

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
CHAD  
UNDERFUNDED EMERGENCY ROUND II 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.

*No AAR as described in the guidelines was conducted. However, the HCT discussed and reviewed mid-term midterm progress in February 2016 which confirmed that some project were delayed but would be completing by the project end date. Recipient agencies were invited to that HCT meeting to presents progress and major challenges.*

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

YES  NO

*The report was not discussed in the HCT but discussed and reviewed with recipient agencies and clusters coordinators.*

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

YES  NO

*The report was shared with recipients agencies and clusters coordinators*

## I. HUMANITARIAN CONTEXT

<b>TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)</b>		
<b>Total amount required for the humanitarian response: 508,904,648</b>		
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	CERF	5,998,567
	COUNTRY-BASED POOL FUND <i>(if applicable)</i>	
	OTHER (bilateral/multilateral)	266,057,127
	<b>TOTAL</b>	<b>272,055,694</b>

<b>TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)</b>			
<b>Allocation 1 – date of official submission: 24-Aug-15</b>			
<b>Agency</b>	<b>Project code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
UNICEF	15-UF-CEF-096	Health	400,000
UNICEF	15-UF-CEF-097	Water, Sanitation and Hygiene	500,000
UNICEF	15-UF-CEF-098	Nutrition	800,241
FAO	15-UF-FAO-026	Food Aid	565,251
UNHCR	15-UF-HCR-043	Food Aid	431,230
UNHCR	15-UF-HCR-044	Health	401,845
UNHCR	15-UF-HCR-045	Water, Sanitation and Hygiene	500,000
WFP	15-UF-WFP-056	Food Aid	2,000,000
WHO	15-UF-WHO-036	Health	400,000
<b>TOTAL</b>			<b>5,998,567</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	4,683,415
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,164,647
Funds forwarded to government partners	150,505
<b>TOTAL</b>	<b>5,998,567</b>

## **HUMANITARIAN NEEDS**

The conflict that rages in Darfur has displaced tens of thousands of Sudanese in successive waves since 2003, generating a persistent humanitarian crisis in Eastern Chad. Refugee inflows from Darfur have also coated social tensions linked to an increasing demand on local resources and access to basic social services. Since the end of 2013, funding has been progressively declining and humanitarian interventions have been drastically reduced leaving thousands of refugees and their host communities without adequate assistance, thus limiting access to food, health, nutrition and wash services. The combined effect of the presence of refugees in already poor host communities and reduced aid intervention put further pressure on Eastern part of Chad. This region was already the most vulnerable of the country.

As of October 2016, Chad hosts over 388,954 refugees, some 310,834 of Sudanese origin representing 80 per cent of the total refugee number. They are hosted in 12 camps and 1 site in Eastern Chad alongside the Darfur regions of Sudan, in an arid and harsh environment. A recent evaluation carried out by UNHCR and WFP in April-May 2016 has shown that the food security situation of refugees and host communities in the eastern region has deteriorated due to the bad agricultural season 2015/2016. In October 2015 44.1 per cent of refugees households were food insecure against 22.6 per cent in October/November 2014.

The livelihood of refugees and host community in the eastern regions is has being affected over years by deteriorating the resilience capacity of the population and leaving them in precarious situation, The food consumption analysis in 2016 revealed that 8,4 per cent and 13 per cent of households in the country have respectively poor and limited food consumption. Therefore, these populations in the concerned regions which include Ouaddai, Sila Wadi Fira, Ennedi are facing serious food security problems. In August 2016, the locust attacks in the Sahel belt, including Ouaddai and Wadi Fira, have destroyed 51 per cent of prepared agricultural lands putting these populations at risk of food insecurity for the next lean season (May-September).

The last SMART results revealed that the nutrition situation while improving globally remained an concern in some eastern regions where the global acute malnutrition (GAM) rates are above the emergency threshold (15 per cent) which include Ennedi Ouest (23,3 per cent), Ouaddai (16.9 per cent), Batha (16.6 per cent) while the Severe Acute Malnutrition (SAM) rates are above the emergency threshold (2 per cent) in Ouaddai (3.6 per cent), Ennedi Ouest (5 per cent), Batha (4.3 per cent). In addition, the regional health district has reported 1,678 new malnutrition case in August 2016 and 1,523 cases in September.

Access to basic services especially in health, water and sanitation sectors in the eastern region is poor comparing to the rest of the country. Only 30 per cent of the population has access to clean water which far below the country average of 67 per cent. The health situation of the refugees and in some extent of the host population is very challenging due to lack of qualified human resources in the health centers, medical equipment and essential drugs. Access to health services remained difficult for the majority of the population as result of the weak health system in the country. Health centres lack essential drugs and materials while there are no sufficient qualified health workers to adequately run health centres. For the Ouaddai region, there is only one doctor for 77,856 persons. The presence of these refugees and the reduced funding to support these vulnerable populations is still placing an enormous strain on their access to food, education, health facilities and access to safe drinking water. Limited access to water continues to be a source of tension, of conflict in Sila, Ouaddai and Wadi Fira regions.

Given the continued insecurity in Darfur and that the voluntary repatriation of Sudanese refugees remains very unlikely, it is therefore necessary to ensure the continuity of protection and humanitarian assistance to these refugees and the vulnerable local host population as well as to invest in durable solutions for them.

## II. FOCUS AREAS AND PRIORITIZATION

CERF funded activities targeted as a priority the Northern part of the Eastern region namely Wadi Fira and Ennedi Est where the prospects for accessing basic services and developing livelihoods are more limited. CERF interventions targeted both refugees in the camps and the most vulnerable host communities.

Food security sector: CERF interventions focused on food distribution in six refugees camps (Oure Cassoni, Millem, Kounougou, Iridini, Amnaback, and Toumoum) in Wadi Fira and Ennedi East regions and two camps (Goz Amir and Djabal) in Sila region where the food ration were reduced while developing sustainable livelihoods activities for these refugees and the host communities to improve their self-sufficiency and reduce their vulnerability. These activities were also implemented in the same areas of the nutrition activities to maximise the impact on the results. Moreover activities aiming at fostering resilience and developing sustainable livelihoods were developed for poor refugees and host communities households through support to gardening production, distribution of small ruminants and vaccination of animals.

Health sector: CERF interventions focused on increased provision of health care to refugees and host communities in Wadi Fira, Ennedi East and Sila, regions through support the Regional Health Directorates in the targeted regions to be able to provide quality primary and secondary health cares to the affected populations. Therefore, health interventions have prioritized provision of essential health supplies (Inter-Agency Emergency Health kits, diarrheal and malaria drugs kits, vaccines, insecticide treated mosquito nets) to district hospitals and health centres, strengthening the technical capacity of health workers enabling them to provide quality primary and secondary care to the needed population, children and particularly pregnant women.

Nutrition sector: Nutrition interventions aimed addressing malnutrition problems through treatment of malnutrition cases and supplementation of all children 6-23 months in five refugee's camps and within vulnerable host communities in Wadi Fira region. These interventions focused on efficient management of acute malnutrition through strengthening community based management, strengthening health centres capacity, provision of emergency nutrition supplies, including therapeutic foods and essential drugs and reinforcing screening for nutrition and anaemia status of under-5 children.

WASH sector: The CERF interventions focused in improving access to clean water and sanitation facilities for refugees and vulnerable host communities in Ouaddai, Sila and Wadi Fira regions through an increase of WASH infrastructure capacities. This aimed also to reduce the health risk of diseases associated with limited access to safe drinking water, and inadequate sanitation and hygiene practices. The actions focused on addressing gaps in the sector but also sustaining existing structures through increased involvement and ownership of the beneficiaries and local stakeholders through establishment of water management committees and sanitation committees. The WASH activities complemented on-going interventions in health and nutrition to maximize impact and make effective use of resources through an integrated approach to providing a comprehensive WASH package (WASH in nutrition and health, WASH in school).

## III. CERF PROCESS

The prioritisation process was conducted through an inclusive consultative process with key humanitarian partners involved in interventions in the eastern region, the Inter cluster forum and the HCT which includes representatives of NGOs and key humanitarian donors in country. As a result of the discussions held at HCT on 29 July 2015 and to ensure maximum impact of the CERF funding, the Humanitarian Country Team agreed on two strategic objectives to address the critical underfunded needs:

Provide lifesaving assistance to refugees and vulnerable host populations through basic social services in Health, Wash and Nutrition  
Improve food security and self-sufficiency for refugees and vulnerable host populations

The HCT ensured that the two strategic objectives are in line with HRP 2015 strategic objectives aiming to provide assistance to refugees and vulnerable host communities while developing activities to reinforce their self-sufficiency and their integration among the local communities.

Having defined the two strategic objectives for the CERF, the HCT requested cluster coordinators and key agencies to further prioritize key interventions for the CERF taking into account the geographical focus, the priorities by sector and the target population. As a result, it was agreed to focus on camps and host villages in the Northern part of the Eastern region of Chad (Wadi Fira and Ennedi Est) where key indicators in all sectors have deteriorated and where the prospects for sustainable livelihoods are limited therefore creating negative coping strategies. UNHCR last updated figures on refugees and the general population data were used to determine the targeted refugee's population. Agencies have been requested to identify and consult with potential implementing partners and to look for complementarity and synergies among UN Agencies by submitting joint projects when in the same areas.

The ICC and the agencies CERF focal points met on 3 August to discuss and to agree on the key interventions to implement linked to the strategic objectives of this CERF. Moreover, due to the limited number of partners in the eastern regions, it was an agreement during the meeting on a list of reliable partners with whom the UN agencies can consult for possible partnership.

Finally clusters met to identify to agree on agencies to develop proposal while joint proposals were recommended for more coherence on the intervention and to maximize the impacts on the results.

#### 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: 524,280									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	60,498	40,925	101,423	51,601	24,911	76,512	112,099	65,836	177,935
Health	27,712	86,701	114,413	26,625	83,300	109,925	54,337	170,001	224,338
Nutrition	4,939	6,861	11,800	4,763		4,763	9,702	6,861	16,563
Water, Sanitation and Hygiene	40,092	30,786	70,878	34,152	9,722	43,874	72,244	40,508	114,752

<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. For joint project, the highest number amongst the participating agencies was considered for the project. Based on the consultation with the respective cluster leads and recipients agencies, 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.

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

	Children ( < 18)	Adults ( ≥ 18)	Total
<b>Female</b>	76,248	90,204	166,452
<b>Male</b>	66,735	72,256	138,991
<b>Total individuals (Female and male)</b>	<b>142,983</b>	<b>162,460</b>	<b>305,443</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**

Lifesaving assistance was provided to 305,443 persons including 177,935 refugees and 127,508 vulnerable host population in the eastern Chad through provision of basic social services in Health, Wash and Nutrition and improving their food security and livelihood

Health care services were made available to 224,338 persons including 96,839 refugees in Wadi-Fira, Sila and Ennedi East regions through the provision of integrated package of quality health interventions, improvement of the reference system, training of aid workers and equipment of refugee camps, village health centres and district hospitals in Iriba and Guereda (Wadi Fira). As result all refugee children and 96 per cent of children within host communities have received pentavalent vaccines and 79 per cent for measles vaccine while the number of pregnant women who were able to received antenatal care increased from 25 per cent to 70 per cent (average). The interventions carried out by health partners ensure access for more people through a gradual integration of the health facilities of the refugee's camps into the Chadian public health system.

The WASH interventions enabled 114,752 persons in five refugee camps and 35 villages in the Wadi Fira region to get access to sufficient safe drinking water and access to sanitation facilities through the construction of 20 boreholes, 20 water points and 3000 latrines as well the rehabilitation of 15 borehole, As results, the quantity of water available per person per day increased from 11 litres to 15 litres in the refugees camps in Guerada and from 11 litres to 16 litres for the host population. For the sanitation, Community-Led Total Sanitation (CLTS) was used through the implementation which enabled greater community involvement, ownership and awareness of sanitation problems. Results showed that more than 35 villages were triggered and 40 per cent of them were declared Open Defecation Free (ODF). As a result, more than 96,752 families took the initiative to build latrines using their own resources. To ensure hygiene promotion, regular hygiene promotion sessions (home visits and sensitization campaigns in public spaces) were organized using participative approaches such as Behaviour Change Communication which enabled 114 752 persons having and performing basic hygiene practices Number of people with knowledge on and performing

In the nutrition sector, 16,563 children under five including 13,722 refugees and 2841 host communities were treated through the Integrated Management of acute Malnutrition (IMAM) in outpatient and inpatients therapeutic feeding units integrated in refugee camps and surrounding areas in Wadi Fira Region. Consequently, 2,841 children under five with Severe Acute Malnutrition (SAM) received appropriate treatment. A total of 6,861 children from 6 -23 months have continuously received supplement with nutributter while 6,861 mothers and caregivers benefited from sensitization activities on child feeding and care practice. As results of these interventions the malnutrition prevalence rate in the Wadi Fira region was reduced from 10 per cent to 9 per cent and death rate decreased from 0.3 per cent to 0.03 per cent.

A total of 177,935 refugees in the eight refugee camps (six camps in the North-East and two camps in the Sila region) have received food assistance. As results the consumption score has greatly improved, moving from 50 per cent at the time of the baseline to around 80 per cent, thus exceeding the target of 65 per cent. The second major component of this project was food assistance through cash vouchers, which was done for the first time in the East Operation. These cash vouchers were provided to the 2,400 vulnerable households enabling them to meet their basic food needs. Each beneficiary received eight coupons for a total worth of approximately \$26 during each of two distributions. The distribution was combined with activities to improve food security and self-sufficiency for Sudanese refugees and vulnerable host communities through distribution of gardening kits to 2,400 vulnerable households which enabled them to produce 853 tons of vegetables. Moreover, le 4,800 animals were distributed to 3,000 households while 60,000 animals

have been vaccinated to reinforce their livelihoods and resilience capacity. and to preserve and protected livestock capital against epizooty.

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

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

Once CERF proposals approved, most of the agencies have used their own resources prior CERF disbursement for their interventions

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

Critical needs have been identified only in four sectors that were timely addressed specially in food security. This enabled beneficiaries to improve their livelihoods during the lean seasons.

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

The CERF funds enabled implementing partners to mobilize other resources in complement of the CERF activities or to extend them to other areas in the eastern Chad

- d) **Did CERF improve coordination amongst the humanitarian community?**  
YES  PARTIALLY  NO

This CERF allocation strengthened consultations and coordination amongst to actors and especially around integrated response for refugees and host communities

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

CERF had an added value of drawing attention of the humanitarian community on the persisting humanitarian situation in the eastern Chad avoiding falling under the forgotten crisis.

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<sup>1</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

## V. LESSONS LEARNED

<b>TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Weak/poor communication/connection with Agency CERF focal point at HQ level with the country team	Request Agency focal points at HQ level to liaise closely with their country team during the whole process, in order to provide guidance and additional support when needed	CERF / Agency focal points at HQ level

<b>TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
The weak monitoring of CERF projects on the ground	Collectively explore ways to improve the monitoring of CERF implemented project	HC, HCT
Lack of knowledge of the CERF rules and guidance which make more difficult the discussion on the strategic used of the CERF funds	Training of Agencies CERF focal point and cluster coordinators	HC, OCHA

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

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CERF project information						
<b>1. Agency:</b>	UNICEF UNHCR WHO	<b>5. CERF grant period:</b>	02/10/2015 – 30/06/2016			
<b>2. CERF project code:</b>	15-UF-CEF-096 15-UF-HCR-044 15-UF-WHO-036	<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 refugees and host populations affected by the Darfur crisis in the Eastern part of Chad					
<b>7. Funding</b>	a. Total funding requirements <sup>2</sup> :	US\$ 117,915,174	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>3</sup> :	US\$ 47,685,747	▪ NGO partners and Red Cross/Crescent:		US\$ 296,295	
	c. Amount received from CERF:	US\$ 1,201,845	▪ Government Partners:		US\$ 55,376	
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)	27,712	26,625	54,337	27,712	26,625	54,337
Adults (≥ 18)	86,701	83,300	170,001	86,701	83,300	170,001
<b>Total</b>	<b>114,413</b>	<b>109,925</b>	<b>224,338</b>	<b>114,413</b>	<b>109,925</b>	<b>224,338</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	169,904		96,839			
IDPs						

<sup>2</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>3</sup> This should include both funding received from CERF and from other donors.

Host population	54,434	127,499
Other affected people		
<b>Total (same as in 8a)</b>	<b>224,338</b>	<b>224,338</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>	<p>UNHCR reached its objective of making health services available to the refugees in the targeted camps as well as host community members. However, the number targeted during the proposal stage for refugees and host communities is different from that actually reached because the former was based on population statistics available at the time. After the biometric registration exercise that was finalized in December 2015, the total number of refugees in camps dropped drastically from those on record before. The current figure of 114,654 includes the entire refugee population (96 839) in each of the targeted camps and related host communities 15,815).</p>	

CERF Result Framework			
<b>9. Project objective</b>	Improving the health status of an estimated 224,338 refugees and their host communities in the regions of Wadi-Fira, Sila and Ennedi East through the provision of integrated package of quality health interventions		
<b>10. Outcome statement</b>	Morbidity and mortality among refugees and host population, in particular children and women in the regions of Wadi-Fira, Sila and Ennedi East are reduced.		
<b>11. Outputs</b>			
<b>Output 1</b>	224,338 people (169,904 refugees and their 54,434 host communities), especially mothers and children have access to quality and integrated health services		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	% of children receiving the third dose of Pentavalent and measles vaccines	Penta3: 70% Measles: 80%	Penta 3: 96% (refugees: 100%) Measles: 79% (refugees: 100%)
Indicator 1.2	% of pregnant women attending antenatal care (including TT2 vaccination, malaria prevention, and PMTCT) for refugees, IDPs and host communities	ANC: 25% TT2: 80%	ANC1: 37% (refugees : 94%) ANC3: 26% TT2: 79% (refugees : 99%)
Indicator 1.3	Number of referral cases to secondary and tertiary health structures	600	425
Indicator 1.4	Number of obstetrical cases referred	100	70
<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, medical kits and supplies been 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 169,904 refugees and 54,434 host communities	WHO	Emergency Health Kits 2011, medical kits and supplies have been distributed to Guereda(4) and Iriba(5) health centers by WHO and MoH(DSR)
Activity 1.3	Purchase routine vaccines and injection devices	UNICEF	Vaccines and required injection devices procured by UNICEF
Activity 1.4	Purchase anti-malaria drugs kits and anti-diarrheal	UNICEF	Anti-malaria and anti-diarrheal drugs/kits procured by UNICEF
Activity 1.5	Distribute the vaccines and drugs to the districts and health centres	UNICEF, MOH	Vaccines and essentials drugs procured and distributed to the districts and health centres.
Activity 1.6	Provide refresher training to 35 medical staff on the IMCI (Integrated Management of Childhood Diseases)	MOH, UNICEF	30 district health staff received refresher training on the Integrated Management of Childhood Illnesses (IMCI)
Activity 1.7	Reinforcement of the health teams at refugee camp, village and district hospital level	IMC, IRC, CSSI	IMC, CSSI
Activity 1.8	Reinforcement of Information, Education and Communication strategies on health issues, health centre services and the use of mosquito-nets	IMC, IRC, CSSI	IMC, CSSI
Activity 1.9	Purchasing and distribution of 33,333 mosquito-nets to the target population	IMC, IRC, CSSI	IMC, CSSI
<b>Output 2</b>	Regular supervision and monitoring of activities ensured in the targeted areas		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of monthly supervision visits conducted by regional health Director, Medical District officer, Supervisor of NGO partners in the supported health centres and hospitals	6	6 monthly supervision visits conducted by regional and districts health teams and partners
Indicator 2.2	Number of monitoring visits conducted by WHO, UNICEF and UNHCR in randomized selected health centres and hospitals	2	2 monitoring visits conducted by WHO, UNICEF and UNHCR teams in the field
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Conduct monthly supervision of health facilities	MoH, NGOs	Monthly supervision of health facilities were been conducted by IMC, CSSI and MoH

Activity 2.2	Field monitoring of the activities	MoH, WHO, UNICEF, UNCHR	WHO field-based staff has conducted visits to follow-up the implementation of the activities.  UNICEF field-based staff has conducted programmatic visits to follow-up the implementation of the activities.
<b>Output 3</b>	Referral system is strengthened in Guereda and Iriba districts		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of Ambulances available in Guereda and Iriba hospitals for the transport of referred patients	2	2
Indicator 3.2	Number of Districts hospitals with at one least one surgery specialist and one trained midwife	2	2
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Rent of two ambulances	UNHCR, CSSI, IMC	UNHCR, CSSI, IMC
Activity 3.2	Provide fuel for the ambulances and generators of districts hospitals	UNHCR, CSSI, IMC	UNHCR, CSSI, IMC
Activity 3.3	Recruit technical to support the districts hospitals (surgery and midwife).	UNHCR, CSSI, IMC	UNHCR, CSSI, 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:**

With CERF funding, UNHCR and its implementing partners were able to strengthen health services available to refugees in the targeted camps, as well as host populations. Two ambulances were made available to allow for the transport of patients referred to the district hospital in Iriba and Guereda and two district hospitals now count with at least one surgery specialist and trained midwife. The health personnel teams in the refugee camps, village health centres and district hospitals were also reinforced through this CERF funding. Over 33,000 people were also able to receive mosquito nets for the prevention of malaria.

The difference between the planned target and the reached number of beneficiaries for refugees is due to a change in overall refugee population statistics. At the proposal stage, the target assumed 169,904 refugees, which was the recorded number at the time. However, after the biometric registration exercise at the end of December, population numbers were found to be lower.

For the targeted camps, Touloum, Iridimi, Amnaback, Kounougou and Mile, the post biometric refugee population was 98,839, instead of 125,879. 15,815 individuals from the host community benefited from the project, as planned.

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

**UNICEF:** During the monitoring and programmatic visits, a special attention was given to the quality of services provided to affected populations. Under the quality-assurance plan of HACT, UNICEF staff undertook programmatic visits to implementing partners to ensure that activities are implemented as planned with the required quality of services.

**UNHCR:** Accountability to beneficiaries is a major consideration for UNHCR. At the community level, community complaints mechanisms have been established and feedback mechanisms are in place. At government level, activities are jointly planned, implemented and monitored together with local authorities and reports are shared with different levels of the government to ensure accountability and feedback mechanisms.

**WHO** ensures that drugs are actually sent to beneficiaries, all patients are properly taken care and that health centres did not record breaking

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

EVALUATION CARRIED OUT

**WHO:** A formal evaluation of the project was not planned. However, routine data collected from the field were used to calculate the achievement of the planned outcomes. Epidemiological data were collected on a daily basis in health facilities and transmitted on a weekly basis to health district and to national level.

The monitoring of the implementation of activities was carried out through supervision mission (1) by an Epidemiologist from the WHO country office.

- All health centres identified of Guereda (4), and Iriba (5) were equipped with medicines and medical materials and functioning.
- 100 per cent of patient in receiving centres for medical cases were properly supported

EVALUATION PENDING

**UNICEF:** A formal evaluation of the project was not planned. However, routine data collected from the field was used to calculate the achievement of the planned outcomes (fully achieved); also, the monitoring of the implementation of activities was carried out through supervision and programmatic visits by UNICEF and partners (satisfactory). A key lesson learned from the implementation of the project is that monitoring and programmatic visits jointly with implementing partners are important to ensuring that expected results are achieved.

**UNHCR:** Trough its field staff carried out regular M&E activities throughout the implementation of the funded project and its activities. Activities were also monitored by experts based in N'Djamena and through M&E by implementing partners, which is supervised and verified by UNHCR. For these reasons, it was not deemed necessary to carry out an additional evaluation. During M&E it was made evident that the technical capacity of State medical facilities is still inadequate. On several occasions a person is referred from the primary level to the secondary level, but as the technical capacity is not available in the facility, they are then referred to the tertiary level. A system of scheduled visits where specialists are brought to the camp health facilities on predefined and previously announced days to have consultations (non-emergency cases) may allow for more PoC to be seen and receive the services that they need.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>		UNICEF UNHCR		<b>5. CERF grant period:</b>		30/09/2015 – 30/06/2016
<b>2. CERF project code:</b>		15-UF-CEF-097 15-UF-HCR-045		<b>6. Status of CERF grant:</b> <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
<b>3. Cluster/Sector:</b>		Water, Sanitation and Hygiene				
<b>4. Project title:</b>		Improving access to equitable and sustainable Water, Sanitation and Hygiene (WASH) services to refugees and host populations in the refugee camps and communities around the Guereda and Iriba sub-prefectures in the Wadi Fira region, Chad				
<b>7. Funding</b>	a. Total funding requirements <sup>4</sup> :		US\$ 112,449,324	d. CERF funds forwarded to implementing partners:		US\$ 852,656
	b. Total funding received <sup>5</sup> :		US\$ 48,774,758	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 851,352
	c. Amount received from CERF:		US\$ 1,000,000	▪ <i>Government Partners:</i>		US\$ 1,304
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>	40,092	34,152	74,244	40,092	34,152	74,244
<i>Adults (≥ 18)</i>	30,786	9,722	40,508	30,786	9,722	40,508
<b>Total</b>	<b>70,878</b>	<b>43,874</b>	<b>114,752</b>	<b>70,878</b>	<b>43,874</b>	<b>114,752</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	73,102		73,102			
<i>IDPs</i>						
<i>Host population</i>	41,650		41,650			

<sup>4</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

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

<i>Other affected people</i>		
<b>Total (same as in 8a)</b>	<b>114,752</b>	<b>114 752</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>	N/A	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provide emergency assistance to 96,752 persons (refugees and people in host communities) in the five camps in Guereda and Iriba sub-prefectures in Eastern Chad with provision of safe drinking water, safe hygiene and sanitation promotion		
<b>10. Outcome statement</b>	Improving access to safe drinking water, hygiene and sanitation conditions of refugees and host communities in the 5 camps in Iriba and Guereda sub-prefectures in the Wadi Fira Region in Chad.		
<b>11. Outputs</b>			
<b>Output 1</b>	96,752 persons (refugees and host communities) gained access to and use of safe drinking water facilities		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of people with access to safe drinking water, that is sufficient both in terms of quality and quantity (20l/person/day and 0 ecoli/100ml) in and around the refugees camps in Guereda and Iriba (Wadi Fira region)	114,752	114,752
Indicator 1.2	Coverage of water on access to safe drinking sufficient both in terms of quality and quantity (20L/person/day and 0 ecoli/100ml) in refugee camps	20	15 (average; 12,13,14,19 in each of camps)
Indicator 1.3	Number of women/girls spending less than 20 minutes to collect water/queuing	70,878	70,878
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Construction of 15 new boreholes fitted with hand pumps in host communities in Guereda sub-prefecture (UNICEF)	UNICEF under partnership agreement with NGO IAS	UNICEF through IAS as implementing partner. 20 news boreholes were constructed in the refugee camp hosting the displaced populations and in villages around the refugee camps in Guereda. Five additional boreholes has been constructed
Activity 1.2	Rehabilitation of 55 boreholes in the host community around the refugees camps in Guereda sub-prefecture (UNICEF)	UNICEF under partnership agreement with NGO IAS	UNICEF through IAS contractor. 15 boreholes were rehabilitated as compared to 55 planned. The remaining funds were used to complement the construction of five additional boreholes in villages around the refugee camps in Guereda

Activity 1.3	Water quality testing and training of 70 water management committees in Guereda sub-prefecture (UNICEF)	UNICEF under partnership agreement with NGO IAS	Only 35 water points have been finalised out of the 70 planned (20 new boreholes and 15 rehabilitations). 35 water committees were trained in partnership with NGO IAS. The water quality testing has been performed for 20 water points and at date 15 will tested in the next few weeks.
Activity 1.4	Extension of water supply system through construction two new wells, construction of two ferro cement water storage tanks and laying of 3000 meters of water pipelines in the five refugees camps in Guereda and Iriba Sous Prefecture (UNHCR)	UNHCR agreement with ADES, SECADEV, MEH	ADES, SECADEV
Activity 1.5	Rehabilitation of 16 boreholes in Touloum and Iridimi camps. (UNHCR)	UNHCR agreement with ADES, SECADEV, MEH	ADES
Activity 1.6	Water quality testing and monitoring in the five refugees camps in Guereda and Iriba sub-Prefecture (UNHCR)	UNHCR agreement with ADES, SECADEV, MEH	ADES, SECADEV
<b>Output 2</b>	96,752 persons (refugees and host communities) are aware of and perform improved hygiene practices, and gain access to and use of sanitation facilities		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of people having access to sanitation facilities in and around the refugees camps in Guereda and Iriba in the Wadi Fira region	114,752	114,752
Indicator 2.2	Coverage of family latrine access in the camps in Iriba and Guereda sub-prefecture	61%	36% average (31, 34, 35, 37, 43 in each of camps) 61% outside de refugees camps
Indicator 2.3	Number of people with knowledge on and performing basic hygiene practices	114,752	114,752
Indicator 2.4	Number of mothers and their children having received a WASH kit package (one package per a mother and her child)	2,000	2,000
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Implementation of Community Led Total Sanitation in 35 villages in Guereda sub-prefecture (UNICEF)	UNICEF under partnership agreement with NGO AFDI	UNICEF in partnership t with NGO AFDI. 35 villages were triggered for CLTS, and more than 3,000 family latrines have been constructed to date
Activity 2.2	Implementation of hygiene campaign sensitization in 35 villages in Guereda sub-prefecture (UNICEF)	UNICEF under partnership agreement with NGO AFDI	UNICEF in partnership with NGOs AFDI carried out hygiene promotion campaign in 35 villages. The population were also able to construct by themselves the hand washing stations with their own resources.

			The savings funds initially allocated for this activity were used for the construction of 60 additional family latrines in 35 villages in Guereda sub-prefecture (UNICEF)
Activity 2.3	Distribution of WASH in Nut package for 2,000 mothers and their children (one package per a mother and her child) and health centres (UNICEF)	UNICEF under partnership agreement with NGO AFDI	UNICEF in partnership with NGO AFDI distributed 200 sanitation kits (1 kit for 10 mothers and their children) as part of WASH in Nut package for 2,000 mothers and their children (one package per a mother and her child) and to health centres (UNICEF)
Activity 2.4	Procurement of hygiene and sanitation kits	UNICEF	Hygiene and sanitation kits have been procured and distributed to the beneficiaries. A total of 1,719 mothers and their children in Health centres.
Activity 2.5	Support the construction of 440 family latrine committees in the five refugees camps in Guereda and Iriba sub-Prefecture (UNHCR)	UNHCR under partnership agreement with ADES, SECADEV	ADES, SECADEV
Activity 2.6	Construction of nine blocks of two VIP school latrines in Touloum, Mile and Kounougou camps (UNHCR)	UNHCR under partnership agreement with ADES, SECADEV	ADES, SECADEV
Activity 2.7	Implementation of hygiene promotion and environmental health campaigns with training of 13 water and sanitation committees in the five refugees camps in Guereda and Iriba sub-Prefecture (UNHCR)	UNHCR under partnership with ADES, SECADEV and MEH	ADES, SECADEV

**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:**

For Indicator 1.1: Number of people with access to safe drinking water (20 l/person/day), UNHCR was unable to reach the planned target. Despite efforts, the average amount of water for the ensemble of the targeted camps is currently 15 l/person/day. This is due to numerous factors including the aridity of the area and the poor rainfall, which does not allow for a good groundwater recharge (only one of three boreholes), and the water table level is very low during the dry season. With the WASH budget decreasing over the last three years, available funds are focused more on the maintenance of the current water system than on the construction of new water points. There is also an increasing pressure from host communities on the existing water points in the camps, which leads to a lower average.

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

Community-Led Total Sanitation (CLTS) allows greater community involvement, ownership and awareness of sanitation problems while creating demand. During the process, leaders and community volunteers were trained in sensitization, monitoring and support for the construction of household latrines. Results showed that more than 35 villages were triggered and 40 per cent of them were declared Open Defecation Free (ODF). As a result, more than 96,752 families took the initiative to build latrines using their own resources.

Following awareness sessions on good practices of hygiene and household water treatment, communities have moved forward to the planning of expected behaviour change and determination of the role and responsibility of each of its members. They received support for the establishment of a monitoring and evaluation plan to measure progress, identify causes of failure and determine new corrective actions required. Special awareness sessions were organized to discuss the specific needs of men, women and children.

Home visits have allowed women to be involved in the implementation of good hygiene practices. Arrangements were made to include women in WASH committees in villages so they are involved in decision-making related to water, hygiene and sanitation.

All UNHCR project designs, including this project, are based on AGDM. Sector specific sessions are held with beneficiaries to learn about their concerns and needs, as well as their input as to how these can be addressed. During the period of project implementation, other forms of AAP included weekly meetings in all the camps with the water committees in order to discuss the progress of projects; to learn about beneficiaries' needs, concerns and any gaps, as well as their opinion as to how to address them. Further, monthly meetings are held between UNHCR and its implementing partners to discuss the progress of the activities and any issues that may have been raised to UNHCR by beneficiaries.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
<p><b>UNHCR:</b> Monitoring was done regularly throughout the implementation period by both UNHCR and its implementing partners. UNHCR field staff maintained a daily presence in the field during the entire implementation of the project, thus ensuring a constant monitoring and allowing for an informal evaluation of results and progress. For this reason, it was not deemed necessary for an evaluation to be carried out. The project and its results made it evident that water production in the four camps must be improved and increased.</p> <p><b>UNICEF:</b> No global evaluation has been done. It has been replaced by regular field visits have been undertaken to monitor work quality and progress as well as addressing issues of concern. Report provided by partners has also allowed ensuring that project activities were fully implemented.</p>	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>	24/09/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-UF-CEF-098		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Strengthening lifesaving nutrition emergency intervention in Sudanese refugees camps and host community in eastern Chad					
<b>7. Funding</b>	a. Total funding requirements <sup>6</sup> :	US\$ 19,577,741	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>7</sup> :	US\$ 9,204,161	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 800,241	▪ <i>Government Partners:</i>		US\$ 78,825	
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>	1,285	1,051	2,336	4,939	4,763	9,702
<i>Adults (≥ 18)</i>	4,739	3,877	8,616	6,861		6,861
<b>Total</b>	<b>6,024</b>	<b>4,928</b>	<b>10,952</b>	<b>11,800</b>	<b>4,763</b>	<b>16,563</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	8,214			13,722		
<i>IDPs</i>						
<i>Host population</i>	2,738			2,841		
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>10,952</b>			<b>16,563</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 both funding received from CERF and from other donors.

<p><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></p>	<p>The discrepancy between planned and reached beneficiaries is due to the projected number of children having been bigger than those that were in place to benefit from the interventions. The IMAM (Integrated Management of acute Malnutrition, or Prise en Charge Intégrée de la Malnutrition aigüe) addresses only children aged between 0-59 months, and the number of children in this age bracket had been estimated to be larger than those that were in the refugee camps and the surrounding host communities. The same was true for children aged 6-23 months.</p> <p>Concerning Adults (<math>\geq 18</math>), only mothers and caregivers receiving appropriate message on child feeding and care practices were taken into account, explaining this difference.</p>
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CERF Result Framework			
<b>9. Project objective</b>	To reduce malnutrition-related mortality and morbidity among children under-five years of age through improved access to quality service of severe acute malnutrition and blanket feeding in refugee camps and surrounding host communities		
<b>10. Outcome statement</b>	Case coverage for severe acute malnutrition is at least 70% and blanket feeding Supplementation with RUCF $\geq 80\%$ .		
<b>11. Outputs</b>			
<b>Output 1</b>	2,336 children with SAM from among refugees and surrounding host communities benefit from appropriate malnutrition management in outpatient and inpatients therapeutic feeding units integrated in refugee camps in Wadi Fira Region.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Duration of RUTF and drug outage (number of weeks) in the therapeutic feeding units (no outage ideally).	0	0
Indicator 1.2	Number of under-5 children with Severe Acute Malnutrition who have benefited appropriate treatment	2,336	2,841
Indicator 1.3	Death rates among children admitted to treatment	0.3%	0.03%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Capacity strengthening of health centres (anthropometric equipment, training of health workers and community volunteers)	UNICEF, MoH, BASE	UNICEF, MoH
Activity 1.2	Procurement and timely distribution of emergency nutrition supplies, including therapeutic foods and essential drugs	UNICEF	UNICEF
Activity 1.3	Active case finding through community outreaches by trained community volunteers	UNICEF, MoH, BASE	UNICEF, MoH,
Activity 1.4	Strengthening supervision of the health centres (five centres in Guereda and five in Iriba) by the district (recruitment, training and deployment of supervision focal point)	UNICEF, MoH, BASE	UNICEF, MoH
Activity 1.5	Improve doctor's supervision capacity at local level	UNICEF, MoH, BASE	UNICEF, MoH

<b>Output 2</b>	8,616 children aged 6-23 months among refugees and surrounding host communities in Wadi Fira Region benefit from RUCF supplements for 9 months		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of children aged 6-23 months continuously supplemented with Nutributter®	6,893	6,861
Indicator 2.2	Number of mothers and caregivers receiving appropriate message on child feeding and care practices	8,616	6,861
Indicator 2.3	Prevalence of malnutrition among target children	≤ 10%	9.1%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of Nutributter® and transport to health centres	UNICEF	UNICEF
Activity 2.2	Health and nutrition education sessions	IMC, CSSI	IMC, CSSI, HCR
Activity 2.3	Screening for nutrition and anaemia status of under-5 children	UNICEF	HCR

<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>	
Overall, the planned results were overachieved. However, the insufficiency staffing at the health district contributed to delay in the implementation of the planned activities. The agreement with the NGO partner BASE was not finalized on time and the funds could not be transferred. Unlike what was planned, UNICEF therefore worked directly with the health districts to ensure that the interventions are carried out without much disruption.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
In each interventions site, community health workers were identified among the community and they ensured that there was a continuous communication between the local health authorities who were in charge of leading the programme implementation at the community level. The health committee board, representing the community members, oversaw the all implementation of the interventions.  In the refugee camps, UNHCR set up an information system that allows refugees to report any discrimination or address any concerns they may have.	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation is planned. However, a monitoring system was put in place to ensure that the programme is implemented as per the national and international guideline in humanitarian settings.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	FAO UNHCR		<b>5. CERF grant period:</b>	21/09/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-UF-FAO-026 15-UF-HCR-043		<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>	Improving Food security and Livelihood for Sudanese refugees and surrounding communities in Chad					
<b>7. Funding</b>	a. Total funding requirements <sup>8</sup> :	US\$ 122,374,174	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>9</sup> :	US\$ 58 928 040	▪ NGO partners and Red Cross/Crescent:		US\$ 32,000	
	c. Amount received from CERF:	US\$ 996,481	▪ Government Partners:		US\$ 17,000	
<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>						
<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>						
<i>Adults (≥ 18)</i>	62,300	26,700	89,000	FAO : 26,040 (5,208 HH) UNHCR: 17,310 (3,462 HH)	FAO: 39,060 (7,812 HH) UNHCR: 6,690 (1,338 HH)	65,100 (13,020 HH) 24,000 (4,800 HH)
<b>Total</b>	<b>62,300</b>	<b>26,700</b>	<b>89,000</b>	<b>43,350</b> <b>(8,670 HH)</b>	<b>45,750</b> <b>(9,150 HH)</b>	<b>89,100</b> <b>(17,820 HH)</b>
<b>8b. Beneficiary Profile</b>						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	62,300			60,290 ( 12 058)		
<i>IDPs</i>						
<i>Host population</i>	26,700			28,810 (5,762 HH)		

<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 both funding received from CERF and from other donors.

Other affected people		
<b>Total (same as in 8a)</b>	<b>89,000</b>	<b>89,100 (17,820 HH)</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>	<p>UNHCR reached its target of 4,800 HH. Also, over 70 per cent of UNHCR activity beneficiaries were women, in line with the initial goal of assisting more females than males.</p> <p>For FAO beneficiaries, it was realized that in households there are more men than women. This situation is different looking to the planned target. In fact, men (herders) are usually head of households and that's why we have more men than women.</p>	

CERF Result Framework			
<b>9. Project objective</b>	Improving food security and self-sufficiency for Sudanese refugees and surrounding communities of rural populations in Eastern Chad.		
<b>10. Outcome statement</b>	By the end of the action, Sudanese refugees and surrounding communities will have improved availability and access to food and strengthened their household coping mechanisms by protecting their productive assets.		
<b>11. Outputs</b>			
<b>Output 1</b>	Food security of the most vulnerable HH is ensured through safety nets		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of HH receiving Cash or /cash vouchers	2,400 HH	2,400 HH
Indicator 1.2	# of HH reporting to have increased access to food during hunger period	2,400 HH	2,400 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 for Cash/voucher intervention	UNHCR	UNHCR/SECADEV
Activity 1.2	Distribution of Cash or cash vouchers	UNHCR	UNHCR/SECADEV
Activity 1.3	Post distribution monitoring (1 month after CT implementation)	UNHCR	UNHCR/SECADEV
<b>Output 2</b>	Very poor HH livelihoods are reinforced		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of HH receiving gardening kits	2,400 HH	2,400 HH
Indicator 2.2	# of mT of vegetable production	3,650 mT	853 mT
Indicator 2.3	# of HH receiving small animals	3,000 HH	3,000 HH received 4,800 small animals
Indicator 2.4	% of HH with children consuming milk	3,000 HH	3,000 HH
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Identification of beneficiaries receiving gardening kits	HCR	UNHCR/SECADEV

Activity 2.2	Distribution of gardening kits (seeds, tools, small materials)	HCR	UNHCR/SECADEV
Activity 2.3	Training on gardening technical itineraries	HCR	UNHCR/SECADEV
Activity 2.4	Identification of beneficiaries receiving small ruminants	FAO – HCR	FAO + DRE+HCR+ SECADEV
Activity 2.5	Distribution of vaccinated small ruminants	FAO	FAO + DRE+HCR+ SECADEV
Activity 2.6	Trainings on animal feeding	FAO	FAO + DRE+HCR+ SECADEV
<b>Output 3</b>	Available livestock capital is preserved and protected against epizooty		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# of animals vaccinated	100,000	60 000
Indicator 3.2	% livestock mortality rate	< 5%	<5%
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Sensitization of breeders and identification of beneficiaries	FAO	FAO + DRE+HCR+ SECADEV
Activity 3.2	Vaccination / parasites treatment of 100,000 small ruminants	FAO	FAO + DRE+HCR+ SECADEV

**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:**

**FAO:** FAO was able to achieve most of its indicators. For indicator 3.1, the major difficulty is vaccination. FAO has been able to achieve 60 per cent immunization coverage. This can be explained by the fact that the budget for this activity had been undervalued. Direction Regionale de l'Elevage (DRE) and their components in the field, are responsible for the animal vaccination campaign. All the process, in term of vaccinators and veterinary auxiliaries training, inputs and equipment purchase in the district level is headed by them. They also support FAO in the targeting of the real beneficiaries looking to their experience in term of livestock area and animal diseases expansion. However, FAO's partner, the Regional Delegation of livestock, has pledged to continue the activity with the support of the local public administration

**UNHCR:** Indicator 2.2, which had as an objective the production of 3,650 tons of vegetables, was unfortunately not reached. Only 853 tons were produced. This was due to numerous factors, the first being that production was highly overestimated. The natural environment of the zone also played a role. The eastern regions of Chad and particularly that of Iriba, are arid and far from commercial cities where items can be easily found and transported. Along with these factors, the following also lead to the difference in expected and achieved results:

- The quantity of seeds distributed to each beneficiary was minimal: the unit cost of seeds was 3,500 FCFA/beneficiary (approx. \$5.85). Some recipients were able to receive carrot and beets seeds, but most received only 50 grams of onion seeds and four grams of tomato seeds. With such a small quantity of seeds, the original production estimate could not be reached;
- Imbalance between the unit cost of seed per beneficiary (approx. \$5.85) against the unit cost of agricultural tools (approx. \$100). The invested quantity of seeds with the use of provided tools corresponds to the quantity of crops produced;
- Difficulty of access to agricultural land. Agricultural activities are carried out in reserved sites for the most part, but some beneficiaries farm other terrains with a much smaller area and where the harvest/production is shared with the land owners (local community members);
- Constraints were faced due to crops being destroyed by animals because of the lack of fencing or closures of farming sites, particularly in Iridimi and Amnaback;
- Poor quality soil that did not allow for the expected results.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>FAO: The beneficiaries of this action have been involved in the needs assessment of the project in the planning of activities and also in the identification of beneficiaries and distribution of inputs by setting up distribution committees. The beneficiaries, through the committees, were involved with the DRE to take part of beneficiaries' selection. Some of the member committees were also trained by DRE as trainers that are helped to monitor the entire case load (the reached beneficiaries).</p> <p>UNHCR: As the objective of the project was to improve food security and self-sufficiency for Sudanese refugees and vulnerable host communities, accountability to beneficiaries has been a major consideration for UNHCR. The refugee committee was directly involved in all of the project's implementation phases. They played a particularly important role in sensitizing beneficiaries and merchants. As a general practice, refugee committees and community leaders are involved in the identification of vulnerable persons to benefit from programs. At the end of the project UNHCR and its partner collected feedback and opinions of persons that had benefitted from cash transfers in order to learn about the program's effects on its beneficiaries.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p><b>FAO:</b> An appropriate external evaluation is not pending; the report is done by using the data provided by our partners.</p> <p><b>UNHCR:</b> No evaluation is planned as monitoring and evaluation activities were carried out by UNHCR and its implementing partners on a regular basis throughout the implementation period. M&amp;E resulted in some key lessons learned. For this project, there was an imbalance in the funds allocated for seeds and agricultural tools. To have a strong agriculture production, quality seeds are needed in large quantities, among other things. Beneficiaries received a minimal amount of seeds (54g each). In the future, more must be invested in seeds. This project originally proposed a quota of 30 per cent of the host population and 70 per cent for refugees in terms of beneficiaries. However, due to the security context in certain hard to reach host communities, the proposed proportion was not able to be respected.</p>	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>	22/09/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-UF-WFP-056		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food assistance			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Providing life-saving assistance for the Sudanese refugees having fled the conflict in Darfur					
<b>7. Funding</b>	a. Total funding requirements <sup>10</sup> :	US\$ 136,588,235	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>11</sup> :	US\$ 107,462,988	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 2,000,000	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	70,111	59,800	129,911	60,498	51,601	112,099
<i>Adults (≥ 18)</i>	47,428	28,869	76,297	40,925	24,911	65,836
<b>Total</b>	<b>117,539</b>	<b>88,669</b>	<b>206,208</b>	<b>101,423</b>	<b>76,512</b>	<b>177,935</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	206,208		177,935			
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						

<sup>10</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

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

<b>Total (same as in 8a)</b>	<b>206,208</b>	<b>177,935</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>	<p>In 2015, the United Nations High Commissioner for Refugees (UNHCR) conducted a biometric registration exercise of the refugee population in Chad. At the time of this proposal to the CERF, the registration was still ongoing and the targeted number of refugees under this CERF project used the data which was available at the time, hence a target of 206,208 Sudanese refugees.</p> <p>By the end of 2015, the results of the biometric registration exercise were made available and a reduction of the total number of refugees in Chad by about 20 per cent (from 465,000 to 372,000) was noted. As such, the planning numbers used in the CERF proposal were slightly overestimated.</p>	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Meet immediate food requirements and facilitate implementation of targeting strategy in order to increase efficiency and sustainability		
<b>10. Outcome statement</b>	Improved food security through the augmentation of food rations		
<b>11. Outputs</b>			
<b>Output 1</b>	Stabilized or improved food consumption over assistance period for targeted households and/or individuals		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Percentage of targeted people who have an acceptable food consumption score	65% (of 206,208)	81.6% (168,266)
Indicator 1.2	Coping strategy index (CSI), disaggregated by sex of the household head	>5.8	8,7
Indicator 1.3	Dietary diversity score	6	5.4
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement and delivery of 1,714 mt of food	WFP	WFP
Activity 1.2	1,714 (mt) of food assistance distributed, as % of planned, disaggregated by type.	NGO partners	Secours Catholique et Developpement, Hebrew Immigrant Aid Society, ADES (Agence Pour le Developpement Economique et Social)
<b>Output 2</b>	Food distributed in sufficient quantity and quality in a timely manner to targeted beneficiaries.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of women, men, boys and girls receiving food assistance, disaggregated by, sex, a % of planned	206,208	177,935

Indicator 2.2	% of beneficiaries in two camps where targeting has taken place that receive full planned cereal ration for a period of three months (425/grams/person/day/Poor: 200g/p/d/ Medium:150g/p/d/ Wealthy: 100g/p/d)	100% (157,500)	100% (125,598)
Indicator 2.3	% of planned cereal ration provided to beneficiaries in the other northern camps	50%	50%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Agreed ration scales will be implemented in the two camps where targeting has taken place, while food rations equivalent to 1100 kilocalories per person/day will be distributed to targeted beneficiaries in the prioritized camps. A total of 1714 MT will be distributed under this activity/modality, over a period of three months	NGO Partners	Secours Catholique et Developpement, Hebrew Immigrant Aid Society, ADES (Agence Pour le Developpement Economique et Social)

**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 targeted total number of refugees under this CERF project was slightly overestimated and the discrepancy between the planning figure and the actual number of refugees living in the eight targeted camps became known only at the end of 2015, once UNHCR had completed the biometric verification exercise in the country. As such, WFP assisted all of the refugees in the eight targeted camps even though the number of reached refugees is lower (177,935) than planned (206,208). Beneficiary lists for food distributions are established in cooperation with UNHCR and WFP consistently assisted 99 per cent to 100 per cent of the people on the lists.

The share of targeted people who have an acceptable food consumption score has greatly improved, moving from 50 per cent at the time of the baseline to around 80 per cent, thus exceeding the target of 65 per cent. This positive result can without doubt be attributed to the increased level of food assistance provided in 2016 compared with 2015, during which rations represented only 42 per cent of the requirements.

However, other indicators have not registered such improvement. The Coping Strategy Index has increased compared to the baseline while the Dietary Diversity Score has remained at the same level than at the time of the baseline. The fact that the Dietary Diversity Score remained stable can be related to the fact that the food assistance provided consist in a food basket composed of four to five commodities, cereals, pulses, oil, salt, and super cereal, which means that if refugees do not have means to purchased additional food commodities, their diet will meet their nutritional needs but not be very diverse.

Regarding the Coping Strategy Index, the low performance on this indicator can be explained by the general challenging food security context in Chad in 2016 and particularly in the Sahelian belt, which includes the area where the refugee camps are located. An Emergency Food Security Assessment of April 2016, conducted by WFP, FAO, Fewsnet and national authorities, showed that compared to 2015, food security has significantly deteriorated and that the country was experiencing extremely high global acute malnutrition rates in some areas, with young children and pregnant women particularly at risk. This difficult situation affected both Chadian and refugee families with vulnerable families were increasingly resorting to negative coping strategies and the market price of cereals exceed the average for the previous five years. This explains that, despite receiving food assistance, beneficiaries also had to diversity their coping strategies (hence an increase) to meet the needs they would have usually met through own production or purchase on the market for instance. One can postulate that the coping strategic index would have been even higher without the CERF-supported increased levels of food assistance provided by WFP. The particularly high increase compared to the baseline may also be correlated to the fact that the data was collected during the lean season. WFP will conduct another monitoring exercise before the end of 2016 to follow up on these trends.

The food distributions were implemented in partnership with the local authorities, UNHCR and a range of national and international NGOs. However, contrary to what was anticipated at the time of the proposal to the CERF, WFP did not cover the supporting costs for the NGOs, which were rather taken over by UNHCR in the context of a tripartite agreement.

This budget line was consequently used by WFP to cover additional costs of the food (as prices of food stuff were higher at the time of purchase than at the time of planning, and the budget allocated to monitoring was slightly increased compared to the proposal).

**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 Government, 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.

Complaints and feedback mechanisms are in place. They allow refugees, among others, to obtain clarification or rectification of the system of assistance based on vulnerability. These systems are also designed to address possible gender and protection concerns. Feedback committees consisting of members of the refugee communities (ensuring gender balance in the representation), members of the national authorities (CNARR), NGO partners, and a representative of the local authorities were also in place at distribution points to ensure support to refugees at the time of food distribution. They analyse complaints and propose solutions.

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

EVALUATION CARRIED OUT

A mid-term evaluation of WFP’s Protracted Relief and Recovery Operation 200713, which is the operation under which WFP provides assistance to refugees in Chad, has been completed in April-May 2016. The full report can be accessed here: <http://www.wfp.org/content/chad-prro-200713-building-resilience-protecting-livelihoods-and-reducing-malnutrition-refuge>.

EVALUATION PENDING

During this evaluation, the principle of the adjustment of level and modalities of assistance to refugees based on their specific situations to foster an increase of their self-reliance was found relevant. The evaluation highlighted the importance of a high-level of support to refugees in north-eastern camps, which are located in an area offering limited economic opportunities. WFP effectively adjusted the level of rations to address the different levels of vulnerability in the different geographic zones and the CERF funding supported this transition since ration cuts in the previous months were largely due to insufficient funding. The evaluation also found that efforts need to continue in order to significantly reinforce self-reliance of the households that are already deemed less vulnerable. One of the main obstacles in this regard is the limited funding for refugees’ livelihood support for WFP and partners such as UNHCR, FAO and NGOs.

NO EVALUATION PLANNED

Moreover, a Joint Assessment Mission has been conducted by WFP and UNHCR focused on the refugees of Chad (a total of over 350,000 persons from Sudan and the Central African Republic). This review included an analysis of the food security and nutrition situation, of the appropriateness of various assistance modalities and of opportunities to progressively increase self-reliance among refugees.

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-UF-CEF-096	Health	UNICEF	NNGO	\$4,700
15-UF-CEF-096	Health	UNICEF	GOV	\$21,016
15-UF-CEF-096	Health	UNICEF	GOV	\$20,525
15-UF-CEF-096	Health	UNICEF	GOV	\$9,605
15-UF-CEF-096	Health	UNICEF	GOV	\$4,230
15-UF-HCR-044	Health	UNHCR	NNGO	\$173,957
15-UF-HCR-044	Health	UNHCR	INGO	\$117,638
15-UF-HCR-045	Water, Sanitation and Hygiene	UNHCR	NNGO	\$298,800
15-UF-HCR-045	Water, Sanitation and Hygiene	UNHCR	NNGO	\$168,490
15-UF-CEF-097	Water, Sanitation and Hygiene	UNICEF	INGO	\$280,547
15-UF-CEF-097	Water, Sanitation and Hygiene	UNICEF	NNGO	\$103,515
15-UF-CEF-097	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,304
15-UF-CEF-098	Nutrition	UNICEF	GOV	\$78,825
15-UF-HCR-043	Livelihoods	UNHCR	NNGO	\$17,000
15-UF-FAO-026	Livelihoods	FAO	GOV	\$7,181
15-UF-FAO-026	Livelihoods	FAO	GOV	\$4,309
15-UF-FAO-026	Livelihoods	FAO	GOV	\$3,510
15-UF-CEF-096	Health	UNICEF	NNGO	\$4,700
15-UF-CEF-096	Health	UNICEF	GOV	\$21,016
15-UF-CEF-096	Health	UNICEF	GOV	\$20,525
15-UF-CEF-096	Health	UNICEF	GOV	\$9,605
15-UF-CEF-096	Health	UNICEF	GOV	\$4,230
15-UF-HCR-044	Health	UNHCR	NNGO	\$173,957
15-UF-HCR-044	Health	UNHCR	INGO	\$117,638
15-UF-HCR-045	Water, Sanitation and Hygiene	UNHCR	NNGO	\$298,800
15-UF-HCR-045	Water, Sanitation and Hygiene	UNHCR	NNGO	\$168,490
15-UF-CEF-097	Water, Sanitation and Hygiene	UNICEF	INGO	\$280,547
15-UF-CEF-097	Water, Sanitation and Hygiene	UNICEF	NNGO	\$103,515
15-UF-CEF-097	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,304
15-UF-CEF-098	Nutrition	UNICEF	GOV	\$78,825
15-UF-HCR-043	Livelihoods	UNHCR	NNGO	\$17,000
15-UF-FAO-026	Livelihoods	FAO	GOV	\$7,181
15-UF-FAO-026	Livelihoods	FAO	GOV	\$4,309
15-UF-FAO-026	Livelihoods	FAO	GOV	\$3,510

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AFDI	Agriculteurs Français et Développement International
AGDM	Age Gender and Diversity Mainstreaming
ANC	AnteNatal Care
CLTS	Community Led Total Sanitation
CSSI	Centre de Support et de Santé International
DRE	Délégation Regionale de l'Elevage - Regional delegation of Livestock
DSR	Direction Sanitaire Regionale
ENSA	Enquête Nationale sur la Sécurité Alimentaire
FAO	Food and Agriculture Organisation of the United Nation
HH	Household
HIAS	Hebrew Immigrant Aid Society
IAS	International Aid Service
IMAM	Integrated Management of acute Malnutrition
IMC	International Medical Corps
IMCI	Integrated Management of Childhood Illnesses
IOM	International Organization for Migration
MEH	Ministère de l'Equipement et de l'Hydraulique
MOH	Ministry of Health
MT	Metric Ton
NGO	Non Governmental Organization
ODF	Open Defecation Free
PCIMA	Prise en charge intégrée de la malnutrition
PMTCT	Prevention of Mother To Child Transmission
SECADEV	Le Secours Catholique et Développement
TT2	Neonatal tetanus
UNFPA	United Nations Population Funds
UNHCR	UN High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WASH in Nut	WASH and Nutrition
WFP	World Fund Programme
WHO	World Health Organization