both the affected populations and host populations in order to facilitate social cohesion between the two communities.

In terms of the needs assessment concerning reproductive health (RH) kits, medicines and medical technical equipment, UNFPA took into account the needs of affected populations through the needs expressed by local health officials. In this regard, a diagnostic workshop was organized by UNFPA in collaboration with the Ministry of Public Health through the Regional Health Delegation (DSR) and allowed not only to assess the real needs of health centers identified as priorities for SR kits, medicines and medical technical equipment but to make a real analysis of the situation with local actors, to highlight the problems and priority needs, identify gaps and thus develop an emergency plan and reproductive health response, including HIV and GBV, paying particular attention to the most vulnerable adolescents.

Finally, with regard to the daily management of the project, UNFPA has associated members of affected communities through administrative, traditional and religious authorities of the Lake. This was the case for example in the implementation of the activities inherent to the great campaign "# All4LakeChad". These authorities were involved in all stages in the organization and in budgeting and execution of field activities.

These same local authorities are currently involved in the whole process of monitoring and evaluation of the project which is in its final phase

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

EVALUATION CARRIED OUT

No evaluation was planned for this project. Monitoring activities were carried out by UNFPA humanitarian team with regional health district staff and NGO partners based on the defined indicators.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	IOM		<b>5. CERF grant period:</b>	December 2015– 30 August 2016		
<b>2. CERF project code:</b>	15-RR-IOM-045		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Protection			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Direct Psychosocial Support for the affected persons such as IDPs, returnees, host community members and TCNs in the region of Lac					
<b>7. Funding</b>	a. Total funding requirements <sup>15</sup> :	US\$ 2,054,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>16</sup> :	US\$ 209,399	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 150,000	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>				4,583	5,650	10,233
<i>Adults (≥ 18)</i>				9,252	7,667	16,919
<b>Total</b>	<b>14,000</b>	<b>10,000</b>	<b>24,000</b>	<b>13,835</b>	<b>13,317</b>	<b>27,152<sup>17</sup></b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Returnees</i>	12,000		6,013			
<i>IDPs</i>	11,800		19,139			
<i>Host population</i>			1,947			
<i>Other affected people (TCNs)</i>			53			
<b>Total (same as in 8a)</b>	<b>24,000</b>		<b>27,152</b>			

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

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

<sup>17</sup> This figure is a sum of the number of beneficiaries from the direct psychosocial assistance and the number of beneficiaries from the awareness campaign (23,583 + 3,569).

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The project succeeded in providing assistance to 27,152 individuals in the targeted areas. The No-Cost Extension also helped to increase the number of total beneficiaries than the planned one (24,000).
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provide direct psychosocial assistance to affected persons, such as IDPs, returnees, host community members and TCNs in the Lac region.		
<b>10. Outcome statement</b>	The affected persons, such as IDPs, returnees, host community members and TCNs receive direct psychosocial assistance.		
<b>11. Outputs</b>			
<b>Output 1</b>	24,000 persons (affected persons, such as IDPs, returnees, host community members and TCNs) of the most vulnerable have received appropriate psychosocial assistance in the localities		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of people who received the direct psychosocial assistance	24,000	27,152
Indicator 1.2	Number of people who benefited from awareness sessions on mental health and stress management	2,000	3,569
Indicator 1.3	Number of CRT Volunteers trained in the basics of psychosocial support	60	60
Indicator 1.4	Number of functioning and active community helplines	24	23
Indicator 1.5	Number of local leaders trained in psychological first aid	80	80
Indicator 1.6	Number of awareness campaigns organized to deal with stress	32	62
Indicator 1.7	Number of beneficiaries in the recreational activities for psychosocial relaxation	3,000	3,200
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Training of CRT volunteers in the concept of basic psychosocial support	IOM	IOM
Activity 1.2	Provision of psychosocial first aid	IOM /CRT	IOM /CRT
Activity 1.3	Establishment of community help groups (existing female and male)	IOM /CRT	IOM /CRT
Activity 1.4	Training of local leaders in First Aid and active listening	IOM	IOM
Activity 1.5	Organization of awareness sessions about available services and key messages on psychosocial relaxation	IOM /CRT	IOM /CRT
Activity 1.6	Implementation of community based recreational activities	IOM /CRT	IOM /CRT



**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 Nigeria crisis has forced individuals to leave their home without their possessions and abandoned their homes and livestock. Their sudden displacement has caused stress due to uncertainty of their future, safety, and loss of their community members. Some of them have been witnessed violence by Boko Haram elements and being traumatized. This emotional distress does not only apply for displaced populations but also hosting communities.

In this regard, the project has reached to 27,152 individuals from all the project activities, including 19,139 IDPs, 1,947 host community members and 6,012 returnees.

First, IOM has trained 60 Chadian Red Cross (hereafter CRT) volunteers (20 women and 40 men) in the following topics;

- (1) Introduction to the psychosocial approach and fundamental concepts ;
- (2) Psychosocial first aid skills;
- (3) Active listening and experience sharing;
- (4) Principles of communication;
- (5) Implementation of psychosocial activities;
- (6) Terms of orientation and confidentiality for referral cases.

After this training, 15 (5 women and 10 men) volunteers were dispatched to the sub-prefecture of Daboua, 15 (5 women and 10 men) to sub-prefecture of Liwa, 15 (7 women and 8 men) to sub-prefecture of Bagasola and 15 (6 women and 9 men) to prefecture of Bol.

Second, IOM started with awareness campaign with CRT volunteers and succeeded in organizing 62 campaigns in 50 areas of displacement and 12 in hosting communities. The topics which this project covered under this activities are followings;

- (1) How to deal with stress;
- (2) How to restore community activities and rituals, including mourning;
- (3) Importance of exercises and sports, and drink enough clean water;
- (4) Importance of helping each other – mutual assistance and solidarity are the key to address individual distress caused by the crisis;
- (5) The concept of participation – encouraged affected populations to participate in group activities, such as community discussions, recreational activities, sports , art and cultural events;
- (6) Promote peaceful environment and have confidence in women and in the community.

Third, IOM has constructed 23 community discussion huts (*hangar* in French) to develop a community helpline systems in each hut in the sub-prefectures of Daboua, Liwa, Bagasola and prefecture of Bol (21 displacement sites and 2 hosting villages).

Names of the 23 locations are as follows (table 1);

**Table 1: List of areas of interventions**

<b>Prefecture/Sous-prefecture</b>	<b>Lieux de déplacement</b>
<b>Bagassola</b>	Site Kafia
	Site Kousserie 1
	Site Dar Nahim 1
	Site Dar Nahim 2
	Site Dar Nahim 3
	Site Dar Nahim 4
	Site Tagal
	Site de Kousserie 2 (Toumoun)
<b>Bol</b>	Bol Centre
	Site Iga
	Site Melia Kalidar 1

	Site Koudouboul
	Site Yakoua
	Site Kaya
	Site Foulatari
<b>Liwa</b>	Site Digou 1
	Site Dilerom
	Site Sabre Kouta
	Site Zigueye
<b>Daboua</b>	Site Bourora
	Site Magui
	Site Tataverom 1
	Site Chebrey

Initially, development of 24 community huts was planned but the project achieved to develop 23 community huts and community helpline systems because affected populations in one of the targeted areas of displacement left the area before the implementation of the project. Members of the helpline system were trained in the similar training provided to CRT volunteers. This community hut provided space and opportunity for populations who are affected by the crisis. For example, these community huts were used to provide psychosocial education, individual counselling and recreational activities. They were managed by CRT volunteers, and they have trained members of the community huts in community based psychosocial support and in the essentials of the humanitarian aid relationship, such as effective and accountable communication and confidentiality. The members of this community hut consist of host community members and displaced persons (total of 335 members; 85 men and 250 women). This activity reinforced solidarity and allowed them to develop their resilience by actively engaging in helping each other.

Furthermore, in these huts, the following 4 types of activities were organized;

- (1) Direct counselling
- (2) Recreational activities
- (3) Referrals
- (4) Special counselling to vulnerable women.

Additional activities:

- (1) IOM's psychosocial assistants in the field also provided direct counselling for 309 beneficiaries where they could consult trained personnel to discuss their traumas and anxiety (102 men and 167 women or 229 adults and 40 children).
- (2) Total of 3,200 beneficiaries (1,150 women, 512 men, 975 girls and 563 boys) participated in varieties of activities such as sport events, art and cultural events, and community discussions.
- (3) 205 cases, such as victims of SGBV, and family reunification were referred to UNFPA, OXFAM and ICRC for further attention / treatment.
- (4) The support team which consists of CRT volunteers and community helpline members organized family counselling for 154 vulnerable female heads of household to follow up on their vulnerability cases. They are women who became head of household after losing their husbands due to the crises to deal with their mourning process. These cases were identified during the community helpline activities.

These 23 community helplines also acted as listeners for the project beneficiaries and provided assistance such as providing information on humanitarian assistance in the area, referring cases to IOM's further attention and extend their services to other communities which were not covered by this project.

The participatory approach was used during the training it was translated into local languages by an interpreter. The trainer used theory introduction by a power point presentation and small group works was chosen to enhance their knowledge on active listening, principals of psychosocial support and promoting rights of affected populations. Some participants struggled to follow the training as they had never received official education but managed to comprehend the content with assistance from other participants.

The first workshop took place from 9 to 10 August 2016 in Bagasola for the participants from Bagasola and Daboua. The second training

was organized from 12 to 13 August 2016 in Bol for the participants from Liwa and Bol. The below table 2 shows the information on the participants to this training.

**Table 2 : Segregated data of the training participants**

(Sub) prefecture	# of Participant	Women	Men
Baga-Sola	20	7	13
Daboua	20	8	12
Bol	20	9	11
Liwa	20	6	14
Total	80	30	50

This training covered the following topics;

- (1) Approaches to provide psychosocial support;
- (2) Mental health and psychosocial support knowledge – essential information and knowledge to provide psychosocial support in emergency situation based on the Directives du Comité permanent inter organisations (CPI 2007) and IOM handbooks;
- (3) Psychosocial first aid – how to talk to persons in need who are affected by the crisis, such as GBV, violence, and other type of trauma;

Local leaders take a big role in supporting their community members in Chad in general but linking their daily support to international concepts and techniques was eye opening for the participants.

For example, one of the follow-up evaluation confirms that one of the local leaders in sub-prefecture of Liwa stated as follows;

“The knowledge and techniques I learnt from this training are the one I provide to my community members at daily basis I did not know that they are psychosocial supports. Now I am confident that I can support more members of my community who are in a difficult situation by listening and extending my hand to them.”

There was also a demand to organise advanced training to reinforce their basic skills in psychosocial support.

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

CRT volunteers acted as the communication point for IOM to receive feedback from the project beneficiaries and information on urgent cases which required IOM's immediate attention. For example, IOM received recommendations from potential beneficiaries during the project design phase that it was necessary to train community members in providing psychosocial support as the assistance from CRT and IOM is not for a long term. Thus, this training component was included in the project. After the project completion, the members of community helpline are still providing necessary psychosocial support to their members.

<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p> <p>No evaluation was planned, but IOM undertook a daily follow-up of the activities with regular visits to the field in order to measure the impact of this project on the targeted population.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	31/12/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-RR-WFP-081		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Providing life-saving support to households displaced by insecurity					
<b>7. Funding</b>	a. Total funding requirements <sup>18</sup> :	US\$ 19,628,224	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>19</sup> :	US\$ 16,329,427	▪ NGO partners and Red Cross/Crescent:		US\$ 324,515	
	c. Amount received from CERF:	US\$ 3,100,001	▪ Government Partners:			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	17,152	17,498	34,650	16,588	24,882	41,471
Adults (≥ 18)	15,592	12,758	28,350	8,932	13,398	22,330
<b>Total</b>	<b>32,744</b>	<b>30,256</b>	<b>63,000</b>	<b>25,520</b>	<b>38,281</b>	<b>63,801</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	63,000		63,801			
Host population						
Other affected people (TCNs)						
<b>Total (same as in 8a)</b>	<b>63,000</b>		<b>63,801</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category</i>	As intended under this CERF project, WFP provided lifesaving food assistance to approximately 63,000 internally displaced persons affected by the security crisis in the					

<sup>18</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>19</sup> This should include both funding received from CERF and from other donors.

<i>distribution, please describe reasons:</i>	<p>Lake region and who were forced to abandon their homes in successive waves of displacement since mid-2015. The displaced communities were assisted in the Mamdi department, including in Bagasola, Bol, Daboua and Liwa.</p> <p>The number of reached persons is slightly over the original target as the registration process is an ongoing process and movements of households between settlement sites have occurred in the past months.</p> <p>The age and sex of reached beneficiaries differs from what was expected at the time of planning. More refined data on age and sex of the beneficiaries is currently available than at the time of proposal, which was prepared when displacement was fairly recent and humanitarian access was restricted.</p>
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Save lives and protect livelihoods in emergencies		
<b>10. Outcome statement</b>	Emergency food needs are met for refugees, IDPs and local populations		
<b>11. Outputs</b>			
<b>Output 1</b>	Stabilized or improved food consumption over assistance period for 63,000 targeted individuals		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Percentage of targeted households have an acceptable food consumption score	>80%	82%
Indicator 1.2	Coping strategy index (CSI), disaggregated by sex of household head	Target: reduce the coping strategy index by 80% for each population group against the baseline CSI before the project began (CSI = 8.7)	8.7
Indicator 1.3	Number of people assisted	63,000	63,801
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of food commodities	WFP	WFP
Activity 1.2	General food distributions	Croix Rouge du Tchad (CRT) and ACTED	CRT and ACTED SECADEV ACHUDE
Activity 1.3	Cash/voucher distributions	CRT and ACTED	NA
<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>			

Originally, WFP intended to provide general food distributions through a combination of in-kind and cash-based transfers. However, some delays were encountered during this operational planning for the launch of cash-based transfers due to security restrictions and limited infrastructure in the area. In consultation with OCHA, WFP thus decided to fully dedicate the CERF contribution to the purchase of food commodities in order to be able to maintain assistance to vulnerable IDPs through in-kind rations until cash-based assistance could be launched.

WFP purchased 1,060 MT of sorghum, 498 MT of pulses, 190 MT of oil and 188 MT of Supercereal fortified nutritious flour thanks to the CERF support. The food basket was completed with salt purchased with contributions from other donors. This assistance was distributed to the 63,801 internally displaced persons to cover their needs (based on the daily nutritional requirements of 2,100 kcal/person/day) during 60 to 65 days depending on the site of assistance. At the time of the purchase, WFP's pipeline was facing serious shortages of oil and the amount of oil purchased thus covered the needs of assistance for three months rather than two as for the other commodities. During that third month, the other commodities of the food basket were provided thanks to contributions from other donors.

Monitoring of the assisted displaced persons' food consumption score show that the assistance provided has significantly contributed to an improvement in their food consumption. In May 2016 58% of the households had an acceptable food consumption score, which was already a considerable improvement compared to 10% at the time of the baseline; and the latest monitoring of August 2016 noted 82% of the beneficiaries with an acceptable food consumption score, slightly over the target of 80%.

However, an improvement (i.e. reduction) has not been noted yet on the coping strategy index, which remained stable at a level of approximately 8. The households remain highly dependent on food assistance in a context where insecurity remains high and have limited livelihood opportunities, which explain that they resort to coping strategies such as selling their belongings or borrowing food or money. The need for support to strengthen livelihoods is a concern frequently expressed by displaced persons in the Lake region and WFP as well as other actors have started in the past months to provide longer term solutions while maintaining emergency relief to meet immediate needs.

At the time of the proposal to the CERF, WFP had already pre-identified possible partnerships with ACTED and CRT and in the course of 2016, also provided assistance in cooperation with ACHUDE and SECADEV. The different NGO partners are established on different displacement sites in the challenging operational context of the Lake region where driving 100 km can take several hours on sand tracks.

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

During the provision of food assistance, food distribution committees with direct oversight by the local authorities, WFP and NGO partners are established at distribution points to ensure the delivery of food rations using agreed distribution lists. WFP consistently advocates for at least half of the distribution committee members and leaders to be women. Beneficiary committees also serve as a liaison with the broader community, for instance sensitizing the beneficiaries on rations to be distributed.

Monitoring activities associated with this activity included Post Distribution Monitoring (PDM), which focuses on indicators associated with food security and vulnerability, and Beneficiary Contact Monitoring (BCM), which involves collecting beneficiary feedback on the impact of the activity and the degree of satisfaction/dissatisfaction with the activity.

During the PDM of May, it was found that beneficiaries' understanding of the food assistance programme was limited, with less than half of the beneficiaries knowing that WFP was the agency providing the assistance. However, during the PDM of August, only 21% of the beneficiaries indicated not having been well informed on the programme. It can be concluded that WFP and its partners have strengthened their communication with the affected communities.

At the time of the second PDM, around a third of the household knew how to contact WFP. Approximately concomitantly with the collection of this data, WFP set up a helpline 'numéro vert'. This helpline was not yet well known at the time of the post-distribution monitoring but will facilitate the expression of beneficiaries' feedback and complaints, as well as any protection concerns.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
The activities implemented specifically under this grant will not be the object of a separate evaluation. However an evaluation of the overall WFP regional operation (EMOP 200777) – which includes activities in Cameroon, Niger and Nigeria in addition to Chad - has been completed in April-May 2016.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

The full report can be accessed here: <https://www.wfp.org/content/west-africa-regional-emop-200777-providing-life-saving-support-households-cameroon-chad-an-0>

The evaluation found that EMOP 200777 was an appropriate response in means and scale, designed based on a sound and regular review of the food security situation and adapting to a rapidly evolving situation. Core challenges identified during the evaluation include the limited availability of information on displacement and on the nutritional situation. Since the field work has been completed for this evaluation, WFP and various partners providing a nutritional response in the Lake region, have systematized nutritional screenings at distribution sites.

In addition, WFP conducts regular post-distribution monitoring and two such exercises have been conducted during the timeframe of the CERF project. The PDM serve to assess the effects of the programme and provide suggestions to correct and improve it.

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	28/12/2015 – 28/06/2016		
<b>2. CERF project code:</b>	15-RR-WHO-054		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency Health Care to IDPs, returnees and host population affected by the Nigerian crisis on the Lac Region in Chad					
<b>7. Funding</b>	a. Total funding requirements <sup>20</sup> :	US\$ 1,251,800	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>21</sup> :	US\$ 700,000	▪ NGO partners and Red Cross/Crescent:		US\$ 200,000	
	c. Amount received from CERF:	US\$ 500,000	▪ Government Partners:			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	11,604	11,149	22,753	11,604	11,149	22,753
Adults (≥ 18)	45,814	44,018	89,832	45,814	44,018	89,832
<b>Total</b>	<b>57,418</b>	<b>55,167</b>	<b>112,585</b>	<b>57,418</b>	<b>55,167</b>	<b>112,585</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			Fill in			
IDPs	63,321		63,321			
Host population	37,671		37,671			
Other affected people (Returnees)	11,593		11,593			
<b>Total (same as in 8a)</b>	<b>112,585</b>		<b>112,585</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>						

<sup>20</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>21</sup> 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:	
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provide life-saving health interventions to an estimated 112,585 people (returnees, IDPs and host communities) to contribute to the reduction of morbidity and mortality rates among these populations, in particular children and women.		
<b>10. Outcome statement</b>	Morbidity and mortality among returnees, IDPs and their host communities, in particular children and women in the region of Lac are reduced.		
<b>11. Outputs</b>			
<b>Output 1</b>	112,585 people ( returnees, IDPs and host communities), especially mothers and children have access to quality health services		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of functional health facilities with required staff and medical equipment for delivering a full package of health interventions (In close collaboration with UNICEF for the provision of vaccines)	16 health centres: Bagassola: 10 -Bol: 6	16 health centres: Bagassola: 10 -Bol: 6
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure complete Inter Agency Emergency Health Kits 2011(9), Diarrhoeal Kit 2009(2), medical kits and supplies (from WHO Supply Division)	WHO	Emergency Health Kits 2011, Diarrhoeal Kit 2009,medical kits and supplies purchased by WHO
Activity 1.2	Distribute complete Inter Agency Emergency Health Kits 2011, Diarrhoeal Kit 2009, medical kits and supplies to health facilities for 120,585 people (11593returnees, 63321IDPs and 37671 host communities)	WHO	Emergency Health Kits 2011, Diarrhoeal Kit 2009,medical kits and supplies distributed by WHO and MoH (DSR)
<b>Output 2</b>	Regular activities of mobile health clinic ensured in the targeted areas		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of mobile health clinics set up	2 mobiles health clinics : Tagal, Oulaoul in Baga sola 6 mobiles health clinics: Liwa, Tataveron, Akoulfa, Ndjari, Chebre, Kiskra	2 mobiles health clinics : Tagal, Oulaoul in Baga sola 6 mobiles health clinics: Liwa, Tataveron, Akoulfa, Ndjari, Chebre, Kiskra
Indicator 2.2	Number of mobile clinic visits in targeted regions	48	48
Indicator 2.3	% of children receiving the third dose of Pentavalent and measles vaccines	100%	100% of children seen by the mobile clinics vaccinated

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Ensure the mobile health clinics activities	IMC	The activities of the mobile clinic were ensured by IMC
Activity 2.2	Conduct at least twice a week in targeted regions	IMC	48 visits conducted in targeted regions by IMC
Activity 2.3	Ensure that all children received the third dose of Pentavalent and measles vaccines	IMC	100% of children seen by the mobile clinics vaccinated(1342) by IMC

**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:**

N/A

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

For this rapid response WHO ensured through field visits that drugs were provided to health centers and delivered to patients and mobile clinics operated on regular basis in the targeted areas. No complaint was raised during these visits except the poor management of the stocks.

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

EVALUATION CARRIED OUT

A formal evaluation of this individual project was not planned as it is usual that a global evaluation of the health system and services may be carried out for a specific region or at country level. However, routine data collected from the field were used to calculate the achievement of the planned outcomes.

EVALUATION PENDING

Epidemiological data were collected on a daily basis in health facilities and transmitted on a weekly basis to health district and to national level.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	24/12/2015 – 24/06/2016		
<b>2. CERF project code:</b>	15-RR-HCR-064		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Security from Violence and Exploitation: Strengthening protection of children and reducing risk of SGBV and improving quality of response to SGBV among refugees					
<b>7. Funding</b>	a. Total funding requirements <sup>22</sup> :	US\$ 460,781	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>23</sup> :	US\$ 100,096	▪ NGO partners and Red Cross/Crescent:		US\$ 50,148	
	c. Amount received from CERF:	US\$ 100,096	▪ Government Partners:			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	1,961	2,084	4,045	1,590	1,554	3,144
Adults (≥ 18)	1,391	2,432	3,823	1,092	1,190	2,282
<b>Total</b>	<b>3,352</b>	<b>4,516</b>	<b>7,868</b>	<b>2,682</b>	<b>2,744</b>	<b>5,426</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	7,868			5,426		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>7,868</b>			<b>5,426</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category</i>	The difference in planned versus reached beneficiaries is due in part to the updated Protection of Civilian (PoC) population figures. Following the completion of the physical					

<sup>22</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>23</sup> This should include both funding received from CERF and from other donors.

<i>distribution, please describe reasons:</i>	verification and biometric registration in December 2015, and regularisation done through continuous registration, the number of refugees living in Dar Es Salam camp was 5,426. An additional 1,572 refugees registered, verified and active in the progres database live outside the camp and could not be reached due to the security measures in place in the N'Gouboua and Tchoukoutalia areas.
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CERF Result Framework			
<b>9. Project objective</b>	Strengthening protection of children and reducing risk of SGBV and improving quality of response to SGBV		
<b>10. Outcome statement</b>	Community based networks of child protection and SGBV prevention established and operational.		
<b>11. Outputs</b>			
<b>Output 1</b>	Best interest determination process established and operational		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of best interest beneficiary selection conducted	80	103
Indicator 1.2	# of children with specific needs taken in charge (including children living with a handicap) and benefiting of assistance	80	107
Indicator 1.3	# of partner staff and other trained in best interest procedure, child protection and the rights of the child	30	27
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Document all activities of identification, best interest assessment, referral and follow-up of children at risk	UNHCR	UNHCR, CRT
Activity 1.2	On the basis of best interest beneficiary selection, take action to reinforce the provision of support of boys and girls with specific needs, with direct assistance/services and through referral to service providers, and follow-up. Map available services and referral pathways. Elaborate SOPs.	UNHCR, CRT	UNHCR, CRT
Activity 1.3	Organize trainings for authorities, UNHCR and partner staff on the protection of children, the rights of the child, child friendly procedures and communication with boys and girls.	UNHCR	UNHCR
<b>Output 2</b>	Community based child protection structures established and functioning		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of children 's committees, groups and other structures operational and facilitate children's participation	4	4
Indicator 2.2	# of trainings conducted	3	3
Indicator 2.3	# of signalled cases of abuse, neglect, exploitation or violence against children	30	18

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identify and support the organization of community based child protection networks	UNHCR and CRT	UNHCR, CRT
Activity 2.2	Organize training and sensitization sessions on the rights of the child and child protection issues, within the community	UNHCR	UNHCR, CRT
Activity 2.3	Organize trainings on the identification of children at risk, establish referral pathways and SOPs	UNHCR	UNHCR, CRT
<b>Output 3</b>	Participation of 4 community groups in SGBV prevention and response enabled and sustained		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of awareness raising campaigns on SGBV prevention and response conducted	6	5
Indicator 3.2	# of Women's centres constructed	1	1
Indicator 3.3	# of community based committees/groups working on SGBV prevention and response	4	8
Indicator 3.4	# of trainings conducted	4	3
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	SGBV awareness campaigns	UNHCR and CRT	UNHCR, CRT
Activity 3.2	Construction of one Women Centre – temporary structure	CRT	CRT
Activity 3.3	Formation of SGBV Committees	UNHCR and CRT	UNHCR, CRT
Activity 3.4	SGBV Trainings	UNHCR – CRT	UNHCR, CRT

**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 setting up of mechanisms for child protection and the prevention, combat and treatment of SGBV cases were set protection priorities for the Lake Region in 2016. During the implementation period of this project, five awareness campaigns on SGBV prevention and response were conducted. These campaigns covered the subjects of SGBV, education for girls and information on the law prohibiting child marriage. Door-to-door sensitization and awareness raising was conducted by members of SGBV committees, which are composed of refugees. In total, there are eight community-based committees dedicated to SGBV prevention and response. A positive change in community members' behaviour towards the issues of concern covered was evident as the project progressed.

Four trainings on SGBV and Child Protection were conducted for the committees during the implementation period. Three of the four trainings were for the community-based committees and counted with the participation of 501 persons (305 women and 201 men). The fourth training was organized for the local authorities during the formation of their committee. These trainings allowed community members to be more effective in their ongoing campaigns in the camp and to have a good understanding of the referral system in place (for SGBV cases). Weekly meetings are held with SGBV committees in order to stay abreast of any concerns and issues on the subject.

Through CERF funding for this project, a Women's Centre was established in the camp. The Centre serves as a hub for information on SGBV and related services available, as well as a place where SGBV cases can be reported. As a support to the SGBV committees and to render it operational, UNHCR equipped the Centre with a generator and other necessary equipment.

A total of 107 children with specific needs were taken charge of and received assistance, 27 children more than the initial target. Eighteen cases of abuse, neglect, exploitation or violence against children were reported during the project period. Trainings and awareness campaigns on the rights of the child and child protection issues are a positive contributor to cases being reported.

<p>The project also resulted in 103 Best Interest Assessments (BIA) being conducted.</p> <p>Overall, CERF funding for this project allowed for setting up of important child protection and SGBV prevention/response mechanisms.</p>	
<p><b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b></p>	
<p>In all of its programming, UNHCR takes steps to ensure accountability to affected populations (AAP) during the life cycle of all projects. Throughout the duration of this project and in its aftermath, UNHCR had direct contact with beneficiaries and provided venues where beneficiaries could express their concerns and inputs. With regards to SGBV, it is camp leaders themselves that recommend persons for SGBV committees. This was particularly the case when it came to male members, which were insufficient at the onset. The members of these committees, which were trained by UNHCR and its partner, conduct door-to-door sensitization and awareness raising in the camp. This is done with support and guidance from UNHCR and CRT's community service units. Monthly meetings are held to discuss protection issues and meeting with SGBV committees take place on weekly basis. During these meetings, committee members play a critical role in the relaying of information/issues and in bringing important concerns to UNHCR and CRT's attention.</p>	
<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>This project has not been formally evaluated and there is no evaluation planned for the moment. An evaluation was not deemed necessary as the project was monitored regularly throughout its implementation by both UNHCR and staff from the CRT. Through this monitoring, a positive impact on the community's behavior was observed. This was particularly notable with regards to the reporting/referral of SGBV cases, education for girls and early marriage.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-FAO-035	Livelihoods	FAO	INGO	\$45,155
15-RR-FAO-035	Livelihoods	FAO	GOV	\$62,000
15-RR-HCR-064	Multi-sector refugee assistance	UNHCR	NNGO	\$50,148
15-RR-WHO-054	Health	WHO	INGO	\$200,000
15-RR-FPA-047	Health	UNFPA	GOV	\$140,000
15-RR-FPA-047	Health	UNFPA	RedC	\$30,000
15-RR-FPA-047	Health	UNFPA	NNGO	\$12,000
15-RR-CEF-136	Education	UNICEF	NNGO	\$25,881
15-RR-CEF-136	Education	UNICEF	GOV	\$26,546
15-RR-CEF-136	Education	UNICEF	GOV	\$84,079
15-RR-CEF-136	Education	UNICEF	GOV	\$39,126
15-RR-CEF-137	Child Protection	UNICEF	NNGO	\$45,162
15-RR-CEF-137	Child Protection	UNICEF	INGO	\$49,223
15-RR-CEF-137	Child Protection	UNICEF	NNGO	\$191,531
15-RR-CEF-138	Nutrition	UNICEF	GOV	\$53,911
15-RR-CEF-138	Nutrition	UNICEF	NNGO	\$9,727
15-RR-CEF-138	Nutrition	UNICEF	NNGO	\$8,642
15-RR-WFP-081	Food Assistance	WFP	RedC	\$38,696
15-RR-WFP-081	Food Assistance	WFP	NNGO	\$15,609
15-RR-WFP-081	Food Assistance	WFP	NNGO	\$29,469
15-RR-WFP-081	Food Assistance	WFP	INGO	\$240,741

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to affected populations
ACF	Action Contre le Faim
ACHUDE	Action Humanitaire pour le Developpement
ACRA	Associazione di Cooperazione Rurale in Africa e America Latina
ACTED	Agence d'Aide à la Coopération Technique et au Développement
ADERBA	Association pour le Développement dans la Région de Baga Sola
ADESOL	Association pour le développement économique et social du lac
ANC	Antenatal Care
APSELPA	Action pour la Protection de la Santé, de l'Environnement et de la Lutte contre la Pénurie Alimentaire
BCM	Beneficiary Contact Monitoring
BIA	Best Interest Assessments
CAAFAG	Children Associated with Armed Forces and Armed Groups
CCCM	Camp Coordination and Camp Management
CECOQDA	Centre de contrôle des qualités des denrées alimentaires
CELIAF	Cellule de Liaison et d'Information des Associations Féminines
CERF	Central Emergency Response Fund
CFS	Child Friendly Space
CHW	Community Health Workers
CJERCAB	Coordination des Jeunes de Baga-sola
CMAM	Community-based Management of Acute Malnutrition
CNARR	Commission Nationale pour l'Accueil et la Réinsertion des Réfugiés et des Rapatriés
CNNTA	Centre national de nutrition et technologie alimentaire
Coopi	Cooperazione Internazionale
CRT	Croix Rouge du Tchad
CTO	Centre de Transit et d'Orientation (Transit and Orientation Centre)
DRE	Délégation régionale de l'élevage
DRAS	Direction Regionale de l'Action Sociale
DRS	Délégation régionale de la santé
DS	District Sanitaire
DSR-L	District Sanitaire Regiona - Lac
ECD	Head of sanitarian district
ECHO	European Commission Humanitarian Aid Office
EDS-MICS	L'
EMOP	Emergency Operation
FAO	Food and Agricultural Organization
GBV	Gender-Based Violence
HCT	Humanitarian Country Team
HH	Households
HIV/AIDS	Human immunodeficiency virus infection and acquired immune deficiency syndrome
IAS	International Aid Services
IDPs	Internally displaced persons
IHDL	Initiative Humanitaire pour le Développement Local
ICC	Inter Cluster Coordination group
IMC	International Medical Corps
IMC-UK	International medical corps-uk
IOM	International Organisation for Migration



IRC	International Rescue Committee
MFPESEN	Ministère de la Femme, de la Petite Enfance et de la Solidarité Nationale
MoE	Ministry of Education
MoH	Ministry of Health
MRE	Mine Risk Education
MSF	Médecins Sans Frontières
NFI	Non Food Items
OPAD	Organisation pour la Promotion et l'Appui au Développement
PDM	Post Distribution Monitoring
PFE	Pratique Familiale Essentielle (Essential Family Practices)
PSS	Psychosocial support
RH	Reproductive Health
SC	Seperated Children
SECADEV	Secours Catholique et Développement
SGBV	Sexual and Gender Based violence
SIDA	Swedish International Development Agency
SODELAC	Société de Développement du Lac
SR	Santé de la reproduction
SOP	Standard operating procedures
SMART	Standardized Monitoring and Assessment of Relief and Transition
T	Tons
TCNs	Third Country Nationals
TLS	Temporarily Learning Center
UAM	Unaccompanied minors
UASC	Unaccompanied and Separated Children
UNFPA	United Nations Population Fund
UNHCR	United Nation High Commission for Refugees
UNICEF	United Nations Children and Education Fund
WASH	Water, Sanitaion and Hygiène
WFP	World Food Programme
WHO	World Health Organization