



**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
CAMEROON  
RAPID RESPONSE  
DISPLACEMENT 2016**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Allegra Baiocchi**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*The AAR took place between the 6<sup>th</sup> of April and the 1<sup>st</sup> of June. WHO, UNICEF, WFP and UNFPA were involved in the process, mainly the sector coordinators and programme officers. OCHA also took part by reviewing the inputs and consolidating them.*

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

YES  NO

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

YES  NO

## I. HUMANITARIAN CONTEXT

Due to an increase of attacks at Nigeria-Cameroon border between July and August 2016, we have been facing, over a two months period, a new influx of 40,000 IDPs although internal displacement in the Far North Region is not a new phenomenon. During the 2016 HNO/HRP planning in December 2015, the total caseload that was planned for IDPs was 160,000 in the entire region of Far North Cameroon with 91,000 within the Logone et Chari alone (one of the six Departments of the Far North Region). From April to May, the HRP IDPs figures have increased up to 110,000 in the Logone et Chari and 150,000 in August. Indeed, Boko Haram attacks (looting, killings and house burning), coupled with ongoing military operations are the main cause of displacement. To date, there are 220,000 internally displaced persons in the entire Far North Region including 110,000 in the Logone et Chari Division according to UNHCR protection monitoring figures and IOM Data Tracking Matrix (DTM).

Following these new displacements, OCHA led the first ever multi-sectorial assessment in June 2016 in Logone & Chari that revealed a dramatic situation of the IDPs in need of urgent response particularly in the area of health, food, water and sanitation as well as education/child protection. Sectoral results show, for instance, that 40% of new IDPs household are food insecure compared to 17% of the host communities; 1 out 3 IDPs are using river source water for drinking; more than 30% of malnutrition cases are children under 6 months to 2 years; and 15.5% of IDPs families are separated from at least one member of the family, mainly children.

IDPs and vulnerable local population have poor access to basic social services such as health care and education because of the closure of a few health centers as well as schools. Moreover, the poor economic situation of the local population do not allow them to afford the recovering cost for healthcare and the purchase of food. This massive influx of IDPs has increased pressure on existing scarce resources amongst host communities. In addition, many IDPs arriving in host communities are children which are prone to malaria infection, diarrhea, fevers and malnutrition; those remain the most common causes of mortality in neighboring health facilities. Children under 5, pregnant women and the elderly are the most vulnerable to health problems. IDPs and host communities are living in poor housing and hygienic conditions, increasing the vulnerability to infectious diseases such as malaria, diarrhea and cholera.

In light of this alarming situation, CERF funds made a major difference in kick-starting operations in the Logone and Chari department. Activities undergone under this CERF allocation have allowed IDPs and host communities to benefit from blanket food distributions, free treatment of malnutrition and provision of primary health, including reproductive care, emergency education and protection assistance to women and children. Women and children being the most vulnerable to protection threats such as sexual and gender based violence and violation of child rights, were specially targeted by the different activities.

**TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)</b>		
<b>Total amount required for the humanitarian response: 282,200,000</b>		
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	CERF	4,187,543
	COUNTRY-BASED POOL FUND <i>(if applicable)</i>	N/A
	OTHER (bilateral/multilateral)	160,211,253
	<b>TOTAL</b>	<b>164,398,796</b>

**TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)**

Allocation 1 – date of official submission: 01/09/2016			
Agency	Project code	Cluster/Sector	Amount
UNFPA	16-RR-FPA-044	Health	200,240
UNICEF	16-RR-CEF-107	Child Protection	501,413
UNICEF	16-RR-CEF-108	Water, Sanitation and Hygiene	600,431
WFP	16-RR-WFP-062	Food Aid	2,485,459
WHO	16-RR-WHO-041	Health	400,000
<b>TOTAL</b>			<b>4,187,543</b>

**TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)**

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,208,664
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	671,300
Funds forwarded to government partners	307,579
<b>TOTAL</b>	<b>4,187,543</b>

**HUMANITARIAN NEEDS**

In Cameroon, the Far North is one of the regions with very little access to water, sanitation and hygiene services. Only 63.7% of the population have access to safe drinking water sources and 22% practice open defecation (MICS 2014). Furthermore, Boko Haram has intensified its actions against population since 2013, leading to about 220,000 IDPs, mainly (70%) located in the Logone and Chari department (Far North region). The number of displaced people in Logone & Chari has dramatically increased between September 2015 and July 2016 from 92,657 (DTM Round 1, September 2015) to 181,215 persons (DTM Round 6, August 2016). This rapid increase of displaced people has led to a high pressure on existing resources and services, and increased poor health practices. According to the findings of the multisector rapid evaluation conducted in June 2016, about 26% of the population in the concerned area practiced open defecation against 7% at the national level. Also, 33% of affected population use unsafe drinking water points. As revealed by the survey conducted during the rapid evaluation, about 50% of people (both men and women) expressed the need to have access to safe drinking water. The most affected areas are the municipalities of Fotokol, Hilé Alifa, Makary, Darak in Logone and Chari department, along the border with Nigeria.

Thus, it is important to ensure that internal displaced girls, women, boys and men and hosted communities have access to basic sanitation and safe drinking water services and are skilled to respect good water, sanitation and hygiene practices. CERF funds were requested to contribute to life-saving activities in affected communities. To allow them to have access to primary health care and the quality of emergency health services and to have access to quality reproductive health services

**II. FOCUS AREAS AND PRIORITIZATION**

The deterioration of the security situation at the border between Nigeria and Cameroon due to Boko Haram's exactions and the military operations, has led to an increase in the displacement of populations in the Far North Region, mainly in the Logone & Chari Division. During the planning of the 2016 HNO / HRP in December 2015, the total number of cases for displaced persons was 160,000 throughout the Far North region of Cameroon with 91,000 inhabitants in Logone & Chari alone. From April to May 2016, HRP / IDP figures have increased to 110,000 in Logone & Chari and 150,000 in August. Presently, there are 220,000 estimated internally displaced persons

(IDPs) throughout the Far North region, 110,000 of them in the Logone & Chari Division, according to UNHCR's protection monitoring report. As a result of these new trends, OCHA conducted the first multi-sectoral evaluation in June 2016 in Logone & Chari, which revealed a dramatic situation for displaced persons in need of urgent action, particularly in the health sector. Displaced persons and some vulnerable local populations have insufficient access to health care due to the closure of some health centers and the poor economic situation of people who have not been able to afford health recovering fees. Many IDPs entering the host communities are children who are vulnerable to malaria, diarrhea, fever and malnutrition, which are the most frequent causes of mortality in the neighboring health facilities. This massive influx of IDPs has increased pressure on the existing health facilities which are facing a shortage of drugs and insufficient human resources. Children under 5, pregnant women and the elderly people are the most vulnerable to health problems.

IDPs and host communities live in housing and hygienic conditions which increase vulnerability to infectious diseases such as malaria, diarrhea and cholera. There are sporadic cases of measles (155 in the Far North region between week 1 and week 31 and a decrease in vaccine coverage which increases the risk of epidemics.) As of now, 2 new cases of wild polio were detected in Nigeria on 27 July, one in a health district near Cameroon where we have some reported cases of measles among refugees, and it is therefore considered that Cameroon health districts bordering The Nigerian state of Borno are likely to have cases of asymptomatic wild polio virus.

Cholera cases are frequent during this season in the Far North region at the border with Nigeria in Logone & Chari division (5 suspected cases with a positive RDT between week 27 and week 30) with a previous major epidemic in 2014: 2865 cases and 153 deaths, but only 16 cases without death were controlled in 2015. The present CERF project, will contribute to improving the health status of IDPs and some vulnerable host communities by increasing access to vital health care.

Based on government data, a total of 320 new boreholes were needed in Logone and Chari department to respond to the need to vulnerable groups among which internal displaced person (IDPs). An inventory and mapping of WASH infrastructures conducted by UNICEF in 2015 revealed that about 20% of boreholes are non-functional. A rapid and partial evaluation conducted in 7 out of 10 councils revealed that, at least 98 boreholes need to be rehabilitated in communities hosting IDPs. The most affected areas were the municipalities of Fotokol, Hilé Alifa, Makary, Darak in Logone and Chari department, along the border with Nigeria. UNICEF planned to rehabilitate non-functional boreholes as the time period for construction is very long compared to rehabilitation activities. The targeted areas were municipalities of Fotokol, Hile Alifa and Makary which are among the most affected area. In July 2016, there were 91,131 internal displaced persons reported in the Logone and Chari department. The provision of reliable safe water sources, hygiene and sanitation services will improve living conditions and contribute to the resilience of at least 50,000 persons, including IDP in affected areas.

The June 2016 multi-sector needs assessment revealed a dire humanitarian situation in the Logone & Chari, northernmost department of the Far North region: the number of IDPs have increased rapidly in the last two months and the conflict continues to disrupt livelihoods and household assets, undermining food security; 40 percent of new IDP households are estimated food insecure and 17 percent of the local community households. The multisector needs assessment further revealed that food ranks amongst the top three priority needs of the affected populations, after health and education.

Food insecurity is expected to deteriorate further during the ongoing, extended lean season period, as supplies becomes scarce and commodity prices rise, further limiting food access for poor households. Food production in 2015/2016 was reported down 32 percent from the previous year due to ongoing insecurity and below average rainfalls recorded in 2015. A total food deficit of 75,844T MT was registered in the Logone & Chari this year. In the most affected districts of Kousseri, Makary, Goulfey, and Blangoua, production was insufficient to cover needs through the next harvest and the lean season started 2-3 months earlier for small farmers who are facing an extended hunger season. The large numbers of arriving displaced populations are putting further strain on local resources in these highly vulnerable food deficit areas.

The multisector assessment also revealed a very low coverage of nutrition interventions and a high prevalence of nutrition aggravating factors such as food insecurity, cholera and measles outbreak, malaria, poor hygiene and sanitation, poor infant and young child feeding practices. An expected increase of more than 23,000 children aged 6- 59 months and 1,500 pregnant and lactating women in the Logon and Chari division are in need of emergency nutrition assistance.

The GAM rates in these areas are almost reaching the emergency threshold and the number of MAM and SAM cases has dramatically increased further stretching health facilities' capacities for treatment. Furthermore, many health facilities in the areas affected by insecurity have been closed down. In this situation, a community based nutrition intervention can be effective in preventing malnutrition as well as ensuring timely detection and referral of malnourished children.

### III. CERF PROCESS

During the development of the Humanitarian Response Plan (HRP), WASH humanitarian stakeholders including government agreed and prioritized activities to be implemented in response to emergency situations. A response strategy for the WASH sector was prepared and validated by all stakeholders considering the humanitarian situation and local context. To implement the WASH Sector response plan and strategy, in the Far North Region which is the most affected by the Boko Haram Crisis, decision was made to request for CERF funding for WASH response. Gender aspects were considered along the project implementation taking into consideration the specificity of the WASH sector and planned activities.

The health sector's activities and projects were selected based on the critical needs identified during the joint initial assessment taking into consideration, health sector agencies already operating on the field and their implementing capacities. The proposal was part of the humanitarian response plan and fell within objective 3 of the SRP which aimed at delivering coordinated and integrated life-saving assistance to people affected by emergencies. Areas of interventions were also selected taking into consideration the local security situation. The project fell within the UN agencies agreement which puts priority on interventions that will improve protection and ensure food security for IDP's and host populations. So, the health project contained critical health interventions designed to improve health protection of these vulnerable groups through access to essential health care, measles, poliomyelitis and cholera outbreak surveillance and response essentially in displaced settings; treatment of diseases associated to malnutrition, treatment of wounded persons for IDP and host population.

Based on findings from the Logone & Chari assessment (01-07 June 2016) risks related to child protection and education issues were identified as a priority by the HCT. As an example, 63 schools are closed and 49 destroyed by Boko Haram. 15,5% of IDPs families are separated with at least one member of the family, mainly children, missing. 49.2% of key informants claim that children were separated from their parents / guardians since the attacks. This category of children is very vulnerable to enrolment by armed group, indoctrination, violence, trafficking, exploitation and abuse and is in need of urgent protection support and to find their way back to school. In this situation of instability, women and children are the most vulnerable and require special protection. The need to expand the activities considerably to the newly arrived IDPs children and vulnerable host population to provide protection to unaccompanied and separated children, as well as to prevent child abduction and enrolment, is a priority of the Child Protection working group as stated in its strategy validated in July 2016.

The multisector needs assessment also revealed that food ranks amongst the top three priority needs of the affected populations, after health and education. 40 percent of new IDP households are estimated food insecure and 17 percent of the local community households. IDPs have had their livelihoods significantly weakened by the crisis. One in four household reports practicing extreme coping strategies such as resorting to begging and selling off their last productive assets to maintain access to food, which further hampers their future productive capacity. In the absence of an adequate response, this situation could further deteriorate during this lean period. The targeting strategy of the Food Security Sector will be continuously reassessed to ensure food assistance reach those most in need. Highly vulnerable groups such as households headed by women will be the primary recipients of assistance. WFP aims to increase women's control of food by selecting them as beneficiaries of general food distributions and by ensuring that food rations at distribution points are collected mostly by women. Women also have the majority membership as decision makers in food distribution committees and special attention will be given to women's participation in sensitization campaigns, training and food distribution.

#### 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: 169,765									
Cluster/Sector	Female			Male			Total		
	Girls ( $< 18$ )	Women ( $\geq 18$ )	Total	Boys ( $< 18$ )	Men ( $\geq 18$ )	Total	Children ( $< 18$ )	Adults ( $\geq 18$ )	Total
Child Protection	5,280	153	<b>5,433</b>	5,720	511	<b>6,231</b>	11,000	684	<b>11,664</b>
Food Aid	19,643	3,804	<b>23,447</b>	19,333	3,372	<b>22,705</b>	12,824	7,176	<b>46,152</b>
Health	14,628	17,172	<b>31,800</b>	12,972	15,228	<b>28,200</b>	27,600	32,400	<b>60,000</b>
Water, Sanitation and Hygiene	16,183	10,811	<b>26,994</b>	15,585	9,370	<b>24,955</b>	31,768	20,181	<b>51,949</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

Recent attacks by Boko Haram and military operations to address them have resulted in an influx of about 40,000 new IDPs in the Logone & Chari Division. These IDPs having abandoned everything are welcomed by the host population, resulting to additional pressure on the already limited resources in the area. The beneficiaries were estimated based on the arrival of new IDPs, with an additional 20,000 vulnerable host populations, knowing that the CERF funds are a complement to the available government resources

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING <sup>2</sup>			
	Children ( $< 18$ )	Adults ( $\geq 18$ )	Total
<b>Female</b>	55,734	31,940	87,674
<b>Male</b>	53,610	28,481	82,091
<b>Total individuals (Female and male)</b>	<b>109,344</b>	<b>60,421</b>	<b>169,765</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 overall impact of CERF in the targeted area has allowed the situation not to deteriorate drastically while additional influx of IDPs and out of camp refugees were registered. Food distributions as well as nutrition programs have ensured the targeted population not to relate to negative coping mechanisms and allowed the host communities to support the new burden of IDPs during the lean season. WASH activities have improved access to safe drinking water and have benefited to the whole community with a very close link to reduction/limitation of waterborne diseases such as cholera.

Support to health facilities had an important impact in areas where most of health workers have fled and facilities were out of medical supplies. Child Protection has also allowed more than 600 unaccompanied and separated children to get appropriate support and follow-up, protecting them from risks of enrolment by armed groups and abuses.

### **UNICEF: Water sanitation and Hygiene**

Under CERF fund, 51,949 persons were reached through:

- The rehabilitation of 50 boreholes in affected communities hosting IDPs of Makary municipality (20 boreholes), Fotokol municipality (15 boreholes) and Hile Alifa municipality 15 boreholes). This has enabled access to safe drinking water to about 25,168 persons;
- The provision of WASH kits (each kit includes soap, water treatment product, Kettle, Bucket, cup, child pot; the number of each item depend on the number of person in the family) with key messages on good hygiene practices to 7,697 internal displaced families.
- 47 animators were trained on water, sanitation and hygiene promotion activities and were able to sensitize 14,835 inhabitants including 3,174 under-five children and monitor WASH situation in 50 communities. This led to the construction of 3,206 latrines by households.
- Also about 141 internal displaced persons living in Zamai IDP site have benefited of 12 latrines and 12 showers equipped with hand washing and 10 bins

**UNFPA & WHO : Health**Major achievements in the implementation of the project were the following:

- Supplying health facilities with Basic Emergency kits and other essential medicine: IEHK Kit, cholera test in the IDPs and host population deserved health facilities: 9 health facilities have been served.
- Free treatment of patients (IDPs and host population: 49 828 curative consultations (12 457 per month) were carried out, among which 8 969 were hospitalized; 310 deliveries have been done;
- 127 patients were referred from the health centers to the Mada and Makary district hospitals;
- Routine immunization service was delivered weekly to IDPs and host populations (379 doses of BCG administered, 413 doses of OPV 3, 472 doses of IPV, 476 doses of ROTA, 488 doses of penta 3, 482 doses of PCV13, 768 doses of measles vaccine and 480 of anti-amaril vaccine, 376 doses of VAT, 443 women benefited from vitamin A supplement);
- Strengthening the capacities of the local staff (32) of 9 Health centers on the management of common pathologies, epidemiological surveillance and routine EPI;
- Strengthening the early warning system for timely detection of outbreaks:27 community relays were trained on epidemiological surveillance, screening, referring, conducting and reporting community health mobilization activities;
- Support of health facilities with human resources (9 nurses recruited and trained);
- Rehabilitation of three health facilities (CSI of Dabanga, CSI of ZIMADO, and CSI of Afadé);

### **WFP : Food Aid**

- 20,000 beneficiaries receiving assistance;
- 100% commodities planned were distributed;
- 94% percentage of food received were effectively consumed by the beneficiaries (WFP PDM);
- 26,152 children aged 6-23 months receiving assistance through blanket supplementary feeding were reached
- 299 mt of nutrition supplements distributed;
- 04 of health districts assisted;



- 100% of targeted caregivers (male and female) receiving 3 key messages delivered through WFP's BSFP -supported messaging and counselling;

**UNICEF : Child Protection**

- 666 of identified unaccompanied and separated children receiving interim care and follow-up;
- 10,948 of newly displaced children accessing psychosocial activities through community based child friendly spaces and public schools;
- 664 of teachers and social workers with strengthened skills in Promotion of Life skills, Protection and Education in Emergency (promotion of peace through education, psychosocial support detection and referral mechanisms, prevention of familial separation, prevention against enrolment, promotion of hygiene) to provide quality service to newly displaced children;
- 11,000 of children, enrolled in targeted schools hosting IDPs, who benefit from new learning materials
- 294 of religious and traditional leaders sensitized;
- 3,242 of newly displaced families and from host communities sensitized

**CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

Project activities have been delayed by the security situation: restricted movements and difficult access to targeted communities. A large number of IDP and vulnerable host populations had access to primary health Care within the 9 health centers of Logone & Chari Division under this CERF support. Many activities have been done so far including supplying of health facilities with essentials drugs for free management of current diseases in patients as well as clinical management of bomb attacks victims in the area.

**b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES  PARTIALLY  NO

CERF funding helped to provide assistance to critical needs of IDPs by ensuring adoption of good water, sanitation and hygiene practices in high epidemic risk region. Due to the increased insecurity at the border with Nigeria, the health centers of Logone & Chari division (due to pressure from the influx of new IDP) suffered a frequent and prolonged lack of drugs and the few staff still present in the area were overworked. The equipment for health care were very insufficient. This situation has been improved with the support of the CERF.

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

YES  PARTIALLY  NO

The CERF funds have helped mobilize additional partners in the Logone and Chari Department as well as donors through funding of new projects. For example, in August 2016, UN agencies did not have a permanent presence in the Department and were undertaking activities through half a dozen implementing partners (local and international). As of December 2016, more than 15 partners were operating in the area and several projects targeting Logone and Chari were submitted through the HRP 2017. Donors have financed several INGOs and supported activities in Protection, Food Security and Health sectors.

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

YES  PARTIALLY  NO

The process of mobilization of CERF fund has improved coordination among UN System agencies. At another level, implementing partners were identified during coordination activities. Beneficiaries were prioritized based on an effective coordination among all WASH partners. Also, participation of NGOs in coordination meeting/activities has increased.

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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.).

CERF funding helped to initiate regular meeting among the humanitarian community and partners involved in the emergency assistance of the IDPs in the Far North of Cameroon

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

Already outlined in the above paragraphs.

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Activation of existing Project Cooperation Agreements with NGO partners have enabled a rapid response and fund disbursement.	Ensure office has a minimum of standby /active contracts or project cooperation agreement for emergency response	Heads of UN agencies

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	28/09/2016 - 27/03/2017		
2. CERF project code:	16-RR-CEF-107		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Child Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protection of newly internal displaced boys and girls and host vulnerable population affected by the Nigeria crisis in targeted areas of Logone-et-Chari department					
7. Funding	a. Total funding requirements <sup>2</sup> :	US\$ 2,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>3</sup> :	US\$ 1,525,413	▪ NGO partners and Red Cross/Crescent:		US\$ 115,000	
	c. Amount received from CERF:	US\$ 501,413	▪ Government Partners:		US\$ 188,931	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	5,500	5,500	11,000	5,280	5,720	11,000
Adults (≥ 18)	300	300	600	153	511	664
<b>Total</b>	<b>5,800</b>	<b>5,800</b>	<b>11,600</b>	<b>5,433</b>	<b>6,231</b>	<b>11,664</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	8,500			8,454		
Host population	3,100			3,210		
Other affected people						

<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.

<b>Total (same as in 8a)</b>	<b>11,600</b>	<b>11,664</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>	Promote a protective environment and provide protection for 11,000 newly displaced children and vulnerable host population (boys and girls) affected by the Nigerian crisis in four districts of Logone-et-Chari department		
<b>10. Outcome statement</b>	Unaccompanied and separated children and other vulnerable children of host communities are protected.		
<b>11. Outputs</b>			
<b>Output 1</b>	330 identified unaccompanied and separated IDPs boys and girls are provided with Identification, tracing, documentation, reunification and reintegration services		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of identified unaccompanied and separated children receiving interim care and follow-up	330	666
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Identification and documentation of unaccompanied and separated boys and girls among newly displaced children with provision of relevant support and referral to Family Tracing and Reunification services	ALDEPA, INTERSOS DRAS, DRPROFF	INTERMOS, DRAS-Far North, ALDEPA
Activity 1.2	Support family tracing, reintegration and follow- up	INTERMOS, DRAS, DRPROFF	INTERMOS, DRAS-Far North, ALDEPA
<b>Output 2</b>	Safe protection and learning environment is provided to 11,000 children (newly IDPs and vulnerable host populations) to provide psychosocial support and prevent risks of child violations in affected communities and public host schools		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of newly displaced children accessing psychosocial activities through community based child friendly spaces and public schools	11,000	10,948
Indicator 2.2	Number of teachers and social workers with strengthened skills in Promotion of Life skills, Protection and Education in Emergency (promotion of peace through education, psychosocial support detection and referral mechanisms, prevention of familial separation, prevention against enrolment, promotion of hygiene) to provide quality service to newly displaced children	807	664
Indicator 2.3	Number of children, enrolled in targeted schools hosting IDPs, who benefit from new learning materials	11,000	11,000

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of recreational and psychosocial support activities to children in community based child friendly spaces	ALDEPA, DRAS	ALDEPA, DRAS
Activity 2.2	Provision of protection and education in emergency training to 700 school teachers and social workers in communities hosting IDPs	MINEDUB, DRAS	MINEDUB, DRAS
Activity 2.3	Distribution of local recreational, learning and teaching kits to children	MINEDUB, MINAS	MINEDUB, DRAS
<b>Output 3</b>	1,000 newly displaced families and family form host communities are sensitized on the risks and prevention of family separation and violence against children		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of religious and traditional leaders sensitized	100	294
Indicator 3.2	Number of newly displaced families and from host communities sensitized	1,000	3,242
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Train traditional and religious authorities on the prevention of family separation and Education	ALDEPA, INTERSOS, UNICEF, DRAS	ALDEPA and INTERSOS
Activity 3.2	Sensitize families and communities on the risks and prevention of family separation and violence against children	ALDEPA, DRAS, INTERSOS	INTEROS and ALDEPA

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

The number of identified unaccompanied and vulnerable separated children reached with interim care and follow-up during the reporting period is higher than the initial target (666/330). This increased number is due to several attacks of BH in the neighbouring zones of intervention such as Bodo causing continuous movement and family separation, in bordering villages of the Logone and Chari department. As a consequence, interim care was provided to unaccompanied children while documentation and reunification process was ongoing. Therefore, efforts have been made to increase the number of religious and traditional leaders sensitized as well as the number of displaced and host community families on risks and prevention of family separation and on the available services.

The number of teachers trained on Psychosocial Support and Conflict and Disaster Risk Reduction is less than initially planned and expected, mainly due to the increase of the training cost, regarding the security issues and the remoteness of the areas.

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

Since project design, the population in Logon and Chari department was informed about the objectives of the project and the aims of the different steps of identification, documentation, family tracing, interim care and reunification of unaccompanied and particularly vulnerable separated children. Children and families were consulted throughout the project and the different actors (social workers and animators) were trained on the different steps. The project used a community based approach (with Community based Child Protection mechanism, and community based animators), in which the beneficiaries were consulted during the project planning phase and on a regular basis during the implementation to share progress and challenges.

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

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	21/09/2016 - 20/03/2017		
<b>2. CERF project code:</b>	16-RR-CEF-108		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	WASH assistance to Internally displaced people and host communities in Logone and Chari department					
<b>7. Funding</b>	a. Total funding requirements <sup>4</sup> :	US\$ 2,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>5</sup> :	US\$ 799,347	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 126,731	
	c. Amount received from CERF:	US\$ 600,431	▪ <i>Government Partners:</i>		US\$ 16,470	
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>	14,000	14,500	28,500	16,183	15,585	31,768
<i>Adults (≥ 18)</i>	11,400	10,100	21,500	10,811	9,370	20,181
<b>Total</b>	<b>25,400</b>	<b>24,600</b>	<b>50,000</b>	<b>26,994</b>	<b>24,955</b>	<b>51,949</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>	<b>40,000</b>			40,649		
<i>Host population</i>	<b>10,000</b>			11,300		
<i>Other affected people</i>						

<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.

<b>Total (same as in 8a)</b>	<b>50,000</b>	<b>51,949</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The difference between the population planned by sex and population reached by sex is due to the fact that first data was produced based on estimation while reached figures is mostly based on real figures collected along project implementation and monitoring activities.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Improving access to safe drinking water, basic sanitation and hygiene services to internal displaced person and host communities in the Logone and Chari department (Far north region of Cameroun).		
<b>10. Outcome statement</b>	Displaced peoples and vulnerable groups in host communities have access to safe drinking water, basic sanitation services and adopt good hygiene practices.		
<b>11. Outputs</b>			
<b>Output 1</b>	20 000 Internal displaced peoples and community's members have access to a reliable safe drinking water sources		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of people with access to an improve safe drinking water resources	20,000 persons	25,168 persons
Indicator 1.2	Number of borehole rehabilitated	40 boreholes	50 boreholes
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Rehabilitation of borehole in communities hosting IDP	Codas Yagoua,	Codas Yagoua
Activity 1.2	Training of IDP and Hosting communities on sustainable maintenance of borehole	Codas Yagoua,	Codas Yagoua
<b>Output 2</b>	50,000 person including IDPs have access to basic sanitation and hygiene services		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of WASH Kits distributed	10,000 families (at least 4 persons per families)	7,697 (average of 6 persons per families)
Indicator 2.2	Number of household latrines constructed	2,000 household latrines	3,206 household latrines and 12 community latrines and 12 showers
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Training of community animators to support sensitization and sanitation activities	Codas Yagoua, ACEEN	Codas Yagoua, ACEEN
Activity 2.2	Sensitization of communities hosting IDP on water, hygiene and sanitation issues	Codas Yagoua, ACEEN	Codas Yagoua, ACEEN, Public Concern
Activity 2.3	Distribution of WASH Kit to IDP and Vulnerable household	UNICEF, Codas Yagoua, ACEEN	UNICEF, Codas Yagoua, ACEEN Public Concern



**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 review/update of implementation strategy and the low cost of rehabilitation lead to the rehabilitation of 10 additional boreholes leading to an increased number of beneficiaries (up to 25,168 people reached against 20,000 initially targeted).  
The number of IDPs families who benefitted from WASH kits is less than planned (7697 instead of 10,000). This is due the fact that the average number of persons per family is greater than initially planned (6 persons instead of 4).

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

Local administrative and traditional authorities were involved in key steps. They identified and validated community workers' selection. They participated in communities' identification and prioritization. Also, regular monitoring meeting between UNICEF and NGO partners were organized and, project implementation status regularly shared with government and other stakeholders during monthly regional/national coordination meetings.

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

EVALUATION CARRIED OUT

The evaluation of the project and the partnership between UNICEF and Implementing NGOs (ACEEN and Codash Yagoua) is planned for 2017.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNFPA WHO		<b>5. CERF grant period:</b>	23/09/2016 - 22/03/2017 (UNFPA) 23/09/2016 - 22/03/2017 (WHO)		
<b>2. CERF project code:</b>	16-RR-FPA-044 16-RR-WHO-041		<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 assistance to IDP and vulnerable host populations in Logone and Chari Department					
<b>7. Funding</b>	a. Total funding requirements <sup>6</sup> :	US\$ 6,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>7</sup> :	US\$ 6,100,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 335,007	
	c. Amount received from CERF:	US\$ 600,240	▪ <i>Government Partners:</i>		US\$ 102,178	
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>	14,628	12,972	27,600	14,507	12,671	27,178
<i>Adults (≥ 18)</i>	17,172	15,228	32,400	17,442	15,236	32,678
<b>Total</b>	<b>31,800</b>	<b>28,200</b>	<b>60,000</b>	<b>31,949</b>	<b>27,907</b>	<b>59,856</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>	40,000			40,357		
<i>Host population</i>	20,000			19,499		
<i>Other affected people</i>						

<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.

<b>Total (same as in 8a)</b>	<b>60,000</b>	<b>59,856</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 access of 60,000 IDPs and vulnerable host populations to life-saving health care services in the Logone and Chari Department in a four-month timeframe		
<b>10. Outcome statement</b>	IDPs and vulnerable local populations are treated against communicable diseases and other life-threatening conditions such as conflict injuries and have access to quality reproductive health care		
<b>11. Outputs</b>			
<b>Output 1</b>	IDP and vulnerable local populations have access to essential health care		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Percentage of target health facilities neighboring IDP's sites provided with essential drugs in the Logone and Chari Department	100%	100%
Indicator 1.2	Number of patients (IDPs and vulnerable local populations) receiving free medical care in the Logone and Chari Department	40,000	33,672
Indicator 1.3	Number of patients referred in health facilities	100	127
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of medical kits and supplies for the cases management among prevention diseases	WHO, AHA	WHO, AHA
Activity 1.2	Provide curative care in governmental health facilities	MoPH, AHA	MoPH, AHA
Activity 1.3	Ensure reference and counter-reference of severe cases of diseases and injury;	AHA	AHA
<b>Output 2</b>	IDPs and vulnerable host populations are protected against epidemic-prone diseases		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of ITN's provided	5,000 (10,000 people: 1 net for 2 persons)	5,000
Indicator 2.2	Number of cholera kits provided	2 (to treat 800 cases)	2
Indicator 2.3	Timely investigation of outbreak and rumors for early response (investigation in less than 72 hours)	80%	100%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Provide ITN's to IDP's and vulnerable local host populations	WHO, AHA	WHO, AHA

Activity 2.2	Provide 2 cholera kits in Logone and Chari Department	WHO, MoPH	WHO, MoPH
Activity 2.3	Strengthen the early warning system for timely detection of outbreaks	WHO/MoPH, AHA	WHO/MoPH, AHA
<b>Output 3</b>	Increased access to life-saving quality reproductive health services by IDPs and vulnerable host populations		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of Health facilities provided with RH kits	8	12
Indicator 3.2	Number of Midwives trained and deployed in HF	8	10
Indicator 3.3	Number of obstetric kits provided for free delivery	3,000	3,000
Indicator 3.4	Number of dignity kits provided to pregnant women	3,000	2,450
Indicator 3.5	Number of persons who benefited from RH services including EMONC, FP, STI's treatment, SGBV medical care	12,268	7,029
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Provide reproductive health kits to targeted health facilities	UNFPA	Direction Régionale de la Santé de l'Extrême nord (DRSP/EN)
Activity 3.2	Train and deploy midwives in targeted HF	DRSP/EN	DRSP/EN
Activity 3.3	Provide obstetric kits for free delivery	DRSP/EN/Health Districts (HD)	HD/Health Facilities (HF)
Activity 3.4	Provide dignity kits to pregnant women and most vulnerable girls	UNFPA/NGO	PLAN International
Activity 3.5	Ensure life-saving RH services in targeted health facilities	HF/HD/DRSP	HD/HF/DRSP

**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 resources, available and taking needs into consideration, 12 health facilities (HF) instead of were provided with medical equipment. Also, 2 additional midwives were recruited, trained and deployed, bringing the total number to 10 instead of 8. The number of dignity kits has been reduced (from 3,000 to 2,450) due to the cost of items that was a bit higher than estimated and their transportation to sites. In addition, the total number of beneficiaries has been less than the one targeted (from 12,268 to 7,029) because of insecurity that impacted the number of outreach activities planned by health facilities. Due to the lack of logistics support, some outreach activities planned were not carried out in insecure locations.

Also the number of patients (IDPs and vulnerable local populations) receiving free medical care were not reached because of the security constraint in the Logone and Chari Department.

Finally, due to time constraints and based on a justification on actual needs on the ground, the Regional Delegation of Public Health (DRSP) requested to locally procure and provide to health facilities medical equipment instead of RH kits that UNFPA was supposed to provide.

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

**implementation and monitoring:**

The project was designed in collaboration with the Regional Delegation of Public Health, the Medical Officers of the targeted Districts and the implementing partner NGO (PLAN International Cameroon).

The implementing strategy ensured the involvement of both men and women at all levels. Women, adult men and adolescents in general and adolescent's girls in particular were targeted and accessed HR services as well. Community leaders and group's representatives were deeply involved in the intervention, especially in community mobilization for outreach services.

Some outreach workers trained and deployed in a recent programme with PLAN International were deeply involved in the project implementation, especially in community mobilization and constitution of dignity kits. In collaboration with their health committees (COSA) during their regular meetings, they followed up and will continue to monitor utilization of delivery and dignity kits in health facilities

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

EVALUATION CARRIED OUT

The project under this CERF grant could not be assessed due to the continuing emergency with the continuous influx of new Nigerian refugees in the camp of Minawao and IDPs affecting the overall humanitarian situation. It is planned to assess the situation of Nigerian refugees in the inflow case. However, evaluations and regular industry updates have been made to assess the needs of new refugees in the camp and IDPs. Progress reports are available.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	20/09/2016 - 31/03/2017		
<b>2. CERF project code:</b>	16-RR-WFP-062		<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>	Scaling up food and nutrition support to IDPs in the Logone & Chari					
<b>7. Funding</b>	a. Total funding requirements <sup>8</sup> :	US\$ 6,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>9</sup> :	US\$ 5,000,000	▪ NGO partners and Red Cross/Crescent:		US\$ 94,562	
	c. Amount received from CERF:	US\$ 2,485,459	▪ 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)	15,920	16,170	32,090	19,643	19,333	12,824
Adults (≥ 18)	4,080	3,830	7,910	3,804	3,372	7,176
<b>Total</b>	<b>20,000</b>	<b>20,000</b>	<b>40,000</b>	<b>23,447</b>	<b>22,705</b>	<b>46,152</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
IDPs	23,600			22,414		
Host population	1,800			2,605		
Other affected people	14,600			21,133		
<b>Total (same as in 8a)</b>	<b>40,000</b>			<b>46,152</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or</i>						

<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.

the age, sex or category distribution, please describe reasons:

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Ensure basic food needs and improve the nutritional status of crisis affected populations through food assistance and nutrition prevention programmes.		
<b>10. Outcome statement</b>	Stabilized or improved food consumption over assistance period for target households and/or individuals; conflict-affected children protected against malnutrition.		
<b>11. Outputs</b>			
<b>Output 1</b>	A minimum of 2,100 kilocalories food basket distributed in sufficient quantity, quality and in a timely manner to 20,000 targeted beneficiaries.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of beneficiaries receiving assistance	20,000	20,000
Indicator 1.2	commodities distributed vs planned	100%	100%
Indicator 1.3	percentage of food received and effectively consumed by the beneficiaries	100%	94% (WFP PDM)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Beneficiary identification	WFP, IEDA, local authorities and community groups.	Beneficiary identification exercises were achieved in October 2016
Activity 1.2	Food procurement and delivery	WFP	WFP
Activity 1.3	General food distributions	NGO partner IEDA	NGO partner IEDA
<b>Output 2</b>	Vulnerable children aged 6-23 months in the Makary, Mada, Kousseri, and Goulfey health districts have access to nutrition support through blanket supplementary feeding programme		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of children aged 6-23 months receiving assistance through blanket supplementary feeding.	20,000	26,152
Indicator 2.2	Quantity of nutrition supplements distributed.	240 MT	299 mt
Indicator 2.3	Number of health districts assisted.	4	4
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Beneficiary identification and registration	WFP and partners (CODAS-CARITAS)	WFP and partners IEDA and CODAS-CARITAS
Activity 2.2	Procurement and delivery of special nutritious food to distribution sites	WFP	WFP
Activity 2.3	Distribution of special nutritious food to registered beneficiaries	WFP and partners IEDA and CODAS-CARITAS	WFP and partners IEDA and CODAS-CARITAS

<b>Output 3</b>	Parents and or caretakers of children aged 6-23 months in the Makary, Mada, Kousseri, and Goulfey health districts have access to nutrition messaging and counselling on specialized nutritious foods and good health and nutrition practices.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Proportion of targeted caregivers (male and female) receiving 3 key messages delivered through WFP's BSFP -supported messaging and counselling	100%	100%
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Nutrition education, sensitisation and counselling of caretakers on specialized nutritious foods and good health and Nutrition practices implemented by Codas-Caritas and IEDA.	WFP and partners IEDA and CODAS-CARITAS	WFP and partners IEDA and CODAS-CARITAS

**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:**

Thanks to the CERF allocation, WFP was able to scale up food assistance to an additional 20,000 people amongst the recent waves of displaced people in urgent need, while expanding nutrition prevention programmes to 26,152 children 6-23 months in priority health districts across the most affected areas of the Logone and Chari department. With the CERF contribution, WFP procured 1,874 mt of mixed food commodities, including Rice, Salt, Yellow split peas, Vegetable oil and Super Cereal for food distributions and 300 mt of Super Cereal Plus aimed for nutrition activities. Thanks to effective procurement planning, WFP managed to procure a larger quantity of commodities to a lower price than anticipated and consequently more beneficiaries were reached than initially planned. WFP's integrated food and nutrition assistance, alongside other partner activities implemented in the same targeted areas, significantly contributed to improving the living conditions of the targeted populations.

Food Support

WFP finalized beneficiary identification exercises in the Logone & Chari department in September and in October with the help of CERF funding, WFP could initiate assistance 20,000 new IDPs which had been recently displaced by the crisis and identified as the most vulnerable in urgent need of food assistance. Local committees were involved in every step of the targeting process from reviewing targeting criteria to validating the beneficiary lists, while community groups were responsible for identifying vulnerable households according to the agreed criteria. All lists are verified by WFP and partners. Following each distribution a review process was conducted to address any inclusion/exclusion errors in a transparent fashion. This is further strengthened with WFP's complaint and feedback mechanism.

Amid ongoing violence and a precarious food security situation, WFP's food assistance proved critical in ensuring food availability of the most vulnerable households while mitigating the effects of negative coping strategies. This was confirmed by WFP monitoring results which by late 2016 indicated that a 61.7 % of the targeted IDP population had an acceptable food consumption score, representing an improvement in the food consumption compared to results obtained in June 2016 where the proportion of IDPs with acceptable food consumption was as low as 50%.

The PDM revealed a small percentage of the food distributed (6%) was in certain cases redistributed or sold, mainly to purchase non-food items but also for debt reimbursement, house rent and health expenses. Most of the IDPs live amongst host communities, and share part of their ration with the hosting population, whom is also poor and vulnerable.

WFP paid special attention to women's participation in activities, in an effort to make an impact to their decision-making roles in the household as well as in the wider community. Food distribution committees were made up of 45 percent women, while the Complaint Committees accounted for 33 percent women.



Nutrition

20,000 children under two in priority health districts with significantly high rates of food insecurity and malnutrition were planned for nutrition support. However, the number of beneficiaries reached exceed the planned 20,000 children by 6,152 (about 31% increase) as the needs turned out to be much higher than anticipated. For the first month of implementation, less than the planned 20,000 beneficiaries were admitted to the programme, however, as some insecure areas in the Logone and Chari became accessible, WFP could gradually identify additional needy beneficiaries and admissions into the malnutrition prevention programme increased progressively. By the end of the four month implementation period, WFP had reached a total of 26,152 children 6-23 months.

Community mid-upper arm circumference (MUAC) screening results at the beginning and at the end of the project implementation period reveal a stabilized nutrition situation in targeted communities, though Global Acute Malnutrition (GAM) rates increased slightly from 5.3% in September 2016 to 5.8% in January 2017. This is mainly attributed to insecurity, which at the onset of the project rendered some of the most vulnerable areas in the Logone and Chari inaccessible and hindered WFP from delivering timely assistance. This may have caused the GAM rate to increase in certain areas.

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

WFP's project was designed and implemented with due consideration for the protection concerns of the population: safety issues to, from and at distribution sites, altered intra-household dynamics, or barriers for persons with specific needs to contribute to a safe and dignified access to food assistance.

In 2016, as part of its commitment to accountability towards affected populations, WFP has established a reinforced gender-balanced feedback and complaint mechanism, comprising a telephone hot-line facility and on-site beneficiary committee groups, to manage feedback and complaints. This mechanism enabled the beneficiaries to raise the main concerns regarding programmes implementation. The complaints and response mechanism ensured that beneficiaries could easily and without fear of repercussion communicate issues such sexual exploitation, abuse of power or non-compliance by any key actor, aspects of programme and/or transfer modality that unintended adverse impacts, as well as any concerns related to food quality, safety and entitlement. Questions on protection were also included in the PDM surveys to ensure systematic follow up on concerns.

With regards to nutrition activities, WFP ensured participation of beneficiaries in activities such as MUAC screenings and focus group discussions to determine the needs of the population. The community leaders were actively involved in the selection of distribution sites in the community to ensure beneficiaries' easy access to assistance. Beneficiaries were regularly informed on the objectives, targets groups of the project and on the quantity of food supplements to which each beneficiary is entitled. Beneficiaries were also regularly informed on time of any delays or changes in the distribution schedule.

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

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	NNGO	\$57,629
16-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	NNGO	\$62,863
16-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	GOV	\$16,470
16-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	NNGO	\$6,239
16-RR-CEF-107	Child Protection	UNICEF	NNGO	\$65,000
16-RR-CEF-107	Child Protection	UNICEF	INGO	\$50,000
16-RR-CEF-107	Child Protection	UNICEF	GOV	\$188,931
16-RR-WHO-041	Health	WHO	NNGO	\$230,007
16-RR-WHO-041	Health	WHO	GOV	\$31,258
16-RR-FPA-044	Health	UNFPA	GOV	\$70,920
16-RR-FPA-044	Health	UNFPA	INGO	\$105,000
16-RR-WFP-062	Food Assistance	WFP	NNGO	\$94,562

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACEEN	Association Camerounaise pour l'Education Environnementale
ALDEPA	Action Locale pour un Développement Participatif et Auto-géré
ARV	Antiretroviral drug
ASSEJA	Association Enfants, Jeunes et Avenir
CAR	Central African Republic
CERF	Central Emergency Relief Fund
CFS	Child Friendly Space
CFSAM	Crop and Food Security Assessment Mission
CMAM	Community Management of Acute Malnutrition
CNA	Centre de Nutrition Ambulatoire
CNTI	Centre de Nutrition Thérapeutique en Interne
CRC	Cameroon Red Cross
DHS	Demographic and Health Survey
DPS	Direction de la Promotion de la Santé
DRAS	Direction Régionale de l'Action Sociale
DRSP/EN	Direction Régionale de la Santé de l'Extrême nord
DS	District de Santé
ECHO	European Commission of Humanitarian Office
EPI	Expanded Program on Immunization
FICR	Fédération International de la Croix Rouge
GAM	Global Acute Malnutrition
GFD	General food distribution
HCT	Humanitarian Country Team
HD	Health Districts

HF	Health Facilities
HIV	Human Immunodeficiency Virus
IDP	Internal Displaced Persons
IEDA	International Emergency and Development Aid
INTERSOS	International SOS
InpF	Inpatient facilities
IFRC	International Federation of Red Cross and Red Crescent societies
IMC	International Medical Corps
IOM	International Organization for Migration
IPT	Intermittent preventive treatment
IRD	International Relief and Development
JAM	Joint Assessment Mission
LLIN	Long-lasting impregnated nets
MAM	Moderate Acute Malnutrition
MAG	Malnutrition Aigue Globale
MAS	Malnutrion Aiguë Sévère
MICS	Multiple Indicators Cluster Survey
MINADER	Ministère de l'Agriculture et du Développement Rural
MINEE	Ministère des de l'Eau et de l'Energie
M&E	Monitoring and Evaluation
MoH	Ministry of Public Health
MSF	Medecins Sans Frontière
mt	Metric Tons
NatCom	National Committee
NFI	Non-food items
NGO	Non-Governmental Organisation
OPV	Oral Polio Vaccine
OFDA	Office of U.S. Foreign Disaster Assistance (OFDA).
OFSAD	Organisation des Femmes pour le Sécurité Alimentaire et le Développement
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene