

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

HUMANITARIAN COORDINATOR a.i

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

The team was not able to carry out an After Action review at the time of finalising this report.

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

YES NO

The report was submitted for review to the Humanitarian Country Team (HCT) and the inter-cluster (ICC) members before it was sent out to the CERF Secretariat.

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

YES NO

The final report was shared with the recipient agencies, the HCT and the ICC members.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 21,866,479		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,989,275
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	N/A
	OTHER (bilateral/multilateral)	N/A
	TOTAL	4,989,275

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 08/08/2016			
Agency	Project code	Cluster/Sector	Amount
IOM	16-RR-IOM-031	Non-Food Items	998,708
UNFPA	16-RR-FPA-034	Health	242,637
UNHCR	16-RR-HCR-032	Shelter	298,530
UNHCR	16-RR-HCR-033	Protection / Human Rights	248,775
UNICEF	16-RR-CEF-084	Child Protection	203,500
UNICEF	16-RR-CEF-085	Nutrition	165,023
UNICEF	16-RR-CEF-086	Water, Sanitation and Hygiene	727,096
WFP	16-RR-WFP-047	Nutrition	1,000,000
WFP	16-RR-WFP-048	Common Logistics	905,006
WHO	16-RR-WHO-034	Health	200,000
TOTAL			4,989,275

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

Type of implementation modality	Amount
Direct UN agencies /IOM implementation	3,187,448
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,714,881
Funds forwarded to government partners	70,746
TOTAL	4,989,275

HUMANITARIAN NEEDS

The humanitarian situation in the Diffa region deteriorated sharply following Boko Haram's May and June 2016 attacks in Yebi and Bosso. Along with the arrivals of thousands of refugees and returnees from Nigeria, the Diffa region witnessed important new internal displacements of people living in Bosso and surrounding areas along the border with Nigeria in an attempt to escape Boko Haram related violence.

The overwhelming related new needs in the sectors of shelters and non-food items (NFIs), protection, WASH, health and logistics triggered a CERF request in August 2016. The activities planned through the CERF proposal targeted 76,000 people including 69,000 new displaced populations and 7,000 people in host families, over five months.

Following the attacks of May-June, almost all vital needs of the targeted population were affected in the sectors of shelters, non-food items, health, protection, nutrition and WASH as revealed by the Multi-Sectoral assessments that were conducted. The findings of these assessments indicated the urgency and the severity of the situation requiring an immediate mobilisation of additional resources.

II. FOCUS AREAS AND PRIORITIZATION

A joint assessment mission organized by the **nutrition** cluster under the lead of the regional directorate of public health in June 2016 determined the needs of children under-five suffering from severe acute malnutrition (SAM) in Kidjandi, Garim Wazam and NGagam. The first screening conducted by Save the Children, in these localities in June, indicated that the proportion of SAM among children under-five was 1.9% (352 SAM out of 18,596 children). The number of children suffering from SAM to be treated was estimated to be 1,000 in Diffa and Bosso departments.

A prioritization exercise done after the joint assessments conducted in June 2016 pointed out urgent needs to be immediately addressed in the **health** sector. Indeed, health facilities of areas affected by the attacks were still not functional due to lack of staff. Medicines and medical supplies had been looted. Operational mobile clinics in the region were insufficient to cover the needs of host communities and displaced populations. In addition, the rainy season (from June to September) increased the risk of flooding, leading to the occurrence of water borne diseases such as cholera, malaria as well as respiratory tract infections mostly among children. The lack of safe drinking water was an additional factor of vulnerability to waterborne diseases.

Subsequently, provision of health assistance was requested to ensure the purchase of: (i) trauma kits for three district hospitals and eleven health centres covering 150,000 vulnerable persons; (ii) psychosocial support to 1,170 persons; (iii) Minimum Initial Services Package for Reproductive Health in Crisis Situations to 24,000 people; (iv) access to birth services to 33,615 people and essential health kits and reproductive health kits for 28 Health districts.

Despite the efforts of the **WASH** Cluster and the WASH Working Group in Diffa, the gaps remained huge, particularly access to safe water for 67,150 affected people and access to emergency latrines for 55,050 affected people. Given the remaining gaps related to access to WASH and with regard to the weak hygiene practices in hosting communities with a high concentration and extreme mobility of the population, a risk of cholera existed, which could be increased by the rainy season. Improving access to sanitation and safe water, the promotion of good hygiene practices to reduce health-related risks, the distribution of soap and water-purification tablets as well as training of partners were necessary to prevent a cholera outbreak in Diffa and set up the necessary contingency measures in order to be prepared in case of an epidemic.

Protection activities were based on needs assessments focussed on age and gender along the *Route Nationale 1*, where the newly displaced people were settled. As of 27 June 2016, the number of displaced persons, including IDPs, refugees and returnees, had increased to an estimated 281,000, including 69,000 newly displaced people, with an estimated 37,950 children (55%) newly affected being exposed to many protection risks or witnessed violence. Some of them have been separated from their families, living with other families while some others were on their own. These children were psychologically distressed due to displacement and loss of normalcy, calling for a rapid reaction from the Child Protection Sub Cluster members. The Sub-Cluster agreed to prioritize the following: recreational and socio-educational activities and psychosocial support to children affected by the crisis; identification, documentation, tracing and family reunification of unaccompanied and separated children (UASC); identification and individualised care for children facing protection risks; establishment and reinforcement of community-based child protection networks and community sensitization on child protection in threatening/at risk locations (such as water points and latrines).

With the increasing numbers of displaced population in the region, the spontaneous sites hosting the majority of the displaced population along the *Route Nationale 1* changed drastically. The population of various sites increased exponentially. Based on several needs assessments completed at various key target sites following the Bosso attacks in June, several key sites were identified where **protection** risks were particularly high. The establishment of functioning and effective community based protection mechanisms at these sites has been prioritized, including the training of State actors as well as community based protection monitors, the establishment of Listening Centres, and community based monitoring, prevention and response activities. Additionally, following the surge of intercommunal tensions that resulted of the new population movements, coupled with the subsequent shortages in access to basic resources (including water), the monitoring of inter-ethnic tensions, and the establishment of a monitoring system was prioritised by key identified communities with high levels of recorded interethnic tensions. Another key priority of the protection cluster for this CERF allocation was related to the training of the Nigerien military on Human Rights, child protection, prevention of SGBV, *non-refoulement*, etc.

Both UN agencies and partners took part in a **multi-sector** needs assessment over the last three months before the surge of attacks. The findings revealed an urgent need of provision of **Shelters and NFIs** for 28,000 people. However, the humanitarian actors estimated that these numbers multiplied following May-June events. IOM planned to provide temporary shelters to 24,500 people and UNHCR to provide to 10,500 others. The interventions were conducted by UNHCR to prioritize the emergency shelter needs of the growing populations of the two camps and IOM, focusing on the population outside of the camps. These priorities were jointly defined at the Shelter / NFI Working Group level.

An air service provided by the Logistics Cluster was an integral part of the emergency response in Diffa. To provide an effective response to people in need, following the June and May attacks, UNHAS increased its rotations and cargo. In June, 12 additional flights took place on top of the 13 scheduled and in July, 5 additional flights on top of 13 initially scheduled.

III. CERF PROCESS

The overwhelming level of new needs created by the escalated insecurity in the Lake Chad Basin in May and June 2016 triggered the CERF Rapid Response application by the HC. Based on government-led as well as on several sector and multi-sector needs assessments, all highlighting growing numbers of persons in need of humanitarian assistance, the HC prompted the UN agencies represented in the HCT to mobilize the respective clusters and proceed to quantify their most impelling needs in the Diffa Region, related to the Lake Chad Basin crisis, unforeseen by the original 2016 HRP. The UN agencies and respective cluster co-leads (NGOs) and national partners (line ministries) carried out multiple cluster-specific and multi-sector needs assessments, which highlighted a significant increase of displacements and needs. The analysis was successively refined to identify most urgent needs by Locality.

The results of the needs assessment led the Humanitarian Country Team to request CERF support to deal with the rapidly and seriously deteriorating situation. It was agreed to focus on life-saving activities in six sectors (Emergency Shelter/Non-Food Items, health including reproductive health, protection including child protection, nutrition, WASH and logistics) as the most pertinent to the situation of populations on the move or in highly unstable settings.

CERF funding enabled rapid response to urgent needs, pending contributions from regular HRP and bilateral donors. The projects submitted in the CERF RR application have been considered during the revision of the HRP.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹									
Total number of individuals affected by the crisis: 76,000									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Child Protection	13,309	9,180	22,489	13,543	8,820	22,363	26,852	18,000	44,852
Protection	18,536	9,981	28,517	16,438	8,851	25,289	34,974	18,832	53,806
Common Logistics	-	-	-	-	-	-	-	-	802
Health	19,497	37,913	57,410	17,290	20,726	38,016	36,787	58,639	95,426
Nutrition	27,341	17,962	45,303	25,660	17,520	43,180	53,001	35,482	88,483
Non food items	14,468	10,266	24,734	13,526	9,082	22,608	27,994	19,348	47,342
Shelter	3,339	2,226	5,565	2,961	1,974	4,935	6,300	4,200	10,500
Water, Sanitation and Hygiene	21,197	18,458	39,655	20,366	15,548	35,914	41,563	34,006	75,569

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

BENEFICIARY ESTIMATION

All activities planned through this CERF RR grant by UN agencies have been implemented in collaboration with their operational partners. UNFPA reached the highest caseload of 95,426 people through health reproductive activities. To avoid double counting between the different sectors the largest number of reached people has been adopted as the estimation of the total direct beneficiaries.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	19,497	37,913	57,410
Male	17,290	20,726	38,016
Total individuals (Female and male)	36,787	58,639	95,426

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

CERF RESULTS

UNICEF (**nutrition**): The CERF funding enabled the purchase of therapeutic supplies (RUTF and therapeutic milks), essential medicines and soap that contributed to the national pipeline for the SAM treatment programme and were distributed to health centres, according to their needs. The quantities of RUTF purchased were used to provide lifesaving treatment to 4,356 children (2,309 girls and 2,047 boys) suffering from SAM, corresponding to 38% of the 11,372 children admitted into outpatient services in 47 health centres of Diffa region over the project duration (July 2016 – February 2017). The SAM treatment programme continued to perform well in Diffa region over the project period, with indicators in line with international SPHERE standards: 96.7% of children were cured, 0.2% died, and 2.2% defaulted.

Save the Children undertook malnutrition screenings with other sources of financing, as the totality of CERF funding was put toward supplies, given the urgent needs on the ground. Rather than monthly screenings, two mass screenings were organized in two health districts (NGuigmi and Diffa) in August and October 2016, reaching 80,709 children in August and 36,358 in October. 3.3% and 1.2% of them respectively (2,663 and 436 children, or 3,100 children in total) were found suffering from SAM and were referred to health centres.

WFP (**nutrition**): The CERF funding allowed to carry out treatment and nutrition activities, coupled with awareness raising and sensitization sessions. A specific focus was put on the 6-59 months old and pregnant and lactating women for the treatment of moderate acute malnutrition at health centre level. All girls and boys of 6-59 months old were screened for malnutrition using MUAC at health centres (116), camps sites and distribution posts. Girls and boys found to be moderately malnourished were admitted in supplementary feeding centres and treated with PlumpySup, while those severely malnourished were referred to SAM treatment centres. Medical, but not malnourished, cases were referred to medical care at health facilities. Due to fluctuations in prices, CERF funds allowed to purchase more PlumpySup than planned, i.e. 93 MT instead of 69MT. This allowed to reach some 11,340 moderate acute malnourished girls and boys 6-59 months old during 3 months. Pregnant and lactating women were admitted as soon as identified as malnourished, preferably during the first trimester of pregnancy, and remained in treatment until six months after delivery or until they were cured. They received Super Cereal (fortified blended flour) and fortified vegetable oil. CERF funds covered the purchase of 34MT of Super Cereal and 3MT of fortified vegetable oil that covered 1,500 women during 3 months.

The project also contributed to the prevention of the deterioration in nutritional status of children aged 6 to 23 months through unconditional food assistance through blanket feeding. Thanks to funds from this CERF contribution, 94 MT of Super Cereal Plus (fortified blended flour preferred for young girls and boys) were purchased that covered the needs of 7,817 children 6-23 months over a period of 2 months. Beneficiaries' ages were verified by health cards for children less than five years old. Children without cards were verified by height measurements (≤ 87 cm). All girls and boys were screened for malnutrition and referred to appropriate facilities.

Finally, CERF funding allowed WFP to purchase 265MT of Super Cereal that was distributed in addition to the Government food basket (50gr of Super Cereal per person per day) during 2 months to 88,483 persons, including IDPs and host population. This enabled to significantly increase the nutritional value of the food basket and prevent a deterioration of the nutrition status of the vulnerable groups, including pregnant and lactating women, adolescents, school age children and elderly and to contribute to the prevention of micronutrient deficiencies.

WHO (**health**): The main achievement of the CERF funding in the area of health is the provision of access to quality health care to 76,000 new IDPs. Free medicines and medical supplies were distributed to 11 Health Centers (Bosso, Toumour, Gagam, Kidjandi, Assaga, Chétimari, Garin Dogo, Ngarwa, Sayam Forage Boudouri and Kablewa) providing health care to IDPs. The IEHK Supplementary Units were supplied in three hospitals for free referral health care.

UNFPA (**reproductive health**): This project assisted more than the initial target of affected people. Reproductive health and gender based violence services reached 95,426 people. Assisted people included more than 4,000 pregnant women who were able to deliver in acceptable hygienic conditions and 1,824 births assisted by skilled health specialists. Furthermore, 16 Health centres (13 CSI, 2 District reference maternities and Diffa centre for maternal and child health) benefited from adequate reproductive health kits to ensure assisted births. A total of 100 obstetric evacuations were taken on thanks to the CERF grant.

Through 24 missions of mobile clinics (15 days for each mission), managed by UNFPA and its implementing partners, the following results were achieved: 78 assisted deliveries in sites with no access to health centres; 2,876 new family planning users; 146 people tested for HIV/AIDS; 8,072 children vaccinated; 28,715 malnourished referred to health centres for appropriated care; and 1,623 dignity kits distributed to vulnerable women including GBV survivors.

UNICEF (**WASH**): The CERF funding improved the access to safe water for 20,999 people (5,891 girls, 5,659 boys, 5,129 women and 4,320 men) in Diffa region, thanks to the construction of 10 emergency boreholes for 5,000 people in Garin Wazam, Ngagam, and Maina Kaderi, water trucking for 3 months covering 7,333 people per day in Kidjandi, and the setting up of two small piped water supply

systems for 8,666 people in Kidjandi and Toumour. Water management committees with at least 40% of women were set up and trained to ensure sustainable management of the infrastructure and the continuity of the water supply service.

The project also enabled the construction of 846 latrines in 7 displacement sites (Ngagam, Kidjandi, Garin Wazam, Toumour, Boudouri, Maina Kaderi and Kouble Iguir), which improved access to sanitation for 42,300 people (11,865 girls, 11,400 boys, 10,332 women and 8,703 men). The blocks were separated by sex and age to ensure the protection and privacy of users. Community mobilization and awareness-raising sessions were held in the same 7 sites and reached 75,569 people (21,197 girls, 20,366 boys, 18,458 women and 15,548 men) with information on waterborne diseases, hand washing, use and maintenance of latrines, water safety throughout the water chain and water point management. These activities were combined with the distribution of 8,000 basic hygiene kits. Finally, the project also responded to the specific hygiene needs of girls and women of childbearing age through the distribution of 5,000 menstrual hygiene kits, preceded by awareness-raising sessions on how to use the kits

UNHCR (protection): CERF funding enabled a significant improvement in the community based protection mechanisms in the sites of Garin Wanzam, Kidjandi and N'Gugam, which were identified as priority sites following the violence in June 2016 in Bosso, and the subsequent increase of population to the sites. Prevention activities were completed, including sensitization and awareness raising, by 654 community mobilizers who were trained as part of the project. Additionally, a Mobile Listening Centre was created and provided a safe space for the population of concern to voice their concerns with social agents. Sessions were held once a week at the sites. Up to 400 protection cases were identified by UNHCR and both community based protection committees and monitors, while an adequate response was provided to victims/survivors, including medical, psychosocial and material support. Those refugees who wished to voluntarily relocate to Sayam Forage refugee camp were assisted.

The CERF funding also enabled the prevention of an escalation of interethnic tensions in the region. Following the massive population movements witnessed in June and July, the profile of the population in the sites changed dramatically. Incidents on interethnic tension were reported, mainly regarding access to extremely limited resources. In September, a survey on inter-ethnic tensions was completed in 8 localities in 5 communes. The results of the survey enabled the informed establishment of a community-based monitoring system in the target zones, through community and religious leaders and community based structures. This enabled the identification of 36 conflicts, which were mitigated by the authorities through a range of activities including weekly meetings on conflict resolution, mediation and sensitization sessions.

UNICEF (child protection): The project contributed to preventing of and responding to child protection risks in the Diffa region through the strengthening of 31 community-based child protection mechanisms (youth peer educator committees), which referred child protection cases to competent services and carried out awareness-raising activities in their communities. These activities, combined with radio messaging on child protection risks and landmine risk education, reached 40,000 displaced people, refugees and host community residents.

The CERF funds also supported the 48 existing child-friendly spaces (CFS) that operate in 41 displacement sites, and enabled 4,644 children (including 2,058 girls) to benefit from socio-recreational activities and psychosocial support. The CFS provided a sense of normalcy to children suffering from the attacks and the displacement, and played an important role to identify and refer children to social and health services when needed.

In addition, the project supported the identification, documentation, alternative care and family tracing of unaccompanied and separated children. In total, 135 UASC (including 51 girls) were identified and documented, 131 UASC (47 girls) were placed in temporary alternative care and received individualized support, and 1 child (a girl) was reunified with her family. In addition, the project also supported 73 children allegedly associated to Boko Haram who were placed in detention in Niamey, with the provision of specialized care, including psychosocial counselling, medical care, non-food items and recreational activities in detention, and the setting up of transit and orientation centres to prepare their reinsertion.

IOM (Shelters and NFIs): The funding received from CERF allowed IOM to assist 9,937 beneficiaries with 10,190 emergency shelters and NFI kits. Out of the 9,937 beneficiaries (47,342 individuals), 13,894 individuals were refugees, 22,118 individuals were IDPs and 7,465 individuals were returnees, while 3,865 individuals were from the host community. Breakdown figures demonstrate that there were 52% female beneficiaries and 48% male beneficiaries. Out of 47,342 beneficiaries, 60% were children and the remaining 40% were adults.

UNHCR (Shelters and NFIs): Through CERF funding, UNHCR were able to respond to the emergency shelter needs of the continuous surge of population in the two camps in the Diffa region: Kablewa IDP camp and Sayam Forage refugee camp. Approximately 1,000 kits were delivered to newly arriving households in Sayam Forage camp, and 5,000 in Kablewa camp. This funding was particularly important, as prior to the violent attacks in June 2016, the population of the camps had been relatively small. However, this rapidly changed in the months following the Bosso attacks. This emergency response also complemented UNCHR's out-of-camp response.

The overall shelter response was complementary to the one provided by IOM through CERF funding, as well as the overall Shelter / NFI working group response.

WFP (**Logistics**): The CERF allocation enabled UNHAS to continue to provide additional flights for 802 humanitarian workers (more than the 702 people initially targeted) and approximately 3.5 mt of light cargo in the Diffa region.

CERF's ADDED VALUE

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

YES PARTIALLY NO

UNICEF: In the nutrition sector, the funds enabled the rapid purchase of therapeutic foods and medicines, including locally-produced RUTF, and enabled to avoid any stock out in outpatient and inpatient facilities. In the WASH sector, the funds made it possible to respond rapidly to both identified and arising needs, addressing important gaps not covered by other sources of funding. CERF funding also enabled child protection emergency activities initiated in 2015 and 2016 to continue without interruption, for timely and quality assistance to beneficiaries, and made it possible to rapidly react to the emergency situation and strengthen services in sites with a high number of children at risk.

WFP: The CERF funds enabled the provision of commodities during the most critical period of life (children 6-23 months), preventing their deaths. Distribution was coupled with awareness-raising sessions on essential family practices and cooking demonstrations to ensure beneficiaries adopted good practices to promote good health and growth for vulnerable groups, especially young girls and boys. Nutrition prevention and treatment activities were carried out throughout a year. Thanks to the CERF contribution, WFP was able to make sure that no gaps in assistance arose and that all planned beneficiaries received nutritious supplements on time. Within the general distributions, CERF funds helped to ensure the nutrition sensitivity of the Government food basket, composed mainly of cereals thanks to the addition of fortified blended flour (Super Cereal).

WHO: CERF funds enabled the immediate purchase of standardized, affordable and medical kits (essential medicines and medical supplies, urgently needed in a precarious situation) as well as the provision of health assistance at site level.

UNFPA: With CERF funds, UNFPA acquired immediately reproductive health kits and delivers them to population in needs. This action contributed to save many lives, particularly of women in needs of obstetric evacuation and GBV survivors in needs of medical and psychological supports.

UNHCR: CERF funds enabled the rapid distribution of shelter kits in the Diffa region, to facilitate the arrivals and instalment of new refugees and IDPs in the two camps. It enabled a rapid action to establish community based protection systems in key identified priority sites, with hugely increased protection needs, which enabled effective protection monitoring and response. The additional funding also enabled emergency measures to mitigate an escalation of inter-ethnic tensions and conflict.

IOM: Funding from CERF allowed IOM to acquire and distribute emergency shelters and NFI kits to newly arrived IDPs in different sites in Diffa. This allowed IOM and its partners (ADED) to respond to a rapid onset of population movement and assist the most vulnerable families with emergency shelters and basic needs NFI kits.

WFP Logistics: Through this CERF project, UNHAS Niger has been fully utilized by the humanitarian community to deliver effectively, rapidly and securely the assistance to populations in need. Thanks to UNHAS flexibility and an increased number of flights to the Diffa region, 802 passengers were transported, roughly 96.7% of all the requests received from 114 organizations. In addition, 3.49 mt of light cargo were transported.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

UNICEF: In the nutrition sector, the availability of CERF funding helped avoid stock-outs of RUTF, especially during the lean season, when admissions to the SAM treatment programme are particularly high. Action in the WASH sector was also time-critical, since the new population movements had resulted in urgent needs for water, hygiene and sanitation, and there was a risk of cholera linked to poor water, hygiene and sanitation conditions and to the rainy season. Similarly, child protection activities responded to urgent needs as they served children at high risk, including unaccompanied and separated children.

WHO: The current CERF grant played a major role in increasing access to quality health care of 76 000 IDPs. Indeed, free health care, availability of drugs and continuity of quality health care are among those urgent Health life-threatening needs for new 76,000 IDPs identified by MoPH and Health cluster. Thus, implementation of this project responded in timely manner to Health life-threatening needs.

UNFPA: With CERF funds, more than 90,000 including more than 30,000 children previously without access to any kind of basic services have been reached through Health centres and mobile clinics to be attended by antennal, birth, vaccination, STI treatment and sensitization on reproductive health issues including GBV.

WFP: By contributing to the provision of adequate nutritious commodities, CERF funds made it possible to increase the nutritional value of the government food basket for general food distributions with nutritious foods (50gr of Super Cereal per day) in order to maintain the nutrition status of the vulnerable groups including pregnant and lactating women, adolescents, school age children and elderly. Furthermore, CERF funds allowed treatment interventions for children 6-59 months and pregnant and lactating women, for whom treatment of moderate acute malnutrition was carried out at health centre level. All girls and boys of 6-59 months old were screened for malnutrition using MUAC at health centres (116) and camps sites and distribution posts to make sure that treatment was provided in time. Thanks to timely action, girls and boys found to be moderately malnourished were admitted in supplementary feeding centres and treated with PlumpySup, while those severely malnourished were referred to SAM treatment centres.

UNHCR: The CERF funds enabled a rapid response to extremely vulnerable refugees and IDPs as they arrived at the two camps – either spontaneously, or through assisted voluntary relocation. They also enabled vital mitigation measures to prevent the escalation of intercommunal conflict, as well as the prevention of an escalation of protection incidents in key identified sites.

IOM: The CERF funding allowed for prepositioning of emergency shelters and NFI kits that allowed IOM to intervene almost immediately when a need arose for emergency shelters and/or NFI kits following new movement of population because of security problems or following multi-sectorial needs assessments of IDP, Returnee or Refugee sites.

WFP Logistics: The CERF funding helped UNHAS deliver effective and critical support to the humanitarian community in order to support people in need in the remote regions of the country. Timely and efficient air logistics services were provided, and due to increased needs, the number of flights to the Diffa region was also increased. What is more, three medical evacuations were undertaken from Diffa to Niamey and passengers were quickly accommodated on board UNHAS flights to save their lives

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

YES PARTIALLY NO

UNICEF: While the availability of CERF funding did not facilitate resource mobilization for the nutrition, WASH and child protection sectors, the funds enabled UNICEF to respond rapidly to the emergency while looking for other, future sources of financing. In the case of WASH and child protection in particular, several donors subsequently made funding available and helped UNICEF address some of the remaining gaps in the affected areas.

WHO: The current project covered a small portion of many health needs. Its implementation allowed other health actors to concentrate on other needs. The partial coverage of the needs by these CERF funds has pushed WHO to negotiate a project with the African Development Bank (ADB) covering four areas: (1) strengthening human resources for 5 health centres, (2) preventive care including

¹ 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.).

awareness against HIV, STIs and epidemic-prone diseases; (3) Epidemiological surveillance of epidemic-prone diseases (4) Provision of medicines and medical supplies.

UNFPA: In addition to CERF funds and in order to reinforce UNFPA interventions towards IDPs with less access to Health and reproductive services, more than US\$ 200,000 additional funds have been mobilized from SWEED and Reproductive Health Commodity Security Branch to reinforce mobile clinic and GBV activities.

UNHCR: CERF funding greatly added to the response capacity of UNHCR, adding to the response activities which were ongoing, while enabling UNHCR to continue to search for other sources of financing from alternative sources.

WFP Logistics: Even if the CERF funds did not directly influence the mobilization of further resourcing, it allowed UNHAS to support the increase in the humanitarian responses in the Diffa region as the situation deteriorated. This contribution also helped the mobilization of other resources by highlighting the critical need of response against the continued emergency in Diffa.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

UNICEF: For the WASH sector, humanitarian coordination and information management are done through the national WASH cluster, led by UNICEF, as well as in the regional working group led by the Diffa Regional Water Directorate with assistance from UNICEF. The CERF funds led to additional regular coordination meetings with partners (NGOs, Government technical services, UN agencies), particularly those involved in the emergency response in the Diffa region, thus improving coordination and information collection, analysis and sharing in this challenging context. In the child protection sector, CERF funds strengthened coordination among child protection actors, thanks to specific coordination meetings and involvement of government actors, and increased awareness of the cross-sector specificity of child protection across many humanitarian sectors, as there were efforts to harmonize activities in specific areas.

WFP: For the food security and nutrition sectors, the CERF funds contributed to the strengthening of coordination. A national food security cluster, led by the representative of the Ministry of Agriculture and the *Dispositif*, with the support of WFP and FAO, and the regional food security working group with participation of government counterparts, national and international NGOs, and UN agencies, met regularly to ensure proper coordination between actors, and optimal usage of scarce resources. WFP supported the mapping exercise of all planned interventions, mediating between actors where needed, to optimise efficiency of resources and to avoid duplication of assistance programmes. Furthermore, CERF funds contributed to the release of monthly WFP information letter to update the humanitarian community on food security activities and geographical coverage led by implementing actors.

WFP joined its efforts with ICRC to reach the most affected populations in remote and insecure areas, and thanks to the CERF funds, it enabled to provide nutritious supplements and distributions through ICRC to areas where access was not possible for WFP and other partners (Communes of Bosso and Toumour).

WHO: Although the needs are huge, these funds have strengthened the leadership of the health cluster in its ability to mobilize resources and coordinate the response.

UNHCR: As regards to the shelter response, CERF funds assisted in improving the coordination of the emergency response between IOM and UNHCR, who divided the priority needs between camp and out-of-camp response.

IOM: This project allowed IOM to better ensure its co-lead role in the national and regional shelter and NFI working groups. This allowed IOM to participate and continue the functioning of the shelter and NFI region-working group in order to coordinate the activities of shelter and NFI's partners (e.g. it allowed IOM to overachieve their beneficiary target).

WFP: The CERF funds contributed to the organization of meetings of the UNHAS Niger User Group Committee composed of United Nations Agencies, NGOs and donor Representatives that met to set priorities and requests of the humanitarian community for air transport. In addition, a Steering Committee (SC) meeting composed of selected representatives from NGOs, UN agencies and donors met in December 2016 to facilitate decisions and provide strategic guidance on operational activities.

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

Nothing to report.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The availability of an internal UNICEF emergency loan mechanism (then reimbursed with CERF funding) accelerated the response and saved lives following the attacks of June 2016 in Bosso	Approve requests for retroactive eligibility of CERF RR funds, and if possible extend the period of retroactivity, in order to motivate agencies to activate emergency loan modalities that can then be reimbursed with CERF grants.	CERF secretariat
The project proposal template is straight-forward and easy to use and the possibility to submit proposals in French is key for francophone countries	Keep the current format for project proposals, as well as the option to submit in French or English	CERF secretariat
CERF RR funds application and procedures are simple and easy to use but we could experience a lot of back and forth	More clarity in information needed.	CERF secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Strong coordination between actors is critical for the success of child protection activities and must extend beyond the Protection Sub-Cluster to other clusters	Make sure a protection focal point is present in each cluster to mainstream child protection in all aspects of emergency work, and develop additional harmonised, concrete tools to be shared with other sectors, for example in the form of a “toolkit” on specific child protection issues, including tools and support for the media	Sub-cluster lead and Regional working group in Diffa; Protection cluster members
More precise, detailed information on the situation of affected children is key to assess the needs in certain areas	Set up a database of child protection interventions, to be updated on a regular basis, and improve the ORS information system, organize trainings on this system and improve its flexibility to include new actors	Child Protection Sub-Cluster, OCHA
In the nutrition sector, the emergency response was facilitated by the existing capacity in Diffa region, which had been built over time by the Government and its partners	Continue context-specific capacity strengthening of Government and NGO partners at regional and district levels, especially those affected by high staff turnover	Diffa nutrition working group members
Nutrition has not been sufficiently prioritized in the health and nutrition working group in Diffa	Strengthen the capacity of the Government to revitalize the nutrition sub-working group in Diffa, so as to address key coordination and capacity development challenges	Nutrition focal person in Diffa Regional Health Directorate, UNICEF
In the WASH sector, peaceful relations between IDPs / refugees and hosting communities is key for	Pay particular attention to the needs of hosting communities in the humanitarian response to avoid conflicts	Humanitarian Country Team, Inter Cluster coordination

the effective implementation of activities		
To ensure sustainable results in the WASH sector, post-project follow up is crucial to monitor the implementation of community action plans and the functionality of infrastructure	Plan post-project visits to ensure implementation of exit plans established with beneficiaries and to strengthen motivation and ownership by community mechanisms (such as water management or hygiene committees)	WASH Cluster members
The involvement of the regional health authorities was crucial to achieve the objectives and goals of project	Involve authorities in the process make them participate in the monitoring and the assessment	Health cluster
Despite the mixed situation in the Diffa region, various population groups have different protection needs, which must be identified and responded to accordingly.	A Protection Baseline survey is to be completed in 2017 by the Protection Working Group at the Diffa level. This Baseline will recognise the different protection needs and risks between IDPs and refugees, and present them as such.	Protection Working Group Diffa
Coordination of Shelter and NFI activities should be improved, including information sharing and analysis at the Diffa level	A needs assessment and evaluation of Shelter and NFI needs will be completed in the first half of 2017. This will provide a solid and up-to-date basis and analysis for the joint planning of interventions at the Diffa Working Group level.	Shelter / NFI Working Group Diffa
WFP nutrition: Strong coordination among all actors was key in ensuring activities were implemented efficiently and effectively.	Continue to target effective coordination with other humanitarian actors present in the Diffa region to assure adequate beneficiary targeting, geographical coverage and efficiency of nutrition activity implementation	Diffa nutrition working group members
WFP food security: Strong coordination among all actors was key in ensuring activities were implemented efficiently and effectively.	Continue to target effective coordination with other humanitarian actors of the food security cluster present in the Diffa region to assure adequate beneficiary targeting, geographical coverage and efficiency of food security activity implementation	Regional food security working group
WFP Logistics: Strong support to allow effectively and efficiently user organizations deployment in Diffa.	Continuous dialogue with the humanitarian community to maintain good standards and improve services where possible	UNHAS Niger User Group Committee
IOM Improved coordination to allow for maximum reach of beneficiaries with limited resources	Encourage humanitarian actors to participate in shelter and NFI working group for maximum reach of beneficiaries with limited resources	Shelter and NFI cluster members

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	25/08/2016 - 24/02/2017		
2. CERF project code:	16-RR-CEF-084		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Child Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Prevention and response to the protection needs of children affected by displacement as a result of armed conflict in Diffa					
7. Funding	a. Total funding requirements ² :	US\$ 950,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 985,739	▪ NGO partners and Red Cross/Crescent:		US\$ 144,710	
	c. Amount received from CERF:	US\$ 203,500	▪ Government Partners:		US\$ 45,001	
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)	11,220	10,780	22,000	13,309	13,543	26,852
Adults (≥ 18)	9,180	8,820	18,000	9,180	8,820	18,000
Total	20,400	19,600	40,000	22,489	22,363	44,852
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	10,000			19,286		
IDPs	27,200			22,874		
Host population	2,800			2,692		
Other affected people						

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

³ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	40,000	44,852
<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 discrepancy in the disaggregation by category is due to the different methodology that was applied: while the proposal looked at the population that was newly displaced in mid-2016, the estimate for people reached uses the official statistics provided by the Diffa Regional Civil Registry Directorate for the region of Diffa.	

CERF Result Framework			
9. Project objective	To reduce the extreme vulnerability of children affected by displacement as a result of Bosso attacks through prevention and response to their protection needs.		
10. Outcome statement	Children affected by displacement as a result of Bosso attacks are provided with adequate response to their protection needs in major displaced sites of Ngaguam, Kidjandi, Garin Wazam, Kablewa and Toumour. (target: 40,000 people including children)		
11. Outputs			
Output 1	Child protection risks are prevented and responded to, through community-based child protection mechanisms and dissemination of radio messages (8 mechanisms; 11 local radio broadcast targeting children and adults)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of community based child protection networks re-established/reinforced (including youth peer educator committees)	8	31
Indicator 1.2	Number of children (55%) and adults benefitting from sensitization activities	40,000 (including 22,000 children, 11,220 girls)	40,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establishment, strengthening and harmonisation of community-based mechanisms to prevent and respond to child protection risks due to the crisis	IRC, PLAN International, DR PF/PE Diffa	IRC, DR PF/PE Diffa
Activity 1.2	Sensitization activities with communities on child protection risks related to the crisis (including through the dissemination of child protection/GBV radio messages)	IRC, PLAN International, Ministry of Communications	IRC, Care International, Ministry of Communications
Output 2	Children (displaced, returnees, refugees and from host communities) have access to socio recreational activities and psychosocial support if needed, in child friendly spaces/safe places for children and those with special protection needs are referred to competent services (target: 4500 children)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of child friendly spaces (DIAP) set up and/or rehabilitated	15	48
Indicator 2.2	Number of children benefiting from socio recreational activities and psychosocial support	4,500 (2,295 girls)	4,644 (2,058 girls)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Setting up and/or rehabilitation/maintenance of child	COOPI	COOPI, Care

	friendly spaces (DIAP, etc.)		International
Activity 2.2	Socio recreational activities and psychosocial support for children in safe places such as child friendly spaces or others, staffed with educators, social workers, psychologists and trained community volunteers	COOPI	COOPI, Care International
Output 3	Unaccompanied and separated children (UASC), as well as extremely vulnerable children, are identified, documented, provided with temporary care and individualized support, and reunified with their families in line with interagency standards (target: 300 children including 162 girls).		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of UASC (disaggregated by unaccompanied/separated, girls and boys) and extremely vulnerable children identified and documented	300 (153 girls)	135 (51 girls)
Indicator 3.2	Number of UASC benefiting from alternative care and/or individualized support	270 (138 girls)	131 (47 girls)
Indicator 3.3	Number of UASC reunified with their family	30 (16 girls)	1 girl
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Identification, documentation and referral of UASC and vulnerable children	IRC, DR PF/PE Diffa, PLAN International	IRC, DR PF/PE Diffa, Care International
Activity 3.2	Alternative care and/or individualized follow up support to UASC and vulnerable children	IRC, DR PF/PE Diffa, PLAN International	IRC, DR PF/PE Diffa, DR PF/PE Nia
Activity 3.3	Family reunification of UASC	IRC, DR PF/PE Diffa	IRC, DR PF/PE Diffa

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

The project has contributed to preventing and responding to child protection risks in Diffa region through the strengthening of 31 community-based child protection mechanisms (youth peer educator committees), which referred child protection cases to competent services and carried out awareness-raising activities in their communities (music or theatre groups, tea debates). The project supported 31 youth peer educator committees, rather than 8, as originally planned, due to the large number of displacement sites and the extent of population movements. Radio messages were also broadcast in five languages on 11 radio channels. Those activities reached 40,000 displaced people, refugees and host community residents (including 22,000 children, among whom 11,220 girls) with information on various child protection risks and responses to family separation, sexual violence, recruitment of children into armed groups, and mine risk education.

The CERF funds also supported the 48 existing child-friendly spaces (CFS) that operate in 41 displacement sites, and enabled 4,644 children (including 2,058 girls) to benefit from socio-recreational activities and psychosocial support. The project did not set up new CFS, as the needs were focused on rehabilitation and upgrading of the existing CFS in sites that had an influx of new children. The CFS were open five days per week and managed by community volunteers, supported by psychologists when required. They helped provide feel like a normal life to children suffering from the attacks and the displacement, and played an important role to identify and refer children to social and health services when needed.

The project also supported the identification, documentation, alternative care and family tracing of unaccompanied and separated children. 135 UASC (including 51 girls) were identified and documented, 131 UASC (47 girls) were placed in

temporary alternative care and received individualized support, and 1 child (a girl) was reunified with her family. The children who were identified and those who were supported in host families were not necessarily the same, as some identified children were already in host families that did not require specific support, and some children being supported in host families had been identified prior to the roll out of the project and thus were not counted-off in the identification figures. The number of children reached is lower than the targets (300 for UASC identified, 270 for UASC in alternative care, and 30 for reunification) as many of the population displacements occurred on relatively short distances and families were rapidly reunified through acquaintances in the displaced sites. Moreover, protection mechanisms already in place facilitated spontaneous and rapid reunifications through their services, without the intervention of NGOs or other actors. Reunification, however, was more difficult, since family tracing efforts were impeded by the security situation and by lack of vehicles for the Diffa social workers who were enrolled for this activity.

In addition, the project also supported 73 children allegedly associated to Boko Haram who were placed in detention in Niamey, with the provision of specialized care, including psychosocial counseling, medical care, non-food items and recreational activities in detention, and the setting up of transit and orientation centres to prepare their reinsertion.

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

Accountability to affected populations was ensured during the entire project cycle. For example, teenagers belonging to the youth peer educator committees as well as the community volunteers in CFS participated actively in decision-making on the specific activities to be implemented in their communities. Moreover, UNICEF staff conducted regular field visits to share with beneficiaries, which was a way to improve the quality of services and take into account the views of different groups in the communities.

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

EVALUATION CARRIED OUT

No evaluation of the emergency child-protection activities was conducted during the project. However, a solid monitoring system is in place, with regular field visits by UNICEF staff that provided opportunities to identify bottlenecks and address them, as well as strengthen the technical capacities of different actors on the ground. These visits led to the following lessons learned / recommendations for future project:

EVALUATION PENDING

- It is critical to always involve government entities and communities in all activities, including needs assessments, monitoring visits and training events.
- To ensure sustainable results, communities must be more actively involved and take ownership of child protection actions, in particular through the strengthening of community-based networks.
- Youth are key actors who should be more systematically involved in protection mechanisms.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	01/07/2016 - 22/02/2017		
2. CERF project code:	16-RR-CEF-085		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Management of under five children affected by the severe acute malnutrition in the conflict areas of Diffa region.					
7. Funding	a. Total funding requirements ⁴ :	US\$ 500,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	b. Total funding received ⁵ :	US\$ 165,023				
	c. Amount received from CERF:	US\$ 165,023				
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).						
<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 (< 18)</i>	510	490	1,000	2,309	2,047	4,356
<i>Adults (≥ 18)</i>						
Total	510	490	1,000	2,309	2,047	4,356
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	250			305		
<i>IDPs</i>	680			131		
<i>Host population</i>	70			3,920		
<i>Other affected people</i>						
Total (same as in 8a)	1,000			4,356		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or</i>	The number of children reached exceeded the target of 1,000, which had been underestimated as it was based solely on the newly displaced population in two health districts and did not take into account the overall number of children who needed					

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

⁵ This should include both funding received from CERF and from other donors.

<i>the age, sex or category distribution, please describe reasons:</i>	admission into the SAM treatment programme throughout Diffa region. 2,930 boxes of RUTF could be purchased with CERF funding, which corresponds to treatment for 4,356 children. Similarly, the breakdown between refugees, IDPs and host population differs from the planned numbers: as no figures are available on the status (refugee, IDP, host population) of children admitted into the SAM treatment programme, the numbers provided are based on the current structure of the population in Diffa.
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CERF Result Framework			
9. Project objective	Reduce deaths resulting from severe acute malnutrition among children under-5 in displaced population in Diffa region		
10. Outcome statement	Children (displaced, refugees or hosted households) recovered from severe acute malnutrition		
11. Outputs			
Output 1	1,000 (100%) severe acute malnourished children (displaced, refugees or hosted households) have access to appropriate nutritional therapeutic foods and drugs		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of therapeutic centres with an adequate stock of nutritional items -- Therapeutic centres (3 outpatients and 1 inpatient centres)	4	47 (44 outpatients and 3 inpatients centres)
Indicator 1.2	Number of children (girls and boys) 0 - 59 months admitted for SAM in the CRENI/AS	1,000	4,356
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of RUTF, drugs and anthropometric material	UNICEF	UNICEF
Activity 1.2	Distribution of RUTF, material and essential drugs to implementing partners	UNICEF, Save The Children, Health district	UNICEF, Save The Children, Health district
Output 2	13,505 (100%) Children under-5 are screened for malnutrition every month		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Proportion of under-5 children screened for malnutrition in the sites	100%	100%
Indicator 2.2	Proportion of under-5 children severely acute malnourished among those screened	15%	3.3% in August 2016 and 1.2% in October 2016
Indicator 2.3	Number of malnourished children referred to OTP/ITP	1,000	3,100
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Organize monthly screening with MUAC of children under 5 in the main sites	Health District	Save the Children
Activity 2.2	Record the data of the screening	Health District	Save the Children
Activity 2.3	Refer the severe acute malnourished children to the health centres and sites	Health District	Save the Children

Output 3	1,000 SAM children are treated for severe acute malnutrition		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Recovery rate	>85%	96.7%
Indicator 3.2	Death rate	< 5%	0.2%
Indicator 3.3	Defaulted rate	< 10%	2.2%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Organize mobile clinics	Health District, Save The Children, MSF	Health District, Save The Children, MSF
Activity 3.2	Ensure OTP activities in the health centres and sites	Health District, Save the Children	Health District, Save the Children
Activity 3.3	Conduct ITP interventions in the CME	Regional Health Directorate, Save the Children	Regional Health Directorate, Save the Children

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

CERF funding enabled the purchase of therapeutic supplies (3,020 boxes of RUTF, 55 boxes of F100 milk and 30 boxes of F75 milk), essential medicines and soap that contributed to the national pipeline for the SAM treatment programme and were distributed to health centres on a needs basis. The quantities of RUTF purchased were used to provide lifesaving treatment to 4,356 children (2,309 girls and 2,047 boys) suffering from SAM, corresponding to 38% of the 11,372 children admitted into outpatient services in 47 health centres of Diffa region over the project duration (July 2016 – February 2017). The number of children reached exceeded the target of 1,000, which had been underestimated as it was based solely on the newly displaced population in two health districts and did not take into account the overall number of children who needed admission into the SAM treatment programme throughout Diffa region.

The availability of therapeutic milk and RUTF covered the nutritional needs of the child and essentials drugs (particularly the antibiotics) used as a systematic treatment in the health centres reduced the risk of malaria, diarrhoea and respiratory infections, which are the main mortality factors of children under five when associated with acute malnutrition. The SAM treatment programme continued to perform well in Diffa region over the project period, with indicators in line with international SPHERE standards: 96.7% of children were cured, 0.2% died, and 2.2% defaulted.

Save the Children with other sources of financing undertook malnutrition screening, as the totality of the CERF funding was put toward supplies, given the pressing needs on the ground. Rather than monthly screenings, two mass screenings were organized in two health districts (NGuigmi and Diffa) in August and October 2016, reaching 80,709 children in August and 36,358 in October. 3.3% and 1.2% of them respectively (2,663 and 436 children, or 3,100 children in total) were found to suffer from SAM and were referred to health centres. Early detection and referral of SAM cases ensured better management of SAM and reduced the number of SAM cases with medical complications requiring intensive care in inpatient services.

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

In May-June 2016, Helen Keller International carried out a SQUEAC survey in two districts of Diffa region. Mothers of SAM children not enrolled in a SAM programme were interviewed to better understand why they were not bringing their SAM child in a health centre, even though 88% of them believed that their child was sick and 81% knew that the SAM treatment programme existed. The three main reasons for not bringing their child to a health facility were 1) heavy workload / no time available 2) RUTF stock out and 3) fear of rejection. The CERF project thus helped respond to some of these concerns by ensuring a continuous pipeline of RUTF. Moreover, health centres in Diffa region have put in place complaints committees to provide an

avenue for the community to voice their concerns. Community health volunteers and local leaders also play an important role as mediators between the communities and the health centres.

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

EVALUATION CARRIED OUT

While no evaluation was carried out, UNICEF and Save the Children staff undertook regular formative supervisions in health centers in Diffa, which provided an opportunity to coach health personnel and monitor the use of supplies.

EVALUATION PENDING

A nutritional survey based on the SMART methodology was conducted in IDP sites in August-September 2016 and showed a prevalence of global acute malnutrition of 13.6% (against 10.4% for Diffa region) and a prevalence of severe acute malnutrition of 2.4% (against 1.0% for Diffa region of Diffa). In addition, Save the Children conducted a coverage survey (SQUEAC) in Maine Soroa in November-December 2016 that showed a coverage rate of 53%, pointing to the need for further efforts to reach all children suffering from SAM.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	15/07/2016 - 22/02/2017		
2. CERF project code:	16-RR-CEF-086		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency WASH response to displaced populations and host communities in the sites of Ngagam, Kidjandi, Garin Wazam, Toumour, Boudouri and Maina Kaderi.					
7. Funding	a. Total funding requirements ⁶ :	US\$ 2,241,500	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :	US\$ 1,794,848	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 673,792	
	c. Amount received from CERF:	US\$ 727,096	▪ <i>Government Partners:</i>			
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)	21,038	20,212	41,250	21,197	20,366	41,563
Adults (≥ 18)	17,213	16,537	33,750	18,458	15,548	34,006
Total	38,251	36,749	75,000	39,655	35,914	75,569
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	18,750		22,345			
IDPs	51,000		48,791			
Host population	5,250		4,433			
Other affected people						
Total (same as in 8a)	75,000		75,569			

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

⁷ This should include both funding received from CERF and from other donors.

<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>	No significant discrepancy.
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CERF Result Framework			
9. Project objective	Contribute to covering the specific needs of men, women, boys and girls in spontaneous and temporary sites (hosting new displaced populations) and in host communities for drinking water, hygiene and sanitation		
10. Outcome statement	The mortality and morbidity, linked to unsafe water, of displaced populations and host communities in affected sites in Diffa region is reduced.		
11. Outputs			
Output 1	28,330 people affected by population movement have access to safe drinking water, in accordance with international standards		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of men, women, boys and girls with access to safe drinking water	28,330	20,999 (5,891 girls, 5,659 boys, 5129 women and 4320 men)
Indicator 1.2	Number of water points management committees trained on the promotion of hygiene and sanitation and the maintenance of structures	10 water committees	11
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of 10 emergency boreholes	NGOs partners (ACTED, IRC)	ACTED, IRC
Activity 1.2	Setting up of two small water distribution systems (power source, pump, water tower)	NGOs partners (Oxfam, ACTED) DRHA (Regional Directorate of Water and Sanitation of Diffa)	Oxfam, ACTED
Activity 1.3	Water trucking for 3 months/10 bladders 10,000L/twice a day covering 13, 330 people	DRHA (Regional Directorate of Water and Sanitation of Diffa)	IRC, ACTED
Activity 1.4	Awareness raising ⁸ of hygiene and sanitation through local committees (water points management committees, hygiene committees, etc.)	NGOs partners (ACTED, IEDA RELIEF, IRC, Demi-E)	ACTED, IEDA RELIEF, IRC, Demi-E
Output 2	40,000 men, women, girls and boys affected by population movement have access to safe sanitation facilities accessible to children and people with special needs		

⁸ Awareness raising on hygiene may include capacity building of local committees to roll out hygiene promotion to accompany emergency WASH interventions.

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of men, women, girls and boys with access to safe sanitation facilities accessible to children and people with special needs	40,000 people (800 latrines)	42,300 people (11,865 girls, 11,400 boys, 10,332 women and 8,703 men) (846 latrines)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Installation of 800 emergency latrines separated for men/ boys and women/ girls, secured with locks and ramps for the disabled, in IDPs sites;	NGOs partners (ACTED, IEDA RELIEF, IRC, Demi-E, ACF, SC)	ACTED, IEDA RELIEF, IRC, Demi-E
Output 3	75,000 people affected by population movement have received hygiene kits (including soap and water treatment products) and covered by sensitization messages / hygiene promotion activities		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of men, women, boys and girls receiving hygiene kits and covered by sensitization messages / Hygiene Promotion activities	75,000 people (10,714 households)	75,569 people (21,197 girls, 20,366 boys, 18,458 women and 15,548 men)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Hygiene and sanitation promotion in camps and temporary or spontaneous sites, host communities and schools	NGOs partners (ACTED, IEDA RELIEF, IRC, Demi-E)	ACTED, IEDA RELIEF, IRC, Demi-E
Activity 3.2	Distribution of hygiene kits including water purification tablets, soap for hand washing as well as 5000 menstrual hygiene kits for girls in vulnerable households, in synergy with the group shelter / NFI	NGOs partners (ACTED, IEDA RELIEF)	ACTED, IEDA RELIEF, IRC

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

The CERF funding improved access to safe water for 20,999 people (5,891 girls, 5,659 boys, 5,129 women and 4,320 men) in Diffa region. Thanks to the construction of 10 emergency boreholes for 5,000 people (one borehole for 500 people, as per SPHERE standards) in Garin Wazam, Ngagam, and Maina Kaderi, water trucking for a 3 months daily coverage for 7,333 people, with a minimum of 15 litres/person/day in Kidjendi as well as the setup of two small piped water supply systems for 8,666 people (in Kidjandi, extension of the water distribution network, installation of 4 new water fountains and construction of devices to secure the well/drilling and limit access for animals; in Toumour, connection of the 50 m³ water tower to the existing borehole and installation of solar panels to fill the water tower). For each water point (with the exception of Kidjandi, which already had a functional water management committee), a water management committee of 5 members (10 members for Toumour) with at least 40% of women was set up and trained to ensure sustainable management of the infrastructure and the continuity of the water supply service. Each committee was also provided with a maintenance kit.

The difference between the target for the water indicator (28,330 people) and the achieved result (20,999 people) is due to the fact that a second water trucking activity that had been planned with the Regional Directorate for Water and was pre-financed with an internal UNICEF emergency loan could not be considered and included as part of this CERF project. UNICEF had

requested that the CERF allow retroactive expenses starting on 1 July 2016, but the retroactivity date granted by the CERF Secretariat was 15 July 2016, while the water trucking activity took place on 14 July 2016. Thus, the remaining funds were used to improve the sanitation and hygiene promotion activities on the displacement sites.

The construction of 846 latrines in 7 displacement sites (NGagam, Kidjandi, Garin Wazam, Toumour, Boudouri, Maina Kaderi and Kouble Iguir) improved access to sanitation for 42,300 people (11,865 girls, 11,400 boys, 10,332 women and 8,703 men). The blocks were separated by sex and age to ensure the protection and privacy of users. Community mobilization and awareness-raising sessions were held in the same 7 sites and reached 75,569 people (21,197 girls, 20,366 boys, 18,458 women and 15,548 men) with information on waterborne diseases, hand washing, use and maintenance of latrines, water safety throughout the water chain and water point management. These activities were combined with the distribution of 8,000 basic hygiene kits (10 pieces of soap for hands washing and 200 tablets of Aquatabs for household water treatment for 3 months) benefiting an estimated 56,000 persons in 6 of the 7 sites (no distribution took place in Kouble Iguir). Finally, the project also addressed the specific hygiene needs of girls and women of childbearing age through the distribution of 5,000 menstrual hygiene kits in Kidjandi, Ngagam, Garin Wazam, preceded by awareness-raising sessions on how to use the kits (composed of soap, pieces of cloth, a kettle for washing, and underwear).

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

The accountability to affected populations was ensured through the WASH minimum commitments adopted by the WASH cluster partners in 2016. The following actions can be mentioned:

- The project addressed the specific hygiene needs of girls and women of childbearing age through the distribution of 5,000 hygiene menstrual kits, preceded by discussions with girls and women on what items to include in the kit. The CERF funds were particularly useful for that specific activity, as such intervention are often not funded or included in responses, even though they are of an utmost importance for the women, especially in emergency and displacements contexts.
- Separate consultations with women, men and children were undertaken prior to choosing water or hygiene committee members and prior to deciding on the location of latrines, so as to better take into account the specific needs and concerns of these different groups.
- The establishment of water points was conducted together with beneficiaries, particularly the selection of the location, and the water point management committees that were put in place with at least 40% of women;
- In the allocation of community latrines, implementing partners guaranteed equal access for men and women, as well as geographical separation of latrine blocks (at least 50 meters between men's and women's) with recognizable sex logos using pictograms. The hygiene committees that were constituted respected gender parity in order to share responsibilities for infrastructure management and activities related to hygiene, sanitation and water management;
- Feedback and complaints mechanisms were set up at community level. Information gathered was relayed to the project team in order to continuously adapt and improve the implementation of the activities and address any particular issue.

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

EVALUATION CARRIED OUT

No evaluation was carried out on this CERF project. However, an evaluation of the WASH situation and response in the affected areas of Diffa region was carried out in August 2016, which provided useful information for the WASH Cluster. In addition, the WASH Cluster plans to conduct Knowledge, Attitude and Practice (KAP) surveys in 2017 in the areas affected by population movement to better assess the success of interventions.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:		UNFPA		5. CERF grant period:		23/08/2016 - 22/02/2017
2. CERF project code:		16-RR-FPA-034		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Health				
4. Project title:		Offer of Minimum Initial Services Package for Reproductive Health in Crisis Situations (MISP) in newly displaced people's sites in Diffa region				
7. Funding	a. Total funding requirements ⁹ :		US\$ 1,000,000		d. CERF funds forwarded to implementing partners:	
	b. Total funding received ¹⁰ :		US\$ 242,637		<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 46,728 ▪ <i>Government Partners:</i> US\$ 25,745 	
	c. Amount received from CERF:		US\$ 242,637			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	20,155	19,365	39,520	19,497	17,290	36,787
Adults (≥ 18)	18,605	17,875	36,480	37,913	20,726	58,639
Total	38,760	37,240	76,000	57,410	38,016	95,426
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	20,900			20,900		
IDPs	48,100			63,126		
Host population	7,000			11,400		
Other affected people						
Total (same as in 8a)	76,000			95,426		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		A higher number of beneficiaries was reached than expected (95,426 reached against 76,000 planned) because there was a very important IDPs in the sites covered because of recurrent attacks by Boko Haram during the implementation period. These additional populations have been reached particularly by mobile clinics activities.				

⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁰ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Reducing excess maternal and neonatal mortality and morbidity among 76,000 new displaced and hosting populations including 3,040 pregnant refugees and host populations, within 15 health centres in Diffa and Nguigmi Districts, through MISP implementation for 4 months.		
10. Outcome statement	Access to MISP Services package ensured to 76,000 displaced and hosting population including pregnant women and adolescent girls		
11. Outputs			
Output 1	The lives of 60% of 3,040=1,824 pregnant women saved		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of pregnant women deliver in acceptable hygienic conditions	60 % (1,824)	1,824 of the 4,858 deliveries assisted by Health providers with CERF support
Indicator 1.2	Number of Health Centres have adequate reproductive health kits to ensure attended births	15 (13 CSI, Nguigmi District reference maternities and Diffa centre for maternal and child health) = 56% of all health centres	16 (Maine Soroa Reference Center have been included)
Indicator 1.3	Number of Reproductive health kits that can cover normal deliveries and deliveries with complications available in the 15 health centres	93 (29% of all RH kits required)	108
Indicator 1.4	Number of obstetric evacuations covered	100	100
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Purchase of reproductive health, tents and dignity kits	UNFPA	UNFPA
Activity 1.2	Offer of reproductive health package by mobile clinics (assisted deliveries, family planning, the risks of HIV / AIDS, prevention of gender-based violence, child immunization)	Niger Red Cross, Akarass, Ministry of health	Niger Red Cross, Akarass, Ministry of health
Activity 1.3	Support to 100 evacuations related to obstetrical complications	Ministry of health	Ministry of health
Output 2	Medical and psychological care for all victims of gender-based violence and psychological trauma ensured		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of GBV and psychological trauma victims supported	100% (300)	92% (276)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Support to psychosocial activities in the GBV Center (a psychologist) for the psychological support	UNFPA	UNFPA
Activity 2.2	Support for the medical management of GBV	Ministry of health	Ministry of health

Activity 2.3	Distribution of 1000 dignity kits in support of vulnerable women and identification & reference of GBV survivors 11	UNFPA, Niger Red Cross, Akarass	UNFPA, Niger Red Cross, Akarass
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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:	
As reported above, a higher number of beneficiaries was reached than expected (95,426 reached against 76,000 planned) because there was a very important IDPs in the sites covered because of recurrent attacks by Boko Haram during the implementation period. These additional populations have been reached particularly by mobile clinics activities.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
Accountability has been ensured within various beneficiaries' participation in activities implementation and monitoring. Mobile clinics activities were planned and implemented in close collaboration with targeted area health services. Young girls and boys are identified among refugees and displaced persons to be trained as peer educators, ensuring to get key persons in communities to implement reproductive health services including STI, HIV and GBV services. In addition, various monitoring missions allowed interacting with the beneficiaries on the actions already undertaken. The Regional Public Health Office, Districts and health centers are fully involved in interventions.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The project has not been evaluated but monitoring during the implementation helped adjust to the increased needs in the field and fine-tune strategies. In addition, data related to project activities is monthly collected by Health centers and sites supported, consolidated by the Field Technical Assistant and transmitted to UNFPA. A mid report has been produced and transmitted to OCHA.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

¹¹ Distribution of 1000 dignity kits in support of vulnerable women and identification & reference of GBV survivors. The kits will be distributed to women of reproductive age and adolescent girls, residing in the sites mentioned above (12.a).

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	01/08/2016 - 31/01/2017		
2. CERF project code:	16-RR-HCR-032		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of emergency shelter assistance to newly displaced vulnerable displaced households in the Diffa region					
7. Funding	a. Total funding requirements ¹² :	US\$ 1,080,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹³ :	US\$ 1,080,000				
	c. Amount received from CERF:	US\$ 298,530				
				▪ <i>NGO partners and Red Cross/Crescent:</i>	US\$: 282,600	
				▪ <i>Government Partners:</i>		
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
<i>Children (< 18)</i>	3,339	2,961	6,300	3,339	2,961	6,300
<i>Adults (≥ 18)</i>	2,226	1,974	4,200	2,226	1,974	4,200
Total	5,565	4,935	10,500	5,565	4,935	10,500
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>	7,000			7,000		
<i>IDPs</i>	3,500			3,500		
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	10,500			10,500		
<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					

¹² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹³ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	This project aims to provide emergency shelter assistance to newly displaced vulnerable displaced households in the Diffa region		
10. Outcome statement	Vulnerable newly displaced populations in the Diffa region have access to adequate shelter		
11. Outputs			
Output 1	7,000 refugees and 3,500 IDPs within the two camps have access to adequate emergency shelter, adhering to SPHERE standards.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of newly arrived refugee households in Sayam Forage camps with access to adequate shelter	100%	100%
Indicator 1.2	% of newly arrived households in Kablewa camp with access to adequate shelter	100%	100%
Indicator 1.3	% of shelters in both camps adhering to SPHERE standards	100%	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Distribution of 1,000 emergency shelter kits in Sayam Forage refugee camp	APBE / CARE / UNHCR	APBE / CARE / UNHCR
Activity 1.2	Distribution of 500 emergency shelter kits in Kablewa IDP camp	APBE / CARE / UNHCR	APBE / CARE / UNHCR
Activity 1.3	Monitoring of SPHERE standards in relation to shelter in both camps	APBE / CARE / KARKARA / UNHCR	APBE / CARE / KARKARA / UNHCR

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

It must be underlined that during the implementation period of the project, the displaced population increased in the region. At the beginning of the project, the displaced population was estimated at 241,256, while it has now increased to 247,991. This included 106,146 refugees, 127,299 IDPs and 14,546 returnees. The population of the two camps have equally increased significantly. This was due to relocation processes (mainly to Sayam Forage camp), as well as spontaneous new arrivals. At the beginning of this action, the population of Sayam Forage camp was approximately 4,941 people. Today, (May 2017) the population has almost doubled to 9,472. In Kablewa camp, prior to the attacks in June in Bosso, the population of the camp had been approximately 10,000 people. Following the attacks, and a subsequent looting of the camp by suspected insurgents, the population of the camp had significantly reduced to just several thousand. However, as predicted, once the situation stabilised in Kablewa, the population began to return. In May 2017, the population of the camp has increased to approximately by 16,500 people. This included mainly IDPs, but also some refugees and returnees.

UNHCR worked closely with a camp management partner in both camps, who ensured regular (monthly) updates on the situations in both camps, as well as warning UNHCR to any problems or challenges. The CERF funding was critical in providing a rapid response to the emergency needs in the two camps, while additional donors contributed to the out-of-camp response. Significant improvements were observed during the UNHCR shelter / NFI intervention in 2016. In total, UNHCR distributed 7,953 emergency shelters in the Diffa region – including in the two camps.

While emergency shelter is an essential and lifesaving intervention, it must also consider the protection needs of the population. Therefore, protection mainstreaming was strengthened within the Shelter / NFI Working Group, while specific protection

mainstreaming training has been identified as a priority, and will be carried out by the Protection Working Group (PWG) with the Shelter / NFI WG in the first trimester of 2017. Decisions regarding areas of interventions out of the camps were improved, on the basis of thorough needs assessments carried out by UNHCR's IM partner and in close coordination with the other members of the Shelter / NFI WG, and in particular IOM. The PWG worked closely with the Shelter / NFI WG in terms of the development. In 2017, the PWG intends to carry out a comprehensive baseline survey, which will measure perceptions of the target populations, including perception of security and dignity, which will greatly contribute to the shelter / NFI emergency information.

The global shelter situation in the Diffa region improved throughout 2016. However, challenges remain. As the situation (which began in 2013) moves towards a protracted situation, decisions were taken by UNHCR in 2016 to focus not only on the emergency response, but also on durable solutions, including the Urbanization project, providing legal access to land parcels in various communes in the Diffa region for vulnerable beneficiaries, as well as improving local urban planning processes. However, in such volatile context, it is essential to keep the capacity to provide an emergency response for the most vulnerable.

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

UNHCR ensures Accountability to Affected Populations (AAP) through a wide range of methods. For this intervention, following the attacks in June, a Mid-Year Review was carried out using the AGDM methodology with the affected populations in the region of Diffa, including in the two camps targeted by this action. This methodology is used for all UNHCR interventions, and ensures that the needs of the population of concern are at the core of all interventions, and also considers specific needs in terms of age and gender, amongst others.

UNHCR have supported the populations of the two camps in the establishment of community-based committees to various sectors, as well as to the Central Committee. There are up to 10 committees active in both camps. These committees get the buy-in of the various populations living in the camps, and organize meetings on a constant manner. At least once a month, UNHCR and the Camp Management partner meet with the committee members to discuss on their needs. This ensures accountability, and provides a complaint/feed-back mechanism, ensuring that their concerns are taken into account.

Early 2017, the AGDM exercise was duplicated in the region and in the camps, in order to feed into the UNHCR Country Operation Planning Process for the period 2018 -2020.

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

EVALUATION CARRIED OUT

An evaluation of the overall emergency shelter response – including UNHCR as well as the other members of the Shelter / NFI Working Group in the Diffa region, is scheduled for June 2017. UNHCR will fund this evaluation and needs assessment of the Working Group, through a partnership with the NGO REACH. This will be the third such evaluation and needs assessment of the Shelter / NFI Working Group (the first was completed in January 2016, the second in October 2016, and the third planned for June 2017).

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	23/08/2016 - 22/02/2017		
2. CERF project code:	16-RR-HCR-033		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Human Rights/Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protection Monitoring in the Diffa Region					
7. Funding	a. Total funding requirements ¹⁴ :	US\$ 500,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 194,412 ▪ <i>Government Partners:</i> 			
	b. Total funding received ¹⁵ :	US\$ 500,000				
	c. Amount received from CERF:	US\$ 248,775				
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)	18,536	16,438	34,974	18,536	16,438	34,974
Adults (≥ 18)	9,981	8,851	18,832	9,981	8,851	18,832
Total	28,517	25,289	53,806	28,517	25,289	53,806
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	14,714			14,714		
IDPs	33,467			33,467		
Host population						
Other affected people	5,625					
Total (same as in 8a)	53,806			53,806		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A					

¹⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁵ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Provision of Emergency Community Based Protection to newly displaced in the Diffa Region		
10. Outcome statement	Vulnerable newly displaced persons in the Diffa region live in a favourable protection environment		
11. Outputs			
Output 1	Effective Community Based Protection Mechanism in place in at 2 target sites		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	No. of Key sites identified with highest protection risks and needs	2	3
Indicator 1.2	No. of Community Protection Monitors active at two key identified sites	50	65
Indicator 1.3	No. of mobile listening centres providing protection services at key sites	1	1
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Implementation of information gathering in the form of participative needs and risk analysis of protection issues at various key identified sites, to include focus group discussions composed of men, women, girls and boys	IRC / UNHCR	IRC / UNHCR
Activity 1.2	Training for 50 Community Protection Agents at 2 key identified sites (25 men and 25 women)	IRC / UNHCR	IRC / UNHCR
Activity 1.3	Monitoring, reporting, referral and response to protection cases in two identified sites by Community Protection Agents	IRC / UNHCR / Community Protection Agents	IRC / UNHCR / Community Protection Agents
Activity 1.4	Establishment of a Mobile Listening Centre for vulnerable person at both key identified sites	IRC / UNHCR	IRC / UNHCR
Output 2	Inter-ethnic tensions monitored to avoid escalation and risk to security and stability in the region		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	% of protection inter-ethnic protection incidents reported to the government authorities and / or humanitarian community and addressed	80% (80)	100% (36)
Indicator 2.2	% of incidents reported responded to in a timely fashion in order to minimize the risk of escalation of tension	80% (80)	100% (36)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Establishment of a monitoring mechanism to involve members of both communities, and focal points for reporting to the authorities	SFCG / UNHCR / Community leaders / local authorities	SFCG / UNHCR / Community leaders / local authorities
Activity 2.2	Establishment of system to respond to protection incidents in a timely fashion so as to minimize the risk of escalation of tension	SFCG / UNHCR / Community leaders / local authorities	SFCG / UNHCR / Community leaders / local authorities

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:

Despite a challenging context and a volatile context in the Diffa region, the main objectives of this action were achieved, and the target population was provided with protection interventions. Throughout the implementation period, the security situation in the region remained unstable and volatile, with several terrorist attacks, as well as military action by the MNJTF. This resulted in restricted access to certain zones; constant population movements – including internal, and some cross-border; increased numbers of arbitrary arrests; inter-communal conflicts (mainly over access to water), and weak information sharing and alerts regarding protection incidents in the communities.

In addition to the insecurity, Government imposed restrictions (as part of the State of Emergency) remained in place on economic activities that are suspected of contributing to Boko Haram, such as fishing, large-scale pepper farming, driving motorbikes, closure of markets etc. These restrictions damaged the economy even more, making the population even more vulnerable. Opportunities to achieve self-reliance have been drastically reduced, increasing vulnerability and protection risks in the region.

Output 1: Effective Community Based Protection Mechanism in place in at 2 target sites

Despite difficulties encountered, and in particular the disruption of community based protection mechanisms, significant progress was made towards achieving this output. Three key sites, including Garin Wanzam, Kidjandi and Nguagam were identified as focus sites. To identify these sites, and in broader efforts to ensure effective community based protection, 12 rapid protection missions were carried out in the Departments of Gueskerou, Diffa, Maine Soroa and Kablewa, which included targeted discussion groups and interviews with key informants. Efforts were made to enhance prevention activities, such as SGBV and child protection interventions. Unmet multisector needs were identified, in line with protection risks, while targeted assistance was provided to persons with specific needs. UNHCR, implementing partners and community-based protection mechanisms identified a total of 402 protection incidents, including: 8% incursions and attacks, 6% murder of civilians and military, 8% kidnapping of women and children, 38% arbitrary arrests, 5% kidnappings and subsequent release, 10% extortion and theft, 9% intercommunal tensions (related to natural resources), 7% involuntary actions, 3% mines and unexploded devices and 6% physical aggression. Additionally, 30 children at risk, 26 separated children, 23 unaccompanied children were identified. 12 cases were referred to ICRC and DRPE, while 40 survivors of SGBV were supported. Response provided includes: Medical, psychosocial and material support as well as referral to other actors; strengthening of FDS patrols by the authorities; targeted sensitization campaigns; voluntary relocation of persons at risk to Sayam Forage refugee camp; and support to the government for the management of 3 spontaneous sites and monitoring of new arrivals.

A training was provided to 33 men and 32 women members of community-based protection committees in Garin Wanzam, Nguagam and Kijdandi on protection of persons in zones of conflict, the roles and responsibilities of members of protection committees in the identification of risks, referral of cases and response and monitoring. Additionally, a training was provided to 35 UNHCR staff, two State institutions and 7 international and national NGOs on community-based protection and guiding principles. Work of the Protection Working Group enabled the identification of strengths, weaknesses, threats and opportunities of community based protection in Diffa.

Psychosocial agents carried out 26 mobile listening sessions per site (1 session per site per week) in the targeted sites, to identify, inform and provide appropriate response and referral of identified protection caseloads. These mobile listening centres were mainly areas identified as safe places by the survivors / beneficiaries, where psychosocial agents met with beneficiaries, rather than a fixed centre. In addition to the mobile sessions, two fixed listening centres were also established in the two camps of Sayam Forage and Kablewa with alternative donor funding, as well as women's spaces in the various sites, to strengthen the identification of cases of rights violations, protection issues and vulnerabilities. Overall, a total of 234 cases of persons with specific needs were identified and assisted, whilst more than 500 persons attended the centres.

In December, the PWG, led by UNHCR and the government in Diffa, with the support of REACH completed an assessment on the Community Based Protection Mechanisms in the Diffa region.

Output 2: Inter-ethnic tensions monitored to avoid escalation and risk to security and stability in the region

Throughout the region, 88 community-based protection committees and 105 focal points were established by UNHCR and other

protection partners and members of the PWG, which enabled the sharing of approximately 30 'flash reports' of information regarding population movements and protection incidents in the various zones of intervention. Additionally, 10 situation reports were shared with protection actors, targeted sensitizations sessions were carried out, while monitoring continued by community-based protection structures and focal points. All of these actions greatly contributed to avoiding of the escalation and instability. Additionally, UNHCR developed a community protection strategy in the Diffa region as a tool to reinforce the global protection strategy.

Following an assessment of inter-ethnic conflicts completed by UNHCR and two partners in September, target zones were identified, where an escalated risk of insecurity was reported. The assessment was completed in 5 communes in 8 localities, all of which were targeted by the intervention. A monitoring system was established in the target zones through community and religious leaders, community-based structures, for the identification referral and monitoring of protection incidents, and to inform the authorities, to ensure action. Throughout the project period, 36 cases of inter-ethnic conflict were reported and mitigated by the administrative and religious authorities, through a variety of activities, including: weekly meetings on conflict resolution, mediation sessions and several sensitization sessions on peace, supported by SFCG. The initial proposal predicted a higher number of incidents in the target (80), however just 36 incidents were reported and responded to.

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

UNHCR consistently ensure Accountability to Affected Populations (AAP) through a variety of methods. For this intervention, following the attacks in June, a Mid-Year Review was carried out using the AGDM methodology with the affected populations in the region of Diffa. This methodology is used for all UNHCR interventions, and ensures that the needs of the population of concern are at the centre of all interventions, and also considers specific needs in terms of age and gender, amongst others.

As noted previously, UNHCR have established Community Based Protection committees throughout the region. These committees are in regular contact with both UNHCR and implementing partners, and may express challenges and problems, which are reported and considered in planning and programming.

At the beginning of 2017, the AGDM exercise was repeated in the region and in the camps, in order to feed into the UNHCR Country Operation Planning Process for the period 2018 -2020.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	01/08/2016 - 31/01/2017		
2. CERF project code:	16-RR-IOM-031		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Humanitarian Assistance to newly displaced population fleeing the lake chad basin and the violence caused by BH in Diffa Region					
7. Funding	a. Total funding requirements ¹⁶ :	US\$ 3,200,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁷ :	US\$ 1,987,794	▪ NGO partners and Red Cross/Crescent:		US\$ 20,823	
	c. Amount received from CERF:	US\$ 998,708	▪ Government Partners:			
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)	12,000	4,000	16,000	14,468	13,526	27,994
Adults (≥ 18)	3,000	6,000	9,000	10,266	9,082	19,348
Total	15,000	10,000	25,000	24,734	22,608	47,342
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	6,250		13,894			
IDPs	15,000		22,118			
Host population	3,750		3,865			
Other affected people			7,465			

¹⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁷ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	25,000	47,342
<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 number of individual beneficiaries reached 47,342 instead of 25,000. This is due to three reasons: 1. Competitive bidding carried out by IOM that lead to individual prices of items that make up the kits being lower than expected hence allowing for the composition of more kits than planned and 2: collaborations with partners active in the Diffa region in terms of shelter and NFI assistance hence reaching more vulnerable beneficiaries through collaborative approaches during distributions and 3: additional 2,690 additional NFI kits from IOM stocks were distributed with the logistical support from CERF funds.	

CERF Result Framework			
9. Project objective	Ensure access to emergency shelters and NFI kits to the most vulnerable newly displaced persons (IDPs and host families) in areas most affected by the BH attacks in Diffa		
10. Outcome statement	3,500 vulnerable households benefit from shelters and NFI kits adapted to their needs (around 25.000 individuals)		
11. Outputs			
Output 1	2,400 HH (approximately 17,000 individuals, refugees out of camps, IDPs, and host households) receive shelters and NFI to address their urgent needs.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of vulnerable households provided with emergency shelters	3,500 (IOM in coordination with S/NFI working group & UNHCR)	3,789
Indicator 1.2	Number of IDPs and host population, that receive essential relief items (such as blankets, sleeping mats, kitchen sets, jerry cans, hygienic kits, mosquito kits)	2,700 (IOM in coordination with S/NFI working group & UNHCR)	6,148
Indicator 1.3	Number of most vulnerable individuals (i.e. affected women, children and elderly) receive specific relief items (such as clothes, flashlight etc.)	1,000 (IOM)	6,148
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Selection of beneficiaries through rapid profiling and identification of very basics and specific needs of the displaced	IOM, CCH, UNHCR, NGOs	IOM, MAH, UN Agencies, NGO ADED
Activity 1.2	Purchase of material (in-country) for NFI kits and for shelters, and warehousing in IOM warehouse in Diffa	IOM,	IOM & Locals suppliers
Activity 1.3	Transportation to identified locations and distribution to selected beneficiaries	IOM, CCH NGOs, authorities	IOM, MAH, NGO ADED, Civil Protection & Local transport

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

Output 1, was expected to reach 25,000 individual beneficiaries, representing 3,500 households (hosts families, refugees and internally displaced persons) who were to receive shelter and/or NFI assistance, according to their specific and most urgent needs. However, 9,937 households (4,000 emergency shelter kits and 3,500 NFI kits through procured through CERF funding and 2,690 kits from other IOM stock) actually benefited from this assistance in shelters and NFIs instead of 3,500 households as initially planned. This brings the number of individual beneficiaries to 47,342 instead of 25,000 individual beneficiaries. This difference is justified by three major factors: 1. Competitive bidding carried out by IOM that led to individual prices of items that make up the kits being lower than expected hence allowing for the composition of more kits than planned and 2: collaborations with partners active in the Diffa region in terms of shelter and NFI assistance hence reaching more vulnerable beneficiaries through collaborative approaches during distributions and 3: additional 2,690 additional NFI kits from IOM stocks were distributed with the logistical support from CERF funds.

Massive influxes of internally displaced persons following the Boko Haram attacks in June 2016 in Bosso and the preventive displacement of entire villages registered along National Road No. 1 and in Sites of Boudouri and Ngeul Madou Mai requested by the government and humanitarian actors for security reasons lead to a more collaborative approach amongst partners to reach more vulnerable beneficiaries in the region. These two factors (BH attacks and preventative relocations) led to an estimated influx of 61,131 individuals as reported by DREC-R (the only institution mandated by government decree to publish any figures on refugees, IDPs, and returnees) in their reports of 09-May-2016 and 16-Sep-2016.

In addition to distributing more NFI kits than planned because of the reduced prices on purchase of the NFI items IOM was able to distribute to each family the additional specific items (activity 1.3) that were specific to the most vulnerable individuals because the beneficiaries targeted for distribution were all vulnerable as distributions were based on vulnerability criteria and not the fact of being displaced as before hence in each NFI kit was a large number of children's clothes and solar lamp. Activity 1.3 was not a stand-alone activity but was incorporated into activity 1.2.

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

At the time of designing the project, all appropriate steps were taken to enable affected populations to measure the adequacy of IOM interventions and respond to their concerns and complaints, thus facilitating good implementation and regular monitoring of activities.

Knowledge of the zone of intervention, understanding of the actors involved and the different balance of power in the region are major factors that enhanced IOM's implementation of this project by working with a local partner ADED, site committees and local authorities in all stages of the assistance from the profiling to beneficiary selection and finally distribution.

The implementation methodology ensured that information would be provided to beneficiaries and customary authorities through regular meetings held between IOM and site committees, technical services, regional, departmental and communal authorities through regular shelter and NFI working group (GTABNA) meetings. This led to a more inclusive approach where beneficiaries were also involved in the process for example in the distribution of items where initially it was all done by ADED volunteers but through the consultative process we included youth/ able bodied persons both female and male to assist with the distributions in the various sites.

In addition, IOM set up a management committee for the GTABNA sector in the various sites to better manage the numerous activities related to the sector in favor of the beneficiaries. It is a platform for communication between the beneficiaries of the project and IOM and other shelter and NFI partners. Beneficiaries through the shelter and NFI site committee were informed of every step of the assistance process from targeted beneficiary selection (distribution based on vulnerability) to items distributed and gave feedback on various aspects of the distributions (process, items etc.) that allowed for improvements on how they were assisted.

By involving the site committees including the shelter and NFI committees on site allowed for more transparency since they were involved in the project and ensured that security/ collaboration of beneficiaries was achieved on site and there were no problems with the fact that most distributions were targeted distributions at vulnerable families and not the entire site.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Since the project involved active participation of the beneficiaries, through the shelter NFI site committee, IOM had constant feedback from the beneficiaries that allowed for IOM to adapt the methodology and approach used to assist the beneficiaries. Through this constant interaction, IOM managed to get feedback on satisfaction of assistance delivered since it was tailored to the needs and propositions from the beneficiaries themselves.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	06/09/2016 - 05/03/2017		
2. CERF project code:	16-RR-WFP-047		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input type="checkbox"/> Concluded		
4. Project title:	Prevention of the deterioration of the nutritional status of IDPs and host population in the region of Diffa, Niger, affected by insecurity in Northern Nigeria					
7. Funding	a. Total funding requirements ¹⁸ :	US\$ 3,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁹ :	US\$ 3,000,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 371,615	
	c. Amount received from CERF:	US\$ 1,000,000	▪ <i>Government Partners:</i>			
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)	23,484	22,040	45,524	27,341	25,660	53,001
Adults (≥ 18)	15,428	15,048	30,476	17,962	17,520	35,482
Total	38,912	37,088	76,000	45,303	43,180	88,483
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	69,000			80,333		
Host population	7,000			8,150		
Other affected people						
Total (same as in 8a)	76,000			88,483		
<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>	Thanks to price variation of commodities, more nutritious foods have been purchased than planned, allowing WFP to assist more beneficiaries with this contribution.					

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

¹⁹ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Prevention of the deterioration of the nutritional status of IDPs and host population in the region of Diffa, Niger, affected by insecurity in Northern Nigeria		
10. Outcome statement	WFP aims to provide emergency assistance intended to save lives and to meet food and nutritional needs of the most vulnerable people and communities during the crisis period.		
11. Outputs			
Output 1	Stabilize and reduce malnutrition among children aged 6-59 months and pregnant and lactating women		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Reduction of MAM treatment mortality rate	<3%	0.02%
Indicator 1.2	Increase in MAM treatment recovery rate	>75%,	94.83%
Indicator 1.3	Reduction of MAM treatment non-response rate	<15%	3.8%
Indicator 1.4	Reduction of MAM treatment default rate	<15%	6.7%
Indicator 1.5	Number of moderate acute malnourished children treated	8,300	11,330
Indicator 1.6	Number of malnourished pregnant and lactating women treated	1,500	1,500
Indicator 1.7	Quantity of specialized nutritious foods distributed (MT)	106 MT	129,8 MT
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of nutritional products	WFP	WFP
Activity 1.2	Signature of FLAs or amendments if needed	WFP and partners (TBD)	WFP and partners (Karkara, Samaritan's Purse, Acted, VDN NUR, CARE International)
Activity 1.3	Screening of all children using MUAC	WFP and partners (TBD)	WFP and partners (Karkara, Samaritan's Purse, Acted, VDN NUR, CARE International)
Activity 1.4	Distribution of nutritional supplements	WFP and partners (TBD)	WFP and partners (Karkara, Samaritan's Purse, Acted, VDN NUR, CARE International)
Activity 1.5	Monitoring and Evaluation	WFP and partners (TBD)	WFP and partners (Karkara, Samaritan's Purse, Acted, VDN NUR, CARE International)
Output 2	Stabilize and improve food and nutrition security of affected populations during the assistance period		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Diet Diversity Score	>5.3	4.66

Indicator 2.2	Proportion of women receiving assistance disaggregated by activity	90%	116%
Indicator 2.3	Proportion of men receiving assistance disaggregated by activity	90%	116%
Indicator 2.4	Proportion of target girls and boys who participate in an adequate number of blanket supplementary feeding distributions	>66%	82.3%
Indicator 2.5	Proportion of eligible girls and boys who participate in blanket supplementary feeding programme (coverage)	90%	93.4%
Indicator 2.6	Number of children receiving Blanket supplementary feeding rations	6,152	7,817
Indicator 2.7	Number of women and men receiving Super cereal as part of the GFD	76,000	88,483
Indicator 2.8	Quantity of specialized nutritious foods distributed (MT)	302 MT	387 MT
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of commodities	WFP	WFP
Activity 2.2	Signature of FLAs or amendments if needed	WFP and Partners (TBD)	WFP and partners (Karkara, Samaritan's Purse, Acted, VDN NUR, CARE International)
Activity 2.3	General distribution (blanket supplementary feeding and highly nutritious products)	WFP and Partners (TBD)	WFP and partners (Karkara, Samaritan's Purse, Acted, VDN NUR, CARE International)
Activity 2.4	Monitoring and evaluation	WFP and Partners (TBD)	WFP and partners (Karkara, Samaritan's Purse, Acted, VDN NUR, CARE International)

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 price variation of commodities, more nutritious foods have been purchased than planned, allowing WFP to assist more beneficiaries with this contribution. This also explains the results of indicators 2.2 and 2.3, which are higher than the target initially established.

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

Throughout the Lake Chad region, specific security measures were put in place during distributions in order to secure beneficiaries' safe access to food assistance and emergency assistance.

Within the camp setting in the Diffa region, the Office of the United Nations High Commissioner for Refugees (UNHCR) set up refugee committees that addressed refugees' concerns, contributed to the daily management of the camps and participated in coordination meetings with the camp manager, a local non-governmental organization (NGO) *Les Volontaires Nigériens pour le Développement* (VND/NUR) and the United Nations agencies, including WFP.

For populations outside the camp settings, WFP strengthened the inter-agency coordination of field missions with implementing partners and the government, and actively participated in the protection cluster meetings in Diffa. For out of camp populations, WFP strengthened its security measures at the distribution sites to provide protection to beneficiaries. In the August 2016 PDM, only 1 percent of the households reported having assistance stolen while travelling from the distribution site. In areas close to the Nigerian border, distribution sites were located further away to increase protection measures to the populations. The PDM results might also be explained by the fact that security incidents were under-reported by beneficiaries. In 2017, WFP is using other tools, such as mobile Vulnerability Analysis and Mapping (mVAM) and the interactive voice response (IVR) to monitor protection issues.

WFP monitoring is based on the management framework focused on the 2014-2017 strategic outcomes. WFP uses a logical framework approach to monitor activities and their effectiveness in achieving results (outputs, outcomes). Rating systems will be strengthened and incorporated into the overall monitoring and evaluation tool of the country office (COMET) and the automated system of monitoring outputs (ATOMS).

Monitoring activities for the CERF project were implemented by staff and WFP's NGO partners. Deliveries and shipments of food and goods were globally reported daily by monitoring systems to amenities and WFP finances. The distribution figures were reported on a monthly basis to WFP by its partners, disaggregated by age and sex. The systematic and continuous monitoring by WFP monitoring agents and partners before, during, and after recording and distribution activities, enabled reception of real-time data and assist implementing partners in the fight against any obstacles. Reports including data both quantitative and qualitative based on interviews with beneficiaries, malnutrition screening activities, community discussions and meetings/consultations with stakeholders on implementation issues are regularly received.

Overall, to ensure the quality of the implementation of activities, WFP assures strong monitoring in the field. WFP field aid monitors based in Diffa undertake regular missions in the field to support partners during distributions. The emergency coordinator and the programme officer and assistants also undertake monitoring missions, as well as field visits to local authorities to ensure effective coordination. WFP staff based in Niamey also undertake missions to the Diffa region to support the sub-office and cooperating partners.

Security presents an ongoing challenge to systematic monitoring in the Diffa region and physical access to evaluate and monitor the activities is expensive due to insecurity, remoteness, and the extent of the zones. The mobile mVAM project (the collection of data through the use of a mobile phone) was extended to Diffa. The mVAM is an interesting tool for Diffa region for its ability to gather information at a distance and within a difficult security context, where movements to the field are not always an option.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
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In spite of a volatile security situation in the Diffa region, security measures such as military escorts allowed WFP and partners to carry out monitoring exercises as planned. During distributions, including areas of high insecurity, distribution monitoring, food basket monitoring and PDM were conducted.	EVALUATION PENDING <input type="checkbox"/>
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In parallel to PDM surveys, with a view to continuously improving WFP assistance, distribution monitoring surveys were carried out in the Diffa region at distributions, during and after the lean season. These surveys helped to determine that distributions of food and cash conducted by partners were overall timely, orderly and compliant with standards set out in the operational plan. They also enabled timely corrections and improvements in the implementation of activities. In line with the recommendations of the 2016 external evaluation, the country office conducted surveys at different moments in the year and provided updated information throughout the various phases of the response, helping to further improve the implementation of food and nutrition assistance activities. Furthermore, remote monitoring campaigns through mVAM were also conducted in the region, where access to populations is an issue. The objective was to retrieve information on specific topics such as population movement, food security, coping strategies and community assessments on distributions. Women's participation in mVAM was ensured by using at least one-woman operator and by sensitising head of households to encourage	NO EVALUATION PLANNED <input type="checkbox"/>
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women's participation in the surveys. MVAM surveys highlighted general improvements in food consumption between June 2016 and February 2017, which can be attributed to an improvement in accessibility to some difficult to reach areas and the continued provision of food and nutrition assistance.

Finally, WFP started the setup of a new accountability mechanism, through an Interactive Vocal Response (IVR) system, which would monitor beneficiaries' feedback and work as a complaint mechanism.

These new systems allowed data collection on specific indicators in the logical framework and the feeding of information for strategic discussions at coordination meetings.

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	26/08/2016 - 25/02/2017		
2. CERF project code:	16-RR-WFP-048		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Common Logistics			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Humanitarian air services in Niger					
7. Funding	a. Total funding requirements ²⁰ :	US\$ 8,474,565	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	b. Total funding received ²¹ :	US\$ 6,897,653				
	c. Amount received from CERF:	US\$ 905,006				
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)						
Adults (≥ 18)						
Total			708			802
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people						
Total (same as in 8a)				802		
<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>	This project allowed UNHAS to extend its flexibility and prioritize Diffa demands which continued to grow within the period. Indeed, 802 passengers have been transported to/from Diffa. This represents 113% of the planned target estimated to 708 passengers.					

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

²¹ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Increase the provision of safe and efficient humanitarian air service for United Nations agencies, the non-governmental organizations and donors in Diffa region.		
10. Outcome statement	Reduce the backlog in the issuance and coordination of humanitarian assistance due to insecurity and the poor state of road infrastructure in Diffa region.		
11. Outputs			
Output 1	Air transportation of humanitarian workers throughout Diffa region within the additional flights.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of additional passengers transported within the period.	708	802
Indicator 1.2	Percentage of served bookings.	100%	96.7%
Indicator 1.3	Number of additional hours used during the period.	72.71	86.24
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Accommodate the maximum of bookings received.	UNHAS	UNHAS
Activity 1.2	Use the fleet at the maximum duty hours authorized.	UNHAS	UNHAS
Activity 1.3	Minimize the no-shows.	UNHAS	UNHAS
Output 2	Air delivery of medicines, medical and office supplies as well as ICT equipment towards Diffa region.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of tons of cargo transported within the period.	3.5mt	3.49mt
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Prioritize the transport of medicines and medical supplies to Diffa.	UNHAS	UNHAS
Output 3	Ensure medical and security evacuations from Diffa to Niamey.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Percentage of medical/security evacuations within the period.	100%	100%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Put the crew on standby for a medical/safe evacuation.	UNHAS	UNHAS

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

Through this project, UNHAS Niger has been fully utilized by the humanitarian community to effectively and rapidly deliver securely the assistance to populations in need. Three medical evacuations have been undertaken from Diffa to Niamey and staff

members have been quickly accommodated on board UNHAS flights to save their lives.

Over 708 passengers were expected to be transported through this project, however thanks to UNHAS flexibility and an increased number of flights to the Diffa region, 802 passengers were finally transported, roughly 96.7% of all the requests received from 114 organizations. In addition, 3.49 mt of light cargo have been transported against 3.5 mt initially planned within the period.

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

UNHAS did ensure the monitoring and reporting of the operation through its application of flights electronic management "electronic Flight Management Application (EFMA)". Statistics referring to the performance of the operation have been monthly shared. The Standard Project Report (SPR) has been prepared and published in the beginning of 2017.

The UNHAS Niger User Group Committee composed of United Nations Agencies, NGOs and donor Representatives met 2 times within the period to set the priorities and requests of the humanitarian community for air transport. In addition, one Steering Committee (SC) meeting composed of selected representatives from NGOs, UN agencies and donors met in December 2016 to facilitate decisions and provide strategic guidance on operational activities.

Two types of surveys have been conducted throughout the period, the Passenger Satisfaction Survey directed at UNHAS passengers and the Provision of Access Survey targeting heads of organizations.

Beyond donor's contributions, UNHAS charges booking fees taking into account fixed fares per trips for passengers and kilo of transported cargo. Such expenses endorsed by the User Group since June 2008, currently represent between 20 and 25% of the operation's budget.

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

EVALUATION CARRIED OUT

N/A

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	29/08/2016 - 27/02/2017		
2. CERF project code:	16-RR-WHO-034		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency health response to basic health needs of population affected by the Nigerian crisis in the Diffa region					
7. Funding	a. Total funding requirements ²² :	US\$ 920,414	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	b. Total funding received ²³ :	US\$ 200,000				
	c. Amount received from CERF:	US\$ 200,000				
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).						
<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 (< 18)</i>	20,155	19,365	39,520	20,155	19,365	39,520
<i>Adults (≥ 18)</i>	18,605	17,875	36,480	18,605	17,875	36,480
Total	38,760	37,240	76,000	38,760	37,240	76,000
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	20,900			20,900		
<i>IDPs</i>	48,100			48,100		
<i>Host population</i>	7,000			7,000		
<i>Other affected people</i>						
Total (same as in 8a)	76,000			76,000		
<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					

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

²³ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Ensure the provision of 4 Interagency Inter Agency Emergency Health kits (IEHK), 3 Interagency Diarrhoeal Disease kit (IDDK) and 2009, Complete kit, 2 Italian Emergency Traumatological Kits A& B for the free health care for the 76,000 new vulnerable populations following the 2016 crisis Diffa in Niger		
10. Outcome statement	Access to free health care for new vulnerable populations in Diffa, Niger		
11. Outputs			
Output 1	76,000 new vulnerable populations following the 2016 crisis Diffa in Niger have access to free health care through the provision of emergency health care.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of district hospitals supplied with emergency kits (IEHK, IDDK and trauma kits)	3	3
Indicator 1.2	Number of Health Centres (providing health care to vulnerable people) supplied with basic kits IEHK	11	11
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Purchase of 4 IEHK Kits, 3 IDDK Kits and 2 trauma kits	WHO	WHO
Activity 1.2	Distribution of kits IEHK kits, IDDK kits and trauma kits to the 3 hospitals of the 3 districts of Diffa and 11 Health Centres	WHO	WHO

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

The project was implemented as planned without major difficulties. Medicines and medical material were ordered through WHO supply chain securing quality. Although the security situation in the region of Diffa remained volatile, delivery of materials and medicines was organized by WHO from Niamey to Diffa and from Diffa to the beneficiary districts, which ensured the availability of materials at 3 District hospitals and 11 integrated health centres concerned. There is no significant discrepancy between planned activities and outcomes.

Output 1: 76,000 new vulnerable populations following the 2016 crisis Diffa in Niger have access to free health care through the provision of emergency health care

The project consisted of contributing to improve free access to quality health care of vulnerable people in three (03) district hospitals (Diffa, Mainé Soroa and Nguigmi) and eleven (11) integrated health centres (CSI Diffa urbain; CSI Kindjandi, CSI Bosso; CSI Zarwaram; CSI Chetimari; CSI Toumour; CSI urbain ; CSI Kablewa and CSI Ngourti; CSI Goudoumaria; CSI urbain) by supplying medicines and medical supplies.

In fact, 4 Inter Agency Emergency Health kits (IEHK), 3 Interagency Diarrhoeal Disease kit (IDDK) and 2 Italian Emergency Traumatological Kits A& B had been ordered through WHO supply chain which applies strict safeguards in order to ensure medicines and pharmaceutical products meet acceptable standards. With the support of WHO, medicines were delivered to concerned facilities.

Implementation of the project (distribution to health facilities) was monitored by WHO staff in Diffa and WHO country office in Niamey, including the Health cluster coordinator in collaboration with MoPH and NGOs (APBE). Distribution report stated that supplies reached targeted health care facilities.

It should be noted that an estimate of 76,000 beneficiaries (20,900 Refugees; 48,100 IDPs, host 7,000 population) were covered and got access to free quality health care as drugs were available and free of charge.

Composition of kits can be viewed through below links:

Kit, Interagency Emergency Health kit 2011 Complete, 10,000 persons for 3 months
<http://www.who.int/medicines/publications/emergencyhealthkit2011/en/>

Interagency Diarrhoeal Disease kit-IDDK 2009, Complete kit
http://www.who.int/topics/cholera/publications/interagency_diarrhoeal_disease_kit_2009_en.pdf

Italian Emergency Kit A, Traumatological profile
<http://www.who.int/hac/techguidance/ems/ems/en/>

Italian Emergency Kits "Kit B" Supply Support for Kit"A", I97-018B
http://www2.wpro.who.int/internet/files/eha/tookit_health_cluster/Trauma_Kit_B.pdf

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

Medicines and Medical supplies purchased and made available to district hospitals and integrated health centres are managed by a management committee made up of members of the beneficiary population and service providers. Following resources management training conducted in 2015, community members from the health centre management committee got support from the Diffa health cluster during field visit et empowered on ownership and how to support service provider for a better resources management and make sure that the needs of the community are at the centre of all interventions.

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

EVALUATION CARRIED OUT

There was no specific evaluation carried out as epidemiological and outpatient department (OPD) data are monitored by health cluster at regional level and disseminated to partners which analyse and provide feedback to service provider (district hospitals and integrated health centres).

EVALUATION PENDING

In addition, epidemiological surveillance data are collected and shared on weekly basis and disseminated up to national level where a national epidemic response committee is meeting once a week or even more when there is a need.

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-CEF-086	Water, Sanitation and Hygiene	UNICEF	INGO	\$47,630
16-RR-CEF-086	Water, Sanitation and Hygiene	UNICEF	INGO	\$90,641
16-RR-CEF-086	Water, Sanitation and Hygiene	UNICEF	INGO	\$354,480
16-RR-CEF-086	Water, Sanitation and Hygiene	UNICEF	NNGO	\$49,861
16-RR-CEF-086	Water, Sanitation and Hygiene	UNICEF	INGO	\$131,179
16-RR-CEF-084	Child Protection	UNICEF	INGO	\$46,500
16-RR-CEF-084	Child Protection	UNICEF	INGO	\$51,710
16-RR-CEF-084	Child Protection	UNICEF	INGO	\$46,500
16-RR-CEF-084	Child Protection	UNICEF	GOV	\$10,785
16-RR-CEF-084	Child Protection	UNICEF	GOV	\$25,882
16-RR-CEF-084	Child Protection	UNICEF	GOV	\$8,334
16-RR-IOM-031	Shelter & NFI	IOM	NNGO	\$20,823
16-RR-FPA-034	Health	UNFPA	NNGO	\$23,364
16-RR-FPA-034	Health	UNFPA	RedC	\$23,364
16-RR-FPA-034	Health	UNFPA	GOV	\$25,745
16-RR-WFP-047	Nutrition	WFP	NNGO	\$142,107
16-RR-WFP-047	Nutrition	WFP	INGO	\$102,280
16-RR-WFP-047	Nutrition	WFP	INGO	\$30,468
16-RR-WFP-047	Nutrition	WFP	NNGO	\$39,279
16-RR-WFP-047	Nutrition	WFP	INGO	\$57,482
16-RR-HCR-032	Shelter & NFI	UNHCR	NNGO	\$89,400
16-RR-HCR-032	Shelter & NFI	UNHCR	INGO	\$158,400
16-RR-HCR-032	Shelter & NFI	UNHCR	NNGO	\$15,000
16-RR-HCR-033	Protection	UNHCR	INGO	\$140,000
16-RR-HCR-033	Protection	UNHCR	INGO	\$54,412

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ACF	Action contre la faim
ACTED	Agency for Technical Cooperation and Development
ADB	African Development Bank
ADED	Non-governmental organization ADED
AGDM	Age, Gender and Diversity Mainstreaming
APBE	Association pour la Promotion du Bien Etre
ATOMS	automated system of monitoring outputs
CCH	Cellule de Coordination Humanitaire du gouvernement du Niger
CERF	Central Emergency Response Fund
CFS	child-friendly space
CME	child mortality estimates
COOPI	Cooperazione Internazionale
CRENI/AS	Centre de récupération et d'éducation nutritionnelle intensif
CSI	Integrated Health Center
DEMI-E	Développement pour un Mieux-Etre
DIAP	dispositif itinérant d'appui psychosocial
DR PF/PE	Direction Régionale pour la Promotion de la Femme et la Protection de l'Enfance
DRHA	Direction Régionale de l'Hydraulique et de l'Assainissement
DRPE	Direction Régionale pour la Protection de l'Enfance
EFMA	electronic Flight Management Application
FDS	Forces de Défense et de Sécurité
GTABNA	Groupe de Travail Abris et Biens Non-alimentaires
HCT	Humanitarian country team
HH	Household
HRP	Humanitarian Response Plan
ICC	Inter-cluster Coordination
ICRC	International Committee of the Red Cross
IDDK	Interagency Diarrhoeal Disease kit
IDP	internally displaced person
IEDA	IEDA Relief
IEHK	Inter Agency Emergency Health kits
IOM	International Organisation for Migration
IRC	International Rescue Committee
IVR	interactive voice response
KAP	Knowledge, Attitude and Practice
AKARASS	NGO Akarass
MISP	Minimum initial Service Package
MSF	Medecins sans frontieres
MT	metric ton
MUAC	Mid-Upper Arm Circumference
MVAM	Mobile Vulnerability and assessment mapping
NFI	Non food items
ORS	oral rehydration salts
OTP/ITP	Out Patient Programme/In Patient Programme
PDM	Post Distribution Monitoring

PLAN	Plan International
PWG	Protection Working Group
RC/HC	Resident/Humanitarian Coordinator
REACH	REACH initiative
RH	Reproductive Health
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe acute malnutrition
SC	Steering Committee
SGBV	Sexual and Gender-Based Violence
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
STI	sexually transmitted infection
UASC	Unaccompanied and Separated Children
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VDN NUR	Les Volontaires Nigériens pour le Développement
WASH	Water Hygiene and Sanitation
WFP	World Food Programme
WHO	World Health Organization