

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

**RESIDENT/HUMANITARIAN COORDINATOR**

**Edward Kallon**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*The AAR exercises were done during the Inter Sector Working Group (ISWG) meetings on January 27 and February 15. The CERF projects were taken up as an agenda item. Attendees were UNICEF, WFP, UNHCR, IOM, WHO and OCHA.*

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

YES  NO

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

YES  NO

*Shared through the ISWG for the sector coordinators and requesting agencies. Sector leads prepared the report with their respective implementing partners and consulted with their sector members.*

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 93,910,422.03 <sup>1</sup>		
Breakdown of total response funding received by source	Source	Amount
	CERF	13,229,882
	COUNTRY-BASED POOL FUND (if applicable)	-
	OTHER (bilateral/multilateral)	67,012,250
	<b>TOTAL</b>	<b>80,242,132</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 20/06/2016			
Agency	Project code	Cluster/Sector	Amount
FAO	16-RR-FAO-017	Agriculture	1,500,129
UNDP	16-RR-UDP-007	Common Safety and Security	272,409
UNFPA	16-RR-FPA-030	Sexual and/or Gender-Based Violence	209,444
UNHCR	16-RR-HCR-028	Protection	1,014,227
UNICEF	16-RR-CEF-078	Nutrition	3,000,749
UNICEF	16-RR-CEF-079	Child Protection	237,544
WFP	16-RR-WFP-041	Food Aid	5,995,380
WFP	16-RR-WFP-042	Common Logistics	1,000,000
<b>TOTAL</b>			<b>13,229,882</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	11,756,230
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	821,615
Funds forwarded to government partners	652,037
<b>TOTAL</b>	<b>13,229,882</b>

### HUMANITARIAN NEEDS

<sup>1</sup> Based on the CERF proposal submitted in June 2016

Since 2009, the Boko Haram insurgency has created untold human suffering, loss of lives and continued fear and insecurity among the people in the Northeast. Towards the mid of 2016, the Nigerian army has recaptured major towns and villages in Borno State, which used to be Boko Haram stronghold. Local Government Areas (LGAs) in neighbouring state of Yobe had been opened and humanitarian access improved. With the improved access, the full extent of the crisis showed a deterioration in the condition of people living in informal camps and host communities. In newly liberated areas, there was an emergency level of needs and serious protection risks.

In April 2016, there were around 2.1 million internally displaced persons (IDPs) or equivalent to 352,840 households in the states of Borno (1.42 million), Yobe (0.150 million), and Adamawa (0.134 million) States. Out of the 14.8M affected in the total affected by the insurgency, there are 7M people in need, with 3M in inaccessible areas<sup>2</sup>.

A joint UN multi-sector assessment was conducted in Borno and Yobe States during the first two weeks of April 2016 particularly in newly accessible and some adjacent LGAs. The assessment concluded that people in these areas, who have had limited access to assistance over the past two years, face severe levels of malnutrition. The nutrition situation was compounded by food insecurity, deplorable water and sanitation facilities, limited coverage of health services and inadequate shelter. The key findings of this assessment were:

- Around 800,000 IDPs in (?) host communities in Borno and Yobe States were facing emergency conditions and requiring immediate food assistance. The IDPs included 180,000 in greater Maiduguri, 120,000 in camps and 250,000 in newly liberated areas in Borno State. In Yobe State, more than 250,000 people were severely food insecure. These figures were expected to increase during the coming lean season. Staple food prices in northern Borno State, during the assessment period, had increased by 50 to 100%, and market functionality was limited because of insecurity and restrictions on trade and movement.
- An estimated 350,000 children under 5 were expected to suffer from Severe Acute Malnutrition (SAM), 244,000 in Borno State alone, in 2016. Without urgent interventions, an estimated 67,000 children 6-59 months with SAM were likely to die in Borno and Yobe States in 2016 or equivalent to 184 daily. The SAM estimated during the Humanitarian Needs Overview (HNO)/Humanitarian Response Plan (HRP) was only 83,079. However, with the new caseload in newly liberated areas, SAM increased to 398,188. Some 64,000 children 6-24 months urgently needed supplementary specialized nutritious foods and 21,000 pregnant and lactating mothers needed food supplements.
- The insurgency generated interconnected vulnerabilities that threaten access, availability, utilisation and food stability for IDPs, returnees and host populations in Northeast Nigeria. Households lost productive assets and regular sources of income. This had been further aggravated by the reduced herd/flock sizes due to looting of livestock, restrictions on livestock movement and disease, all of which were compounded by a collapse in the market system. Civilians particularly in newly accessible areas experience profound trauma and have limited access to basic services. Many of IDPs sites and settlements are located near military installations. There were no proper civilian camp management structures.
- Many displaced women reported that they experienced sexual and gender based violence when fleeing the armed conflict. IDPs/returnees continue to be exposed to protection risks especially most vulnerable such as older persons, child headed households, women, boys and girls and those with disabilities. IDPs/returnees face further restriction on their freedom of movement, which at times, limits access to basic services and livelihood. In Monguno, 9 IDP sites are mostly situated in former school and government buildings and the displaced have been there for over 11 months, with the most recent arrival two weeks prior. Most IDPs in Monguno were women and children, with many female-headed households and unaccompanied and separated children present. In Dikwa, a camp has been in existence since August 2015. At the time, over 52,000 were displaced, with new arrivals streaming in from liberated areas daily, is supervised by the military through camp leaders. Bama town was deserted and completely destroyed. Where 365,000 used to inhabit the town, the town had zero inhabitants at the time of the CERF application. Over 24,000 displaced were staying in a camp at the general hospital, in a camp run by the military and vigilantes. In Damboa, 9,000 IDPs were spread in three IDP camps (4,500 in a general hospital, and 3,000 and 2,500 in two primary schools), established within 9 months and managed by the military and vigilantes. IDPs leave during the day to look for income and children were being sent to beg. Some of the women in the camps were 'Boko Haram wives' and many of them have given birth in the camps and would not speak openly to humanitarians.
- Civilians in newly accessible areas have very high psychosocial needs, as IDPs were subjected to serious human rights violations under Boko Haram, including abductions, sexual abuse, forced marriage, forced religious conversions and witnessing grave violence to family members. Profiling activities must be undertaken with the camp population to identify protection needs of

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<sup>2</sup> Based on HNO/ HRP 2016.

separated children, orphans, older persons, survivors of violence and persons with disabilities and implementation of projects to mitigate their risk. Where IDP camps are manned by the military, there is an inevitable reduction in protection space and the consequential effect on vulnerable populations needs to be identified and addressed.

- In Dikwa, Ngala and Bama, the number of Nigerian returnees from Cameroon was steadily increasing. There was an urgent need to register and establish a transit/reception centre for processing the returning population. There was also a need for a returnee contingency plan to enable comprehensive and predictable humanitarian assistance to returnees.
- It was estimated that thousands of boys were used by Boko Haram in combat and support roles, while women and children have been used by Boko Haram as so-called suicide bombers. Commonly used estimates were that around 2,000 women and girls were abducted.
- Military screening was ongoing with those suspected detained. In many instances, there was limited or no access to a formal law enforcement system or legal services. In Bama, most of the young men in the camp had been taken to Maiduguri for screening regarding their potential affiliation with Boko Haram and their families had not heard from them since they had been taken. Military commanders consider many IDPs as 'insurgent families and sympathizers'. IDPs associated with the non-State armed actors were exposed to protection risks and stigmatization with underlying tensions between communities originating from different LGAs. IDPs/returnees in the satellite camps were faced with restrictions on their freedom of movement, which limited access to basic services and livelihoods. Livelihood and cash based interventions were needed to allow for self-protection mechanisms and to discourage IDPs, including children, from opting for negative strategies such as widespread begging.
- Camp management is male dominated and lacks a civilian character even if the IDP population is composed of 53% female and 47% male. Around 54% are children under 18 years and half of these are below five years old. Most of the sites are militarized, either managed by the army or vigilantes. The Rapid Protection Assessment conducted in May 2016 showed the alarming situation of women, children and elderly in Borno IDP sites. There were reports of rape, sexual exploitation by those with authority and survival sex (resulting in pregnancy), including in exchange for food assistance or to get permission to exit or enter back into the camp. In one site alone, 5 out of 10 girls raped by members of the host community were impregnated. Parents feared that their daughters would face abuse so they married them off. For girls who had been raped and got pregnant, they were immediately married off by their parents, in one camp, there were 20 cases of this, with girls below the age of 15 years old. The protection assessment also showed that out of the 26 sites, 12 sites reported cases of rape or sexual abuse. 14 out of 26 sites reported cases of survival sex or sexual exploitation. In Bama satellite camp, there is a screening center, which is more of a detention center, to "process" freed-abductees. Around 20 children were detained here at the time of UNICEF's assessment in May 2016.

Based on needs assessments and information from 2016 the following were the comparative people in need (2016 HNO vs. persons in need in newly accessible areas):

States	People in Need in Accessible Areas (HNO 2016)	People in Need in Newly Accessible Areas as of April 2016	Updated Total PIN as of May 2016
Adamawa	587,292		587,292
Borno	1,689,103	282,751	1,971,854
Gombe	112,249		112,249
Yobe	1,639,779	200,000	1,639,779
<b>TOTAL</b>	<b>4,028,423</b>	<b>482,751</b>	<b>4,511,174</b>

## II. FOCUS AREAS AND PRIORITIZATION

This appeal was specially requested to immediately cover those who were in newly liberated areas, who were in dire need of food, nutrition to avoid further deterioration of the food insecurity, global acute malnutrition, exposure to sexual abuse and exploitation, and sexual and gender based violence. The LGAs of implementation were Damboa, Dikwa, Monguno, Bama and Maiduguri (in Borno state) and LGAs of Gujba, Geidam, Yunusari and Gulani (in Yobe state).

The relentless efforts of the Nigerian army in the Northeast had opened access to newly accessible states, especially In Borno and Yobe states<sup>3</sup>. An estimated of 480,000 additional people in these areas were in dire need of food, nutrition and agricultural support as well as immediate protection interventions. About 250,000 people in need who were in satellite camps and host communities were given the appropriate life-saving assistance based on the afore-mentioned needs.

The CERF allocation was proposed to meet the urgent needs of people in need, in newly accessible areas in Borno and Yobe states in the 4-6 months of the second half of 2016. Specifically, the objectives were to:

1. Increase access to food for 98,000 people in need in the newly accessible areas in Borno and Yobe states, including treatment of children who are suffering or at risk of Moderate Acute Malnutrition (MAM).
2. Provide life-saving treatment to 44,000 children with SAM, through Community Management of Acute Malnutrition (CMAM).
3. Improve availability of food through provision of agricultural inputs to 12,400 households.
4. Provide immediate protection interventions to 250,000 people exposed to massive trauma, Sexual Exploitation and Abuse (SEA) and Gender-Based Violence (GBV) cases, including Unaccompanied and Separated Children (UASC).

**Food Security and Nutrition:** Around 118,000 people in newly accessible areas were going to be covered with either cash based interventions (85,000), general food distribution (13,000) and supplementary feeding for children between 6 and 23 months suffering from or at risk of MAM (20,000). While about 40,000 children under five who were severely malnourished were planned to be covered by this project. On the other hand, 12,400 households, approximately 99,200, were planned to directly benefit from the provision agricultural inputs in Borno and Yobe states. This represented about 10% of people in need in newly accessible areas.

FAO implemented the CERF project to immediately cover those who were in dire need of food, nutrition and agricultural inputs to avoid further deterioration of the food insecurity and global acute malnutrition. It leveraged partnerships with Ministry of Agriculture in Borno, Yobe and Adamawa, National Bureau of Statistics- Nigeria, Community Based Agriculture and Rural Development Programme (CBARDP) in Borno, Centre for Community Development and Research Network (CCDRN), Fadama III Project, Engin Dep, Yobe State. To ensure rainfed and dry season crop and vegetable seed distribution, washbore hole and monitoring of implementing at the field level, FAO signed agreements with the afore-mentioned implementing partners.

Food aid under WFP targeted a total of 87,000 beneficiaries, focusing on three major activities: 1) Provision of CBTs for the 85,000 food insecure people for the three months within the priority wards in greater Maiduguri and Damaturu; 2) General food distributions for 13,000 food insecure people for the three months; namely in Bama, Banki and Monguno; 3) Distribution of Plumpy Sup for 20,000 children in multiple locations in Borno (Greater Maiduguri and Bama) and Yobe (Nguru, Bade and Bursari) for the three months.

The Nutrition project prioritized and used the CERF funds to: 1) Procure ready to use therapeutic foods (RUTF) to treat 40,000 SAM cases without medical complication and other anthropometric equipment to establish CMAM services. The newly accessible areas in Borno did not have nutrition interventions and with these areas now opening up to humanitarian activities there was a need to scale up the provision of CMAM services to those in the IDP camps and the host community. In addition, in many of the other most vulnerable areas of Borno and Yobe active case finding and defaulter tracing was limited and therefore there was a need to intensify community screening at periodic and regular intervals to enhance access and coverage to life-saving CMAM services. 2) To strengthen the community component of CMAM services which is a key component of nutrition activities, the Volunteer Committee Mobilisers (VCMs) were used to conduct social and community mobilization with the aim of creating demand for services and at the same time identifying severely malnourished children from the community and referring them to the health facility where CMAM services are being provided. The 500 VCMs were distributed based on the catchment population of each site. The VCMs were equipped with MUAC tapes and their capacity was enhanced to deliver practical infant and young child feeding messages among other key messages related to hygiene and sanitation also identified as a key contributor to the high level of malnutrition. 3) To cater for the estimated 4,000 severely malnourished with medical complication by re-establishing stabilization sites in health facilities which offer services on 24/7. Establishment of 7 Stabilization Centers across Borno and the decision on the location to establish were based based on caseloads.

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<sup>3</sup> This appeal is specifically targeted to benefit the newly accessible areas in Borno and Yobe states, including people who have become rapidly food insecure in identified sites. The targeted sites were agreed in the ISWG and HCT, during the prioritization exercise.

**Protection:** The protection sector carried out CERF funded activities in line with priorities identified by the Sector and Sub-Sectors. The overall focus of the protection sector was on providing targeted protection service which included protection monitoring and response, psycho-social support, community protection group support and vulnerability screening/ profiling of vulnerable individuals and communities; promoting a rights-based approach to durable solutions to accompany life-saving interventions and aligning protection objectives with interventions by other sectors through robust co-ordination.

In Borno, the following priorities were identified: provide prevention and response services for survivors including Psychosocial Support Services (PSS), access to legal and material assistance; implementing capacity building on basic protection standards to the military, security and law enforcement agencies in LGAs where these actors play a prominent role; supporting access to justice programs and police posts and stations and Family Protection Units in police stations in return areas; carrying out vulnerability screening and provision of targeted assistance including core relief items (CRI) and cash grants to vulnerable households; supporting the establishment of safe spaces; supporting immediate mainstreaming of GBV and child protection in all humanitarian responses and maintaining updated comprehensive data needed to inform advocacy, planning, implementation and monitoring and evaluation (M&E) interventions in LGAs targeted by other actors supported by the CERF funding.

In Yobe, the following activities were prioritized under the CERF funding: support for access to justice and GBV services; supporting the deployment of PSS counsellors and distribution of PSS material; construction and maintenance of safe spaces; provision of targeted NFI; support to community protection action groups (PAGs) and support and placement with foster families.

In Adamawa, protection actors prioritized lifesaving activities such as the establishment and maintenance of safe spaces for vulnerable women and girls, deployment of PSS counsellors and materials for both returnees and IDP communities and provision of support for peacebuilding and alternative resolution mechanism.

**Child Protection:** The CERF funds addressed the following needs based as in the original plan. There was no deviation from the planned priorities.

- 1) Provision of critical protection services for unaccompanied and separated children through registration, provision of temporary care management in informal camps, identifying and training alternative care givers to provide emergency care for those children who are unaccompanied or cannot remain in their current care arrangements and ensuring a system for supervision and support to these carers and expanding tracing and reunification system to cover the newly accessible areas, linking up separated children/families in Maiduguri and the newly accessible areas, including those rescued from Boko Haram.
- 2) Provide reintegration support for children associated with Boko Haram such as boys used by Boko Haram, girls used by Boko Haram, including those who were subjected to Boko Haram related sexual violence and children born out of sexual violence. The activities included: a) deployment of trained teams of social workers, psychologists and counsellors to support children associated with Boko Haram and their families to promote reintegration and recovery; b) Create community based teams to support and safeguard children who have been associated with armed groups; c) engagement with religious and community leaders, to address negative perceptions, stigma and discrimination in their communities and mitigate against the threat of violence and rejection, as well as abandonment of children born out of sexual violence, through sustained community dialogues; d) establish community based child protection teams to oversee the implementation of both the UASC programme, and ; e) support the identification of existing and potential caregivers for UASC, as well as child headed households; provide monitoring and support services for families; and act as a child protection monitoring mechanism on new arrivals, sudden influxes of UASC and rapid returns back to communities.

**SGBV:** A total of 40,000 individuals were targeted in the provision of support to strengthen and improve coverage of GBV interventions. Priority activities included:

- 1) Provision of age and culturally appropriate psycho-social counselling for women and young girls through orientation workshops and mobilization of counsellors to provide one on one and group counselling.
- 2) Mobilization of communities to utilize the referral pathways for enhanced provision of service for GBV survivors which included orientation of community volunteers to undertake community sensitization on referral pathways and mobilization of communities to participate at the community sensitization
- 3) Support to discussion platforms for adolescent girls and boys on positive norms change for the reduction of GBV such as mobilization and training of peer educators on communication GBV skills and actual delivery of sensitization sessions on GBV, women's rights and equity issues.
- 4) Building the capacity of health workers to deliver clinical management of Rape through trainings and sensitization sessions, beneficiary identification and information-dissemination on GBV/ rape services available.

**Common Logistics:** The strategic objectives of UNHAS' operation in Nigeria are: firstly, to provide NGOs, UN agencies, donor organizations and diplomatic missions in Nigeria with safe, effective and efficient access to beneficiaries and project implementation sites; secondly, to transport life-saving cargo such as medical supplies; lastly, to provide adequate capacity for evacuations of humanitarian staff. Based on these goals, UNHAS aimed to transport 4,200 passengers and 12,500 kg of light cargo during the six-month grant period. The projection of passengers and cargo for the six-month period was based on the total requirement of the UNHAS operations where the CERF supported 12.1% of the total accomplishment for the period.

**Common Safety and Security:** The aim of the scale up because of the humanitarian situation was to reach over 200 staff members in Maiduguri and over 100 staff members in Damaturu. (1) Support the increase of staff in both areas. 2) Conducting of assessments in the newly liberated areas. 3) Conducting training for humanitarian partners. 4) Keeping the humanitarian partners updated about the security situation in areas where activities are ongoing and/or planned.

### III. CERF PROCESS

The appeal was developed based on the results of the UN Joint Multi-Sector Assessment in April 2016 which showed glaring needs on food and nutrition, agriculture support, protection interventions, WASH, emergency shelter and NFIs, and health. The results were presented to the HCT during its meeting on April 27. The HCT endorsed OCHA to convene a prioritization exercise. OCHA, together with the DHC, supported the lead agencies and sector coordinators to hold a special meeting on 9 May. It was agreed that food and nutrition, agriculture supporting food availability and protection interventions will be the priority of the submission. Further, it was agreed that the proposal will focus on the recently liberated areas covered by the joint assessment. These areas were inaccessible during the preparation of the HNO/HRP 2016, hence, they were excluded. The unfolded needs in the newly accessible areas needed to be addressed urgently. CERF funding was used to jump-start immediate life-saving activities, while agencies mobilized other resources for medium to long term activities.

During the prioritisation process, the life-saving criteria applied vs. the identified needs. The sectors and agencies also looked at the available resources that may be used or mobilized to address other needs so that the most immediate and life-saving would be the ones prioritized for CERF. As this was borne out of a focused assessment in areas not previously covered, the target areas were straightforwardly identified. These were the newly accessible areas in Borno state (Monguno, Dikwa, Bama and Damboa) and Yobe state (Gujba, Gulani, Geidam and Yumusari).

The HCT tasked the Inter Sector Working Group to provide guidance for priority areas. All life-saving sectors were analysed and reviewed during the prioritization process in light of what had been mobilized for the response from other sources. Gender considerations were given attention in all stages of the prioritization and project development. References used for the needs analysis and prioritization process which included the: 1) UN Joint Multi-Sectoral Assessment conducted in April 2016, covering newly accessible areas in Borno State (Dikwa, Damboa, Monguno and Bama), camps and host communities in the Maiduguri Metropolitan Center (MMC) and Yobe state; 2) Rapid Protection Assessment by the Protection Sector Working Group including the National Emergency Management Agency (NEMA) and the State Emergency Management Agency (SEMA) covering Maiduguri Metropolis (Maiduguri, Jere and Konduga LGAs) and newly liberated areas in the LGAs of Damboa and Dikwa; 3) Displacement Tracking Matrix (DTM) IX as of April 2016; 4) The Cadre harmonise analysis conducted in March 2016, projecting food situation levels between June and August 2016; 5) Food Security and Livelihood Assessment by the Borno, Yobe and Adamawa States Ministries of Agriculture on returnees and in the newly liberated LGAs; 6) Bad Blood, Joint assessment by UNICEF and International Alert, published in February 2016; 7) National Health and Nutrition Survey. National Bureau of Statistics (NBS) and UNICEF, November 2015, and; 8) Joint UNHAS/OCHA User Access Survey conducted in May 2016.



## IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup>**

Total number of individuals affected by the crisis: 482,751									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	42,298	31,785	74,083	37,510	26,007	63,517	79,808	57,792	137,600
Child Protection	414	-	<b>414</b>	412	-	<b>412</b>	826	-	<b>826</b>
Common Logistics	-	-	-	-	-	-	-	1,327	<b>1,327<sup>4</sup></b>
Common Safety and Security	-	-	-	-	-	-	-	-	-
Food Aid	29,680	27,390	<b>57,070</b>	27,390	25,290	<b>52,680</b>	57,070	52,680	<b>109,750</b>
Nutrition	21,560	-	<b>21,560</b>	22,440	-	<b>22,440</b>	44,000	-	<b>44,000</b>
Protection	64,747	52,082	<b>116,829</b>	55,155	44,366	<b>99,521</b>	119,902	96,448	<b>216,350</b>
Sexual and/or Gender-Based Violence	25,990	32,271	<b>58,261</b>	10,182	11,282	<b>21,464</b>	36,172	43,553	<b>79,725</b>

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

### **BENEFICIARY ESTIMATION**

**Nutrition:** The estimated number of children was derived from the sector planning discussion which utilizes the prevalence, incident correction factor and population of children 6-59 months. The sector has revised the methodology of estimating the burden of acute malnutrition in the country based on updated evidence on the duration of untreated SAM cases. From this the SAM burden initially estimated at 83,079 increased to 398,188 in the three north east states (Adamawa, Borno and Yobe). The updated methodology also allowed for a more accurate estimation of the burden of moderate acute malnutrition in the three states. The 44,000 which were supported through CERF funds are a portion of 398,188 for which there were funding gaps for the procurement of RUTF.

To avoid double counting, a standard planning and monitoring system was used in which only new cases of children admitted to the programme were counted and reported in the final figure and appropriate attribution made to the different donors such as CERF which

<sup>4</sup> UNHAS do not track the gender of passengers and therefore individual beneficiaries by gender are not measurable.

could be achieved as the sector received support for supplies from different donors at different times and then used these supplies for the treatment of children in the established sites over a set period. Thus, it was possible to know the amount used at any time and the source of the supplies.

**Protection:** Out of the 800,000 estimated persons of concern (PoCs), UNHCR targeted 488,000. Such figure included IDPs, refugee returnees and the host population. The figure of 250,000 is composed only of IDPs who are the sole beneficiaries of CERF funding.

**Child Protection:** The beneficiary numbers provided herein are from UNICEF implementing partners (both government and NGOs) under this grant that were covering different geographical areas in Borno state. The NGO “Community Health and Development” (CHAD) covered the LGAs of Dikwa, Bama, Damboa, Mongunu, Konduga and Ngala. CHAD was the only partner working in these areas in providing assistance to UASC so there was no double counting. The entire project agreement between UNICEF and CHAD was 100 percent funded under CERF so all beneficiaries reached by this partner were supported through CERF.

The Borno State Ministry of Women Affairs and Social Development (MWASD) worked in Bama LGA to provide alternative care support to UASC and their caregivers pending family training and reunification. The number of beneficiaries assigned to the Ministry at the time of project design was 200 and the result was 198. While both CHAD and MWASD worked in Bama there was no double counting of beneficiaries given that CHAD worked on identifying new cases while MWASD provided assistance to children identified prior to this project. Neem Foundation provided reintegration assistance to children associated with armed forces or armed groups (CAAFAG) which is a different category of beneficiaries from the UASC.

In addition, as part of the inter-agency case management process, procedures have been put in place for the transfer of cases between different actors – under this grant between the Ministry in Borno and the NGOs working in that State (CHAD and Neem Foundation). Cases transferred and handled by more than one agency receiving CERF funding has been counted once. This is ensured through the Child Protection Information Management and Case Management System that is used by all child protection partners. A unique number is provided to each case when entered into the system and where additional interventions are provided by other actors, those are entered against that number. Every month the data is reviewed and reconciled. Where more than 10 fields are the same, the system automatically flags these cases and a manual check is carried out in consultation with the partners involved. Numbers presented are those of cases that received case management support, and not inclusive of all the cases that were identified and referred for services from other sectors.

**GBV:** The GBV prevention and response interventions were planned to reach a total of 40,000 persons. The CERF project reached about 47,836 IDPs (60% of total reach) and 31,891 members of the host community (40% of total reach). Primary beneficiaries were women and girls, health workers and adolescent boys. The beneficiary count was based on a 60% IDP population and 40% host community estimate. These included vulnerable women and girls who accessed PSS support, prevention and response, survivors who received clinical management of rape, and community sensitizers trained and equipped for community sensitization. The 35 health workers trained on clinical management of rape are also considered as secondary beneficiaries and were not included in the total figures.

**Common Logistics:** The number of beneficiaries indicated during proposal development was the total projected number of passengers from NGOs, UN agencies, donor organizations and diplomatic missions, transported throughout the Northeast by UNHAS fixed and rotary wing operations from July 2016 to January 2017.

**Food Security:** The project covered household residents in the newly accessible areas identified within Cadre harmonise Phases 3 - 5 (crisis to famine food situation) in the states of Borno and Yobe. Selection of households for agricultural input support was based on access to farming land. IDPs, men and women head of households with access to land and their hosts were selected. Beneficiaries were composed of 17% women headed households. A total of 12,400 households were provided rain-fed cropping inputs such as seeds and fertilizers and 4,800 households received irrigated vegetables crops, seeds and fertilizers. Irrigation equipment such as 960 kits of motor-pumps, bore holes and pipes were supplied to improve irrigation facilities. The project helped IDPs produce their own food, thus improving quality of dietary intake, and earn income.

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

	Children ( < 18)	Adults ( ≥ 18)	Total
<b>Female</b>	64,747	52,082	116,829
<b>Male</b>	55,155	44,366	99,521
<b>Total individuals (Female and male)</b>	<b>119,902</b>	<b>96,448</b>	<b>216,350</b>

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

\*Note from the CERF secretariat: To calculate the estimated total direct beneficiaries and avoid double counting figures were taken from the sector with the highest number of beneficiaries. This is a very conservative estimate, with actual total beneficiary figures likely being higher.

## CERF RESULTS

**Food Security:** A total of 18,600 metric tons (MT) of food such as millet, sorghum, and cowpea were produced by 12,400 households assisted in rain fed cropping, which corresponds to five more months of beneficiary-households' food coverage, reducing the burden of the host families and the displaced for food assistance. The irrigated vegetable cropping produced 14,400 MT of vegetables that improved the households' diet quality, provided substantial income of about Naira 60,000 (about 190 USD) for each beneficiary, improved food/market access, health coverage and other households critical needs. Furthermore, by improving own food production of IDPs, the CERF assistance reinforced IDPs' self-reliance, rebuilt the livelihoods of the affected communities and improved food security towards recovery. The programme achieved the intended objective to improve the food and nutrition security of IDPs and the host families affected by the insurgency.

**Food Security:** CERF was a first key contributor to the WFP food assistance operation particularly in providing life-saving assistance to 109,750 IDPs. In complementarity with other donors, WFP was able to efficiently scale up surpassing its target reaching 724,000 beneficiaries in June and reaching more than 1 million beneficiaries in December 2016. Results of the Consolidated Approach to Reporting Indicators of Food Security (CARI) showed a marked improvement in the household food security situation in November 2016 compared to June 2016 when WFP started ramping up its food assistance in Borno and Yobe States.

Similarly, the November to December 2016 Outcome Post-Distribution Monitoring (PDM) conducted in Borno and Yobe States showed stability and improvement in households' diet diversity score and food consumption score (FCS). As at end of December 2016, the overall FCS showed a 36.4 percent reduction in households with poor food consumption compared to the results of the Outcome PDM conducted in June 2016. The FCS measures dietary diversity, food frequency and the relative nutritional importance of the food consumed. Between August and December 2016, the dietary diversity score (DDS) remained relatively stable among WFP assisted households. The DDS measuring the number and quality of the different food groups consumed, showed that households consumed four food groups comprising of vegetables, cereals, pulses and vegetable oil.

**Nutrition:** The CERF funding was used to procure 34,400 cartons of RUTF and 4,000 cartons of F-75 and F-100 to support Management of Severe Acute Malnutrition programme (outpatient and in-patient) in three emergency states of Adamawa, Borno and Yobe states. The number of cartons procured was lower than expected (40,000) due to the price increase at the time of procurement. The programme was implemented through the government primary health care system.

SAM cases were identified by partners and trained community volunteers enabling the planned target of reaching 44,000 children to be achieved. The cumulative total of 44,000 children (21,560 girls and 22,440 boys) with severe acute malnutrition in IDP camps and host community settings were treated between July and December 2016 which is eleven per cent above the overall target (398,188). A total of 40,000 children admitted into the Community-Management of Acute Malnutrition centres were discharged from the programme at a rate of 0.86 carton (129 sachets) per child. Among the discharged children, 83 per cent (36,520) were discharged cured, 13 per cent (5,720) defaulted from the programme, 1 per cent (440) died and the remaining 3 per cent (1,320) did not recover. The performance indicators for the treatment programme are in line with the SPHERE minimum standards for emergency nutrition interventions.

The CERF funding contributed to a reduction in mortality amongst children identified and treated through the nutrition programme. The CERF funds also helped revitalize the services for the inpatient management of severe acute malnutrition with complications. A total of 30 staff from 7 hospitals with inpatient management of severe acute malnutrition with complications were trained using the revised inpatient management protocol. The 7 inpatient facilities were also provided with the therapeutic milk (F-75 and F-100), nutrition kits for inpatient management and other equipment (furniture, tents).

The CERF support enabled scaling up active case finding and referral of SAM cases through training of 500 community volunteers and active case finding during the immunization campaigns in September 2016.

**Protection:** The CERF funding enabled a comprehensive and holistic response to 216,350 IDPs identified through large-scale profiling. Of these, 162,704 individuals benefitted through group psychosocial support, while the rest received protection-based material support and medical/health intervention. Community-Based Protection Mechanisms were set up so that the identified 98 IDP leaders and members of such mechanisms could take an active role in conducting community-based protection monitoring/response, planning and conducting their own targeted interventions within the community to ensure the strengthening of protection outcomes, peaceful co-existence principles and reduction of traditional harmful practices.

**Child Protection:** Overall, 826 UASC and CAAFAG - 414 girls, 412 boys - received case management and social reintegration support as a result of the CERF funds. When the project was conceived, there was no access to several local government areas. However, during the project, the Nigerian Armed Forces pushed back Boko Haram, opening access to previously unreachable local government areas. The needs identified were enormous. Two national NGO implementation partners (CHAD and Neem Foundation) received grants under CERF. The funding was also used to deploy Borno Ministry Social Welfare Officers to the newly accessible Bama, Konduga, Monguno, Dikwa, Ngala and Damboa LGAs for identification and immediate case management assistance for UASC.

591 UASC (291 girls and 300 boys) were supported, against a target of 350 – through identification and referral to services, family tracing and reunification services, and in both new care arrangements with trained care givers, and in spontaneous care arrangements, assessed and supported by the case workers/social workers. This led to a 41 percent increase in the number of children as compared to the original target. In addition, it was originally envisaged that only CHAD would undertake case management of UASC. However, the Ministry provided more direct implementation under the grant. Training was provided to social welfare officers in Maiduguri, who had been displaced from inaccessible local government areas, in anticipation of access being secured. As soon as access was possible, the Ministry social welfare officers were deployed to their LGAs. As their salaries and basic costs were met by the Ministry, the funding available (e.g. for travel to those areas), enabled a larger number of beneficiaries to be rapidly reached within the lifetime of the CERF funding. 198 children (98 girls and 100 boys) were reached through partnership with the Ministry in Bama.

About 235 children (122 girls and 113 boys) who were associated with armed groups received specialized psychosocial support services as part of their reintegration assistance through deployment of team of four law counsellors and psychologists by a local partner, Neem Foundation in four LGAs of Bama, Dikwa, Damboa and MMC.

**GBV:** The GBV prevention and response with the CERF support planned to reach a target of 40,000 persons during the project period. However, the actual implementation was 79,725 beneficiaries, exceeding the target by 39,725, with psychosocial support, medical counselling and support, peer education and outreach and most importantly support for GBV response and care through established referral mechanisms. This tremendous achievement that nearly doubled the target is attributed to the counter insurgency efforts by the Nigerian Defence Forces (NDF), which led to the liberation of new LGAs especially in Borno state that became accessible for humanitarian response. Through Ministry of Women Affairs and Social Development (MWASD) and NGO implementing partners, UNFPA was able to maximise the impact of its interventions to address the dire GBV protection needs in these newly liberated areas.

Training was provided for 93 social welfare and health workers as well as community volunteers who gained skills on provision of culturally sensitive and age appropriate psychosocial support and counselling. Over the project period, the trained peer and psychosocial support counsellors reached a total of 50,263 persons in communities with culturally appropriate counselling and psychosocial first aid. Out of this, 27,359 were women; 10,572 girls; 3,438 boys, and 8,894 men. The capacities of 25 adolescents were enhanced on conducting peer discussions on GBV and related issues. Through outreach initiatives, these youth were able to reach a total of 25,141 persons (including 1,552 men, 6,669 boys, 14,488 girls and 2,432 women) who gained knowledge and understanding on the GBV prevention and response. The outreach sessions tackled key issues around the dynamics between equity and the human rights of women and girls and how these can promote equality and reduce GBV within the communities.

Training was provided for 35 health workers who gained skills on clinical management of rape. Who help reach out to 2,281 persons (1,256 women, 836 men, 75 boys, 114 girls) with critical information on community and clinical response to rape and other forms of GBV. Out of

this number, 50 rape survivors received medical counselling, 5 of them required comprehensive rape treatment with 3 referrals supported to receive care in secondary facilities. In addition, 2,040 persons (1,224 women, 816 girls) were sensitised and gained knowledge and information on how to access GBV information and services through the established referral pathways in Borno State.

**Common Safety and Security:** CERF funding was used to scale up the UNDSS effort as a result of the humanitarian situation and reached over 400 staff members in Maiduguri. The two extra staff members conducted assessments in the newly liberated areas, conducted training for humanitarian partners, kept the humanitarian partners updated about the security situation in areas where activities are ongoing and/or planned. The same staff conducted security briefings as required.

**Common Logistics:** A total of 1,327 passengers and 5,080kg of cargo was successfully transported by both fixed wing and helicopter during the reporting period, which can be directly attributed to CERF funding.

## **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

**Food Security:** The CERF assistance helped to assist most vulnerable IDPs, their host families and returnees to access to agricultural inputs for the 2016 the rainy cropping season at a crucial time of planting period. The fast delivery and adapted planning helped to distribute inputs in the required deadlines (June and July) and highly appreciated by the beneficiaries.

**Food Security:** The CERF funding came at a time when a number of areas in the North East became accessible and showed critically high needs for food and nutrition assistance in Borno and Yobe States. WFP had just started to ramp up its operations but had not started to receive significant resources. The CERF secretariat's approval for the Rapid Response grant to be available for Advance Financing (for WFP to use internal financing using the fund as collateral before necessary grant transfer processes were completed) helped WFP to fast track the local procurement of required commodities immediately which allowed for the rapid distributions of food commodities. The CERF grant hence helped WFP to fast track assistance to the targeted beneficiaries.

**Nutrition:** RUTF supplies procured through CERF funds enabled the programme to reach more children with SAM by providing RUTF through health facilities. This enabled the treatment centres to remain adequately stocked with supplies hence facilitating the continuum of care. In addition to the provision of therapeutic and life-saving supplies, regular weekly screenings to identify children with SAM were scaled up rapidly in all IDP camps and communities covered by the nutrition program as well as treatment of SAM with complications in inpatient facilities which would not have been possible without the CERF funds.

**Protection:** Due to the availability of funds, it was easy to mobilize partners and trigger the response mechanism with efficiency and without much bureaucracy.

**Child Protection:** CERF allowed for rapid deployment of 18 social workers from the Borno State MWASD and CHAD. In addition, UNICEF was able to quickly identify and deploy four national consultants in four newly accessible LGAs to help scale up and monitor quality of assistance being delivered. UNICEF and MWASD were able to rapidly procure, preposition and distribute essential emergency supplies for children.

**GBV:** The project support provided opportunity to enlarge the pool of skilled resources on Clinical Management of Rape (CMR) especially from the new liberated areas to ensure that proximity of services to survivors. It also enabled UNFPA to start the first in the series of discussions with young adolescents to improve social relations and inequality in power relations that contribute to the escalation of GBV among communities. It supported greater mobilization of PSS counsellors to reach vulnerable traumatized populations. In addition, the project contributed to increased awareness of women and girls on the operations of the established referral pathways to ensure better access to GBV services. Information and services on rape and other GBV was made accessible to a greater number of the IDPs.

**Common Safety and Security:** With the rapid expansion of humanitarian actors in the newly accessible areas in Nigeria's Northeast, the existing UNDSS staff were not sufficient to meet the security needs. CERF funding enabled the deployment of two extra security officers. In that, UNDSS was able to deliver security requirements in a timely manner.

**Common Logistics:** The flexibility of the UNHAS operation ensured that, in addition to humanitarian personnel, time critical cargo, such as chilled medical supplies, vaccines and life-saving equipment were transported without delay to 12 destinations throughout Northeast of Nigeria.

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

YES  PARTIALLY  NO

**Food Security:** The project helped to improve food production by IDPs and hosts. It improved the food coverage period by at least five more months with the food produced and provided some income covering households' critical expenditures of health drugs and condiments. Before the project, the beneficiaries did not have food reserves and relied on hosts' food stock. Unlike the IDPs in formal camps, IDPs in informal camps and host families were not receiving adequate food assistance.

**Food Security (WFP):** The CERF funding enabled WFP to quickly provide the first in-kind food distribution in response to the critical needs identified in the newly accessible areas. In June 2016, the Government of Borno State had declared a state of nutrition emergency in Borno State requesting for urgent assistance. CERF enabled WFP to provide immediate support until resources were mobilized from other sources.

**Nutrition:** The CERF funding enabled the rapid procurement of therapeutic foods which were required to save the lives of children with SAM through prompt admission and quick treatment thus responding in a timely manner to the critical needs of the children. Children with SAM if left untreated have increased risk of mortality and morbidity. A total of 44,000 children were identified and received treatment for SAM in outpatient (40,000) and inpatient (4,000) which translates to 8,668 life saved<sup>6</sup>.

**Protection:** Utilizing the response monitoring and profiling exercise, vulnerable households were identified and targeted for relief item distribution which included solar lanterns, thereby reducing their exposure to further protection risks. Further, SGBV survivors and victims' benefitting from individual or group counselling sessions were able to deal with the psychosocial aspects of the trauma that they had experienced.

**Child Protection:** The need for family tracing and reunification for unaccompanied and separated children and the need to provide social reintegration assistance to children formerly associated with armed groups were met, based on targets set in the proposal. At least 112 children who were separated from their families for over two years were reunited with them.

**GBV:** The funds assisted the dissemination of information on the referral pathways which has been identified as a critical to access for GBV survivors. Prior to the funding support the referral pathways has been severely under-utilized because of lack of knowledge of existence and operation by survivors.

**Common Logistics:** The flexibility of the UNHAS operation ensured that, in addition to humanitarian personnel, time critical cargo, such as chilled medical supplies, vaccines and life-saving equipment, was able to be transported without delay to 12 destinations throughout north eastern Nigeria.

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

YES  PARTIALLY  NO

**Food Security:** The CERF project helped FAO in fund raising. As a result, FAO was able to mobilize US\$ 1 million from Belgium, and FAO own funds (FAO's Technical Cooperation Project [TCP]), and EUR 1 million from Ireland Republic, to fund the humanitarian response program of irrigated cropping assistance for the 2016 – 2017 dry season.

The CERF funding supported WFP operations and enabled for WFP to fast-track and demonstrate its food assistance activities in Borno and Yobe states. WFP was put in a better position to communicate the gaps in assistance and advocate for more donor funding. Donors started to gradually follow suit and provided much needed contributions enabling WFP by the end of 2016 to reach over 1 million beneficiaries.

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

<sup>6</sup> How many lives do our CMAM programmes save? A sampling-based approach to estimating the number of deaths averted by the Nigerian CMAM programme, Bulti et al, 2015; field exchange article #50, <http://www.enonline.net/fex/50/deathsavertedcmamnigeria>

**Nutrition:** The funds received from CERF were used for the procurement of therapeutic foods, support the government to increase capacity of health workers in health facilities with SAM treatment services in providing quality services consistent with the national treatment protocol, provide equipment to 7 health facilities with inpatient management services for complicated SAM cases and training of volunteer community mobilizers (VCM). With availability of CERF funds, implementing partners were also able to mobilize funds from other sources to meet the operational costs of their nutrition programmes.

**Protection:** Protection Interventions which were undertaken with CERF funds triggered support from other sources especially UNHCR internal funds. By the end of the reporting year registration and profiling of IDPs had been scaled up, and in 2017 more interests was shown by other donor sources especially earmarked contribution from ECHO to support quality registration, profiling and protection monitoring.

**Child Protection:** The CERF funds were used to pilot reintegration programme for CAAFAG through provision of psychosocial support. The funds enabled UNICEF to secure funds to scale up reintegration assistance for additional 2,000 children. UNICEF also received an additional US\$ 878,517 (US\$ 546,288 from the Norwegian government and US\$ 332,229 from the French NatCom) which was triggered by the CERF funding.

**GBV:** The fund improved opportunities for UNFPA to mobilize resources for GBV programming with other donors such as the Embassy of Korea and UN Women. A total of US\$ 1,000,000 was mobilized and currently being used to increase coverage of the PSS, referral pathways dissemination and the clinical management of rape. It enabled a platform for leveraging joint programming and complementary funding with other humanitarian agencies working in the North East.

**Common Safety and Security:** Whilst the CERF funding provided a short-term solution to the resources problem, longer term funding was secured through USAID with a grant of just under US\$1 million.

**Common Logistics:** In addition to contributions received from other donors, the CERF allocation contributed to the operational costs of both the UNHAS Nigeria fixed and rotary wing operations.

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

YES  PARTIALLY  NO

**Food Security:** The CERF helped in the coordination among implementing partners and government institutions as well as the Food Security Working Groups in the three northeast states. Through the CERF funds, the international consultants and state based consultants significantly contributed to humanitarian coordination and food security assessments that provided valuable data to feed into the Cadre harmonise analysis and the 2017 HNO and HRP exercises.

**Food Security:** At all stages of planning, implementation, and monitoring of the food assistance delivered partly with CERF grant, WFP coordinated with the Government counterparts, nutrition partners such as UNICEF and ACF and reported on activities and results to the Food Security Sector.

**Nutrition:** The availability of the CERF funds provided an opportunity for all sector members to come together to discuss strategies and jointly expand service provision in the three states, in a coordinated way. It improved the opportunity to strengthen nutrition sector coordination, the allocation of the funds received were based on the discussions among the sector partners and the agreed sector priorities. It had also facilitated the revitalization of inpatient management for SAM patients with complications.

**Protection:** The Protection Sector utilized the 5Ws to ensure that partners were made aware of activities of other actors to avoid/minimize duplication, and ensuring that no areas were neglected in the humanitarian response.

**Child Protection:** The project enabled improved coordination and management of cases of UASC particularly in the newly accessible areas. For the first time, UNICEF has been able to reunify significant number of children directly with their families without having to refer to other organizations. Inter-agency case management tools were also revised and partners are currently using the improved version which, as a result, increased follow up of cases entered into the CPIMS database. The deployment of four (4) UNICEF national consultants (one in each of the four focused LGAs) under the CERF project enhanced coordination of case management, referrals and quality the quality of child protection services being provided by local partners on ground.

**GBV:** The grants supported improved coordination and collaboration among humanitarian actors, including government partners and NGOs. Implementation coordination platforms required partners to provide progress reports that outline performance, challenges, best practices and lessons learnt. This minimized duplication, reinforced learning and strengthened cooperation among key actors.

**Common Safety and Security:** The extra resources that the grant enabled helped to improve coordination amongst the humanitarian community.

**Common Logistics:** The CERF funding enabled the humanitarian community to coordinate their programmes throughout the northeast, utilising UNHAS helicopter services as opposed to the road transport network with the significant amount of time lost and the inherent security risks this posed to personnel. To ensure a needs-based and coherent service, a key pillar of the UNHAS operation is to coordinate effective and principled humanitarian action in partnership with national and international actors. In addition to the constant coordination with the Nigerian Military, the service also coordinated with both International Committee of the Red Cross (ICRC) and Medecins Sans Frontieres - France (MSF-F) aviation sections to share aviation related information. Through its attendance at various coordination and inter-sectoral forums, UNHAS could lead coordination efforts for its activities and this improved the effectiveness of the service by ensuring a greater feedback mechanism system and accountability.

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

**Food Security:** CERF has added value in strengthening the capacities of Government partners to deliver/implement agricultural extension services and develop synergies in interventions. The FAO office human resource capacity was improved and the opening of an FAO's Sub- Office in Maiduguri significantly contributed to the coordination of Food Security Working Group (FSWG), HNO/HRP and other humanitarian response initiatives and evaluations.

**Nutrition:** Overall, the CERF has contributed to address to a significant percentage of nutrition caseload. It contributed to the revitalization of inpatients management, scale-up case identification for children with SAM as well as improved the capacity of health care providers to deliver quality SAM treatment services in-line with national guidelines.

**Protection:** The displacement has meant families who were self-sufficient prior to the insurgency reduced to relying on humanitarian assistance. With the initial funding, different actors were able to quickly respond to some urgent needs among displaced families, thus giving them dignity and a general positive outlook for the future.

**V. LESSONS LEARNED**

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Capacity update and mentoring sessions are important to ensure sustainability and application of knowledge for requesting funds and implementation	Need for mentoring sessions for agency focal points on CERF process and procedure to foster and sustain capacity.	CERF secretariat
Timely mobilization of resources is crucial to respond to emergencies to: 1) Avoid increases in malnutrition rates and increases in mortality/morbidity particularly among children 6 to 59 months; 2) Rehabilitate those who are already malnourished and avoid increases in the rates of severe acute malnutrition.	Continue best practice seen in 2016, whereby CERF funding was made available on time to respond to emergency.	CERF secretariat

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**



Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Despite the availability of partners and supplies the coverage of nutrition services is still low.	Continue mapping and to dialogue with the sector partners to ensure equitable coverage of services.	HCT and sector lead
Beneficiaries were demanding food while the seeds distributions were carried out, with high risk of seed consumption by the beneficiaries. Synergy with WFP food assistance at the critical period of seed distribution failed due to resource planning discrepancies.	Synchronized planning of food assistance and seed distribution to the same beneficiaries is crucial to protect the seed and support the beneficiaries' capacity to undergo farming activities in good health. The livelihood support on the other hand, is crucial in ensuring sustainability or the impact and recovery. Tight coordination and collaboration with WFP is being sought for the next seeds distribution campaign. A joint FAO – WFP concept note should be developed.	FAO and WFP with support from OCHA and CERF secretariat.
Although the set target under the CERF proposal was met by UNICEF and partners working for child protection, there were still very limited partners (both government and civil society) and sector agencies available to implement reintegration programme of children released from armed forces or armed groups. Successful reintegration programme for CAAFAG should be seen as a stabilizing factor in the recovery, peacebuilding and coexistence of conflict affected communities.	Reintegration programmes for children associated with armed forces or armed groups should be integrated into early recovery, peacebuilding, livelihood and education sectors as this contributes to direct stability and peace in the medium but also long term.	HCT and ISWG linking with development actors
For a sustained reduction in severe acute malnutrition, other preventive interventions such as general food distribution, and IYCF should be implemented at scale.	Efforts should be made to aggressively mobilize resources to support the scale-up food assistance to address the prevailing food insecurity and promotion of appropriate infant and young child feeding practices linking with livelihood and income generating activities.	UNICEF
To ensure that reintegration programme for children associated with armed groups is scaled up and sustained, a community-based approach in which other conflict-affected children benefit from the programme needs to be adopted.	There is a need to link reintegration programme with government efforts of reconstruction and resettlement. CAAFAG should be prioritized in the selection of beneficiaries of the vocational skills training programmes being initiated by the Borno state government in some of the newly accessible areas. In addition, there is a need to mobilize local partners and government institutions to comprehensively identify children affected by armed conflict such as children separated from the Civilian Joint Task Force (CJTF), children rescued and escaped from abduction and orphans and other vulnerable children. Future programs should target 50 per cent CAAFAG and 50 per cent other conflict-affected children.	UNICEF and Borno State Government
Prioritization was more Abuja-centered. It would have been useful to have involved field colleagues as they are familiar with on-ground dynamics and operational feasibility.	While the HCT provides strategic guidance, colleagues/agencies on ground should be directly involved in the prioritization process and project design, recognizing their familiarity of the on-ground realities.	HCT and sector leads and members

<p>Implementation was challenging due to limited number of partners especially in the newly accessible areas. There was unpredictable access to the areas due to insecurity and sporadic attacks. Working with government social workers facilitated faster implementation. It also helped to have LGA-based consultants who managed implementation, which provided more time for operations as they did not have to travel a lot.</p>	<p>A stop-over facility (accommodation with security) would have helped for more operational staff to be deployed to ease implementation.</p> <p>Explore possibility to work with local organizations and build their capacities.</p>	<p>Sector leads/ implementing agencies</p>
<p>Advocate towards donors to contribute to CERF funding by actively showcasing lessons learned and achievements. Further, advocating for Nigeria to receive CERF funding will ensure that there will be resources to jump-start response to identified critical needs.</p>	<p>Strengthen advocacy to ensure Nigeria is kept on the radar for CERF assistance due to other competing emergencies in the world.</p>	<p>HC and humanitarian agencies that received CERF funding</p>
<p>Some planned protection activities could not be implemented due to lack of adequate funding and the limited humanitarian actors in sub-sectors like SGBV and child protection.</p>	<p>Use of assessments conducted in 2016 will act as a guide to know what areas need further strengthening.</p>	<p>Protection Coordination mechanism</p>

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	08/07/2016 - 07/01/2017		
2. CERF project code:	16-RR-CEF-078		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Scaling up emergency nutrition interventions through rapid response in the newly liberated and other vulnerable areas in Borno and Yobe states.					
7. Funding	a. Total funding requirements <sup>7</sup> :	US\$ 4,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>8</sup> :	US\$ 3,000,749	▪ NGO partners and Red Cross/Crescent:		US\$ 22,699	
	c. Amount received from CERF:	US\$ 3,000,749	▪ Government Partners:		US\$ 390,700	
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)	21,560	22,440	44,000	21,560	22,440	44,000
Adults (≥ 18)						
<b>Total</b>	<b>21,560</b>	<b>22,440</b>	<b>44,000</b>	<b>21,560</b>	<b>22,440</b>	<b>44,000</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	44,000		44,000			
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>44,000</b>		<b>44,000</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>						

<sup>7</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>8</sup> This should include both funding received from CERF and from other donors.

<i>the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Scaling up emergency nutrition interventions through rapid response in the newly liberated and other vulnerable areas in Borno and Yobe state.		
<b>10. Outcome statement</b>	IDPS in camps and host communities with severe acute malnutrition are managed in the OTP's and Inpatient facilities.		
<b>11. Outputs</b>			
<b>Output 1</b>	CMAM services are available and effective in the health facilities and outreaches in all the newly opened up and other vulnerable areas in Borno and Yobe states.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	No of new SAM admissions aged 6-59 months into CMAM services	40,000	40,000
Indicator 1.2	Cure rate above 75%	> 75%	83%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Identification and capacity enhancement of health care workers on the management of SAM	State Ministry of Health (SMOH)/ State Primary Health Care Development Agency (SPHCDA)/ INGOs/Partners	SMOH/ SPHCDA/ INGOs/Partners
Activity 1.2	Procurement and distribution of ready to use therapeutic foods for the management of SAM	UNICEF	UNICEF
Activity 1.3	Admissions and management of severe acute malnourished children under the age of five beneficiaries.	SMOH/SPHCDA	SMOH/SPHCDA
<b>Output 2</b>	Establish and sustain Capacity of health system to manage severe acute malnutrition with medical complications in 8 stabilizations centres within Borno state.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	No of Stabilisation centres established	7	7
Indicator 2.2	No of children 6-59 months with SAM and with medical complication admitted to the Stabilisation Centres	4,000	4,000
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of therapeutic milk and medicament and equipment's for the establishment of stabilization centre.	UNICEF	UNICEF
Activity 2.2	Identification and referral for admissions and managements of SAM with medical complications	SMOH/ SPHCDA/ INGOs/Partners	SMOH/SPHCDA /INGOs/Partners
<b>Output 3</b>	Acutely malnourished children receive timely diagnosis, referral and appropriate treatment through the social and community mobilization conducted by 500 VCM's		

<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	No of VCM identified and trained	500	500
Indicator 3.2	No children with screened and refereed to the CMAM sites across the target areas	40,000	40,000
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Identification and training VCMs on MUAC screening and referral channels to the health facilities.	SMOH/ SPHCDA/ INGOs/Partners	SMOH/SPHCDA/ INGOs/Partners
Activity 3.2	Conducting community screening and defaulter tracing	SMOH	SMOH/VCM

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
Nothing to report.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<ul style="list-style-type: none"> <li>- Engaging Ward level health committee members, gatekeepers, community leaders and community member in the process of selection of VCMs and to raise community awareness about acute malnutrition and its solution.</li> <li>- Engagement of VCMs in measuring the nutritional status of children: assessing and identifying those with SAM through screening for SAM using MUAC, refer children identified with SAM to health facility for treatment and follow-up of those who default from treatment.</li> <li>- Affected population was involved through their involvement and participated as community volunteers for active case findings and as members of support groups. Both men and women in camps and host communities were engaged in discussions and sensitization on nutrition intervention activities</li> </ul>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
The program performance was continually monitored by the UNICEF Nutrition Specialists and Officers based in Borno and Abuja supervised the project and ensured that the overall performance of the program was assessed using SPHERE standards. The program performance is well within SPHERE standard with respect to cure, death and defaulter rates. In addition, another layer of monitoring and quality assurance was done through the introduction of a real-time information through using smartphones – RapidPro.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	FAO		5. CERF grant period:	23/06/2016 - 07/01/2017		
2. CERF project code:	16-RR-FAO-017		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Strengthening food security for conflict affected populations in North East Nigeria					
7. Funding	a. Total funding requirements <sup>9</sup> :	US\$ 1,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>10</sup> :	US\$ 1,500,129	▪ NGO partners and Red Cross/Crescent:		US\$ 34,101	
	c. Amount received from CERF:	US\$ 1,500,129	▪ Government Partners:		US\$ 227,645	
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)	30,494	27,042	57,536	42,298	37,510	79,808
Adults (≥ 18)	22,915	18,749	41,664	31,785	26,007	57,792
<b>Total</b>	<b>53,409</b>	<b>45,791</b>	<b>99,200</b>	<b>74,083</b>	<b>63,517</b>	<b>137,600</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	99,200			137,600		
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>99,200</b>			<b>137,600</b>		

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

<sup>10</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Beneficiaries reached are 17,200 households (137,600 individuals) compared to 12,400 planned (99,200 individuals). The increase in beneficiary numbers is due to savings related to the higher exchange rate of US Dollars compared to Naira low prices of seeds. These savings were used to procure additional seeds for the irrigated cropping adding 4,800 households compared to the initial number planned.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	The objective of the project is to enable households to produce own staple foods during 2016 growing season (July –September), to improve their food and nutrition security.		
<b>10. Outcome statement</b>	Most vulnerable households, especially those headed by women have better access to food and increased resilience through own food production.		
<b>11. Outputs</b>			
<b>Output 1</b>	Most vulnerable households in newly accessible areas, with access to agricultural land, procured agricultural inputs and produced own staple foods.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of vulnerable food insecure households identified and properly registered for targeting with agricultural input assistance.	12,400 HH equivalent to 99,200 people	<b>17,200 HH or 137,600 people.</b> Breakdown as follows: <b>12,400 HH</b> procured with rain fed crop seeds, and; <b>4,800 HH</b> receiving irrigated vegetable crops seeds.
Indicator 1.2	Reliable agreed seed and fertilizer suppliers with capacity to deliver are contracted to supply seeds and fertilizer based on e-vouchers.	6 (most competitive suppliers and nearest to distribution points)	Two seed suppliers and 1 fertilizer supplier selected among more than 10 offers
Indicator 1.3	Service provider for e-voucher system identified and engaged to set up the system	System designed and tested	Direct distribution was carried out, instead of using e-voucher, due to the urgency of seed procurement and distribution
Indicator 1.4	E-Voucher Smart-Cards produced and distributed to beneficiaries from a functional and fraud proof e-voucher system in place and facilitated by Ministries of Agriculture on ground;	12,400 smart cards distributed to registered beneficiaries	17,200 ID cards distributed by Implementing partners for direct input distribution
Indicator 1.5	12,400 households produce a total of 37,200 MT of own staple food	3MT of staple food produced by each household	17,200 HH produced 33,000 MT. - 12,400 households produced 18,600 MT of food: an average 1.5 MT of

			<p>staple food produced by each household on rainfed crops and average earning Naira 21,000 from sales;</p> <p>- 4,800 added beneficiary households produce 14,400 MT of vegetables from the ongoing dry season using irrigated crops: 3 MT per household</p>
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Identification and registration of very vulnerable households with access to land	Government agencies: States Ministries of Agriculture	Borno and Yobe States Ministries of Agriculture
Activity 1.2	Identification of input suppliers in the LGAs within target states through market research,	FAO	FAO
Activity 1.3	Identification of service provider for e-vouchers system, design and set of system and testing supplier. The procurement process will follow FAO regulations and procedures <sup>11</sup>	FAO	FAO, however direct distribution was carried out due to emergency of seed distribution <sup>12</sup>
Activity 1.4	Training of FAO, implementing partners and input suppliers on e-voucher system operation and distribution of tools.	FAO	Not conducted as this is not applicable for direct distribution.
Activity 1.5	Production of smart cards and distribution to registered beneficiaries	FAO and State Ministry of Agriculture	State Ministries of Agriculture
Activity 1.6	Beneficiaries directly purchase agricultural inputs for planting from any identified supplier(s)	State Ministry of Agriculture	State Ministries of Agriculture by direct distribution
Activity 1.7	Receipt, verification and payment of input suppliers	FAO	FAO
Activity 1.8	Extension support to beneficiaries and monitoring of project	State Ministry of Agriculture	State Ministry of Agriculture
Activity 1.9	Monitoring of project	FAO and State Ministry of Agriculture	FAO and State Ministry of Agriculture

<sup>11</sup> At least four printers are already known in Abuja who can provide the required services

<sup>12</sup> Explained in section 12



Activity 1.10	Harvest and post-harvest handling	State Ministry of Agriculture	State Ministry of Agriculture
Activity 1.11	Due diligence by FAO and monitoring of project implementation and impact with partners	FAO, and State Ministry of Agriculture	FAO, and State Ministry of Agriculture

**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:**

Savings were made on the procurement budget line due to the favourable rate of US Dollars compared to the local currency (Naira) and due to the lower unit price obtained from the suppliers compared to the initially planned prices. It resulted in additional 4,800 HH reached with the distribution of vegetable seeds (e.g. okra, amaranthus, roselle, sorrel, cabbage, onion, carrots and pepper) and 25 kg fertilizer per beneficiary-household to engage into irrigated cropping. A support of irrigation facilities with kits of motor pumps, wash bore holes and pipes was carried out to improve irrigation by the 4,800 additional households. The total number of households reached 17,200, resulting in a total of 137,600 compared to the 99,200 initially planned beneficiaries.

An average of 1.5 MT of staple food was produced per beneficiary household among the 12,400 HH that ran rain-fed farming, compared to the 3 MT planned production. This was due to (i) the difficulties met with the extension services in areas where insecurity prevails, (ii) the relatively reduced planted areas per beneficiary and (iii) sharing of agricultural inputs with hosts and relatives as the needs for agriculture inputs is very high among the IDPs, returnees and host communities. Despite these challenges, some beneficiaries reported earnings of up to 21,000 Naira from sales mainly of cowpea.

An expected production of vegetables from the ongoing dry season irrigated crops is about 3MT per each of the 4,800 of added beneficiary-households with an expected income of about Naira 60,000.

Direct distribution was used instead of the e-voucher because the infrastructure was not mature for e-voucher system in the Northeast states and Nigeria in general. From experience, there was not enough time within the project duration after approval, to set up the system and to conduct the required trainings needed at every level. Hence FAO focused on direct delivery. FAO will look at any opportunity, including through its partnership with WFP, to use e-vouchers during its future operations.

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

Beneficiaries' participation and implication in the inputs distribution process was secured by the implementing partners and their choices on the types of crop seeds were considered. The communities were informed about the project and demonstrations of seed and fertilizers applications were carried before planting. The seed and fertilizer quality control was applied, and quality secured through certifications of the inputs and technical analysis (physical purity and germination potential of seeds, and chemical content of fertilizers) before reception and distribution. The monitoring process involved beneficiaries' interviews and satisfaction assessment that showed 95% satisfaction level on timeliness, appropriateness of inputs and the quality of seeds were scored among the surveyed beneficiaries. All the respondents (both male and female) have perceived the benefits on food coverage, food quality, marketable surplus and income that they qualified as much improved.

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

EVALUATION CARRIED OUT

The implementing partners conducted post distribution monitoring (PDM) and reports were presented describing the activities undertaken, the achievements and the monitoring and evaluation results including beneficiaries' opinion. The final project evaluation was carried out by the implementation partners and reported on the effects and impact of the intervention on beneficiaries.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	30/06/2016 - 29/12/2016		
<b>2. CERF project code:</b>	16-RR-HCR-028		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Protection			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Critical access to protection and assistance for most vulnerable internally displaced					
<b>7. Funding</b>	a. Total funding requirements <sup>13</sup> :	US\$ 3,012,993	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>14</sup> :	US\$ 1,622,076	▪ NGO partners and Red Cross/Crescent:		US\$ 524,948	
	c. Amount received from CERF:	US\$ 1,014,227	▪ Government Partners:			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	71,550	63,450	135,000	64,747	55,155	119,902
Adults (≥ 18)	60,950	54,050	115,000	52,082	44,366	96,448
<b>Total</b>	<b>132,500</b>	<b>117,500</b>	<b>250,000</b>	<b>116,829</b>	<b>99,521</b>	<b>216,350</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	250,000			216,350		
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>250,000</b>			<b>216,350</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or</i>	Out of the planned 250,000, UNHCR was able to reach 216,350. This was due to security restrictions in the newly liberated areas. However, all mechanisms and					

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

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

<i>the age, sex or category distribution, please describe reasons:</i>	equipment were put in place for the profiling of 250,000, but the security restrictions were outside the control of UNHCR.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To respond to the critical protection needs in the 4 LGAs of Bama, Damboa, Dikwa and Monguno in Borno States.		
<b>10. Outcome statement</b>	Persons of concern with data disaggregated by sex, age, location and diversity available and extent known SGBV survivors receive appropriate support		
<b>11. Outputs</b>			
<b>Output 1</b>	Profiling of newly accessible communities (Newly accessible areas of Borno State - Bama, Dikwa, Monguno and Damboa)		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of LGA profiled	4	4
Indicator 1.2	# of persons profiled	5,000	5,000
Indicator 1.3	# of communities referred for services	20	20
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Compile critical community-level data of in order to inform as fulsome a protection response and prioritization as possible for IDPs with specific needs	UNHCR/FHI360	UNHCR/FHI360
Activity 1.2	Identify and strengthen community-based protection mechanisms in order to respond quickly to crucial identified protection issues (including SGBV and other grave protection violations) and improve advocacy	UNHCR/FHI360	UNHCR/FHI360
<b>Output 2</b>	Recruit and deploy local psycho-social expert/Social workers in the field to provide psychosocial counselling (newly accessible areas of Borno State - Bama, Dikwa, Monguno and Damboa – 3 Psycho-social Counsellors per LGA)		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of IDPs reached with psychosocial support	4,000	4,000
Indicator 2.2	# of vulnerable women and girls reached with solar powered lanterns	3,150	3,150
Indicator 2.3	# of cash vouchers provided to vulnerable women/girls	2,000	1,928
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Recruit PSS expert, as well as local social workers for case identification and referrals	UNHCR/FHI360	UNHCR/FHI360
Activity 2.2	Provision of psycho-social support	UNHCR/FHI360	UNHCR/FHI360

**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 security challenges and restricted access UNHCR was able to profile the vast majority of persons of concern targeted and provide appropriate protection interventions.

The total number of individuals (216,250) reached consisted of 203,560 referred to protection services and counselling in 20 communities; 3,150 vulnerable women and girls provided with solar powered lanterns and 9,640 vulnerable women/ girls benefitting their respective households<sup>15</sup>.

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

The project was designed and implemented through a participatory approach with the affected population and all the relevant stakeholders. Focused group meetings, sensitisations and visits were conducted throughout the project duration with emphasis on the involvement of the persons of concern. Feedback received from them was used to improve the project to achieve the desired goal.

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

EVALUATION CARRIED OUT

The project was evaluated and findings are:

1. There is the need for adoption of case management strategy to drive the psychosocial support services and referral for medical services.
2. IDPs in camps and host communities were keen on participating in interventions that came with palliative measures such as food, clothing and livelihood opportunities. Interventions needed to sensitize PoCs on the objectives of their interventions to succeed in the end.
3. The mobile nature of IDPs caused changes in initial target communities. Stigma associated with SGBV deterred IDPs from easily opening up; delays in referral and feedback due to bureaucratic procedures of some government and uniformed agencies; high expectations of immediate interventions by IDPs and host communities; long distance between residences of IDPs living within host communities; harsh weather during the rainy and dry season.
4. The awareness on SGBV issues is an emerging topic that requires major intervention for it to command mass action and response by citizens particularly in large areas where SGBV interventions are absent or new. Massive intervention targeting continuous awareness creation and knowledge building is critical for improvement in prevention of and response to SGBV.
5. Gatekeepers in the IDP communities were mostly engaged in farming activities, thus access to them for introduction of the project was difficult. Scheduling of activities was between 2:00pm and 6:00pm when they returned from their farms.

EVALUATION PENDING

NO EVALUATION PLANNED

<sup>15</sup> Household is estimated to have an average of 5 persons.

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	01/07/2016 - 31/12/2016		
<b>2. CERF project code:</b>	16-RR-WFP-041		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input type="checkbox"/> Concluded		
<b>4. Project title:</b>	Life Saving Food Assistance to Extremely Vulnerable Nigerian IDPs in Borno and Yobe States, including Blanket Supplementary Feeding for Children at Risk aged 6-23 months					
<b>7. Funding</b>	a. Total funding requirements <sup>16</sup> :	US\$ 62,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>17</sup> :	US\$ 60,194,000	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 5,995,380	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	23,758	21,842	45,600	29,680	27,390	57,070
<i>Adults (≥ 18)</i>	21,942	19,458	41,400	27,390	25,290	52,680
<b>Total</b>	<b>45,700</b>	<b>41,300</b>	<b>87,000</b>	<b>57,070</b>	<b>52,680</b>	<b>109,750</b>
<b>8b. Beneficiary Profile</b>						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	87,000			109,750		
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>87,000</b>			<b>109,750</b>		

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

<sup>17</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	WFP scaled up its operation in the fourth quarter (October-December) of the year, mobilizing more staff to manage operations, and introducing a new food delivery platform, the Rapid Response Mechanism, to reach the areas which were not accessible before. These efforts resulted in the larger-than-planned increase in the caseload.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Save the lives and protect livelihoods in Nigeria emergency through urgent food assistance to extremely vulnerable Nigerian IDPs and BSF to children 6-23 months of age in Borno and Yobe states		
<b>10. Outcome statement</b>	Stabilized or improved food consumption over assistance period for 90,000 targeted individuals, stabilized or reduced undernutrition among 12,000 children aged 6–23 months		
<b>11. Outputs</b>			
<b>Output 1</b>	Stabilized or improved food consumption over assistance period		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Diet Diversity Score	6	4.01
Indicator 1.2	Percentage of households with poor Food Consumption Score	reduced prevalence of poor food consumption of targeted households by 80%	18
Indicator 1.3	Coping Strategy Index	CSI for 80% of assisted population is reduced or stabilized	17.8
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Baseline Survey- EFSA- mVAM	WFP	NEMA/SEMA, WFP, Famine Early Warning Systems Network (FEWSNET)
Activity 1.2	Post Distribution Monitoring- PDM	WFP	NEMA/SEMA, WFP
Activity 1.3	Follow-up/ Mid Term Monitoring	WFP	WFP
<b>Output 2</b>	Food, nutritional products, cash transfers and in-kind food distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned	63,000 (Cash) 24,000 (food)	63,000 (Cash) 47,560 (food)
Indicator 2.2	Total value of cash distributed (expressed in food/cash) transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned	100% (US 2.3 million)	100% (US 2.3 million)

Indicator 2.3	Number of children 6-23 months of age who participate in programme	70% (12,000 children)	70% (20,000 children)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Registration of vulnerable IDPs, WFP to apply targeting criteria and develop beneficiaries lists	IOM, WFP	IOM, WFP
Activity 2.2	Know Your Client (KYC) and distribution of SIM cards by Mobile Money Service Provider; release of cash entitlement on monthly basis	Airtel, WFP	Airtel, WFP
Activity 2.3	Distribution of food commodities	WFP/NEMA/SEMA	WFP/NEMA/SEMA

**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 Results of the Consolidated Approach to Reporting Indicators of Food Security (CARI) showed a marked improvement in the household food security situation in November 2016 compared to June 2016 when WFP started ramping up its food assistance in Borno and Yobe states.

Similarly, the November to December 2016 outcome post-distribution monitoring (PDM) conducted in Borno and Yobe states showed stability and improvement in households' diet diversity score and food consumption score (FCS).

As at end of December 2016, the overall FCS showed a 36.4 percent reduction in households with poor food consumption compared to the results of the outcome PDM conducted in June 2016. The FCS measures dietary diversity, food frequency and the relative nutritional importance of the food consumed.

Between August and December 2016, the dietary diversity score (DDS) remained relatively stable among WFP assisted households. The DDS measuring the number and quality of the different food groups consumed showed that households consumed four food groups comprising of vegetables, cereals, pulses and vegetable oil.

However, the coping strategy index (CSI) remained high for most of WFP-assisted households in Borno and Yobe states indicating engagement in either more frequent or extreme coping strategies. The CSI was higher in Borno state (18.4) compared to Yobe state (15.6). To gain better understanding on the longer-term household coping capacities by analysing the behaviours of households on their assets and incomes to adapt to recent crisis (such as selling productive assets), a livelihoods-based CSI analysis was conducted. The results indicated that 85 percent of households in Borno and Yobe states are engaging in negative livelihood coping strategies. The study also showed that 83.9 percent of the households receiving WFP assistance spend more than 75 percent of their income on food leaving them extremely vulnerable to price volatility.

In the initial months of its operation, WFP had faced challenges in fast tracking its assistance. Under its food distribution and nutrition assistance, challenges were mainly due to access and security, while under its cash-based transfer (CBT) challenges were related to delays in beneficiary registrations and limited liquidity capacity of its service provider.

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

In an effort to promote safe and dignified food assistance programs, WFP incorporated gender and protection into the design and implementation of their programs throughout 2016. WFP regularly monitored the adherence to protection standards of partners, including barriers to access to food assistance in a safe and dignified manner, with results feeding back into the programme cycle and performance evaluation of partners. WFP is in the process of providing additional resources to NGO partners to increase food distribution pace by reducing waiting time for beneficiaries prioritizing vulnerable persons such as elderly women and disabled people to get served first and erecting shades in waiting areas. In addition, WFP is currently providing mobile storage units to NGO partners to allow storage of food and plan for food distributions in a more efficient and timely way. WFP coordinates with community leaders to stagger beneficiaries receiving assistance so as not to require them to wait hours before they get served or going back without being served. Civilian female and male crowd controllers were hired to provide protection to vulnerable groups and ensure smooth, safe and dignified distributions.

WFP continued to build the capacity of partners, government counterparts and Airtel Agents through trainings on Integration of Protection & Gender in Food Assistance Programs. WFP ensured that protection and gender was a standing item in partner meetings and the food security working groups to strengthen the integration of protection into food assistance activities. Checklists and guidelines on protection and gender that outline protection mainstreaming measures, ranging from working with community leaders, women's groups and others to identify the most vulnerable, to considering access barriers such as distance, timing or cultural concerns such as separate queues for women and men, and specific measures for registration such as selecting an alternate in cooperation with Protection Agencies to reach the most vulnerable for cash and in-kind assistance were also developed and shared with food security partners. Protection and gender components were also incorporated in Food Assessment questionnaires to provide a better understanding of the protection context in which food assistance program is implemented. Comprehensive Protection/gender assessments and analysis were conducted in the different target locations in order to expedite WFP response to identified protection concerns related to food assistance.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
The Nigeria operation is part of the larger Regional Emergency Operation covering the Lake Chad Basin. A Nigeria operation- focused internal evaluation will be carried out in the second half of 2017.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>



**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	29/06/2016 – 28/12/2016		
<b>2. CERF project code:</b>	16-RR-CEF-079		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Child Protection			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Reintegration and reunification of unaccompanied and separated children & children associated with armed groups					
<b>7. Funding</b>	a. Total funding requirements <sup>18</sup> :	US\$ 4,650,750	d. CERF funds forwarded to implementing partners: US\$ 117,715.87			
	b. Total funding received <sup>19</sup> :	US\$ 1,116,061	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 90,889	
	c. Amount received from CERF:	US\$ 237,544	▪ <i>Government Partners:</i>		US\$ 26,826	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	416	384	800	414	412	826
<i>Adults (≥ 18)</i>						
<b>Total</b>	<b>416</b>	<b>384</b>	<b>800</b>	<b>414</b>	<b>412</b>	<b>826</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	800			826		
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>800</b>			<b>826</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>	The overall result, reached by the project (826) is higher than planned (800). This is mainly as a result of increased access to the LGAs in Borno, which were not accessible when the project was conceived.					

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

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

<i>the total numbers or the age, sex or category distribution, please describe reasons:</i>	It enabled reaching a higher number of children in the newly accessible areas than envisaged. As a result, 591 UASC were supported against a target of 350. On the other hand, the number of CAAFAG reached (235) is lower than planned (450) due to the delay in implementation of the project by the implementing partner.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Implement an effective system of identification, interim care, reunification and reintegration support for unaccompanied and separated children and high risk children, including children associated with Boko Haram (with a focus on the four newly accessible LGAs)		
<b>10. Outcome statement</b>	Children who have been separated from their families or are without family care, including children associated with armed groups are identified and immediately reunified or provided with safe, appropriate interim care		
<b>11. Outputs</b>			
<b>Output 1</b>	UASC reunified or provided with quality interim care		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of UASC identified and registered in the newly accessible area	350	346
Indicator 1.2	Number of UASC monitored and supported in alternative care arrangements in the newly accessible areas	200	198
Indicator 1.3	Number of UASC reunified	150	112
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Expand the case management system led by the State Ministries to identify, assess and support UASC children in the newly accessible LGAs	Borno State Ministry of Women Affairs and Social Development and CHAD	Borno State Ministry of Women Affairs and Social Development and CHAD
Activity 1.2	Trace and reunify UASC and their families	Borno State Ministry of Women Affairs and Social Development and CHAD	CHAD
Activity 1.3	Provide capacity building and support to temporary caregivers providing care for UASC	Borno State Ministry of Women Affairs and Social Development and CHAD	Borno State Ministry of Women Affairs
Activity 1.4	Regularly monitor alternative care placements and reunifications	Borno State Ministry of Women Affairs and Social Development and CHAD	Borno State Ministry of Women Affairs
Activity 1.5	Hold weekly case management meetings and quarterly technical review Meetings	Borno State Ministry of Women Affairs and Social	Borno State Ministry of Women Affairs and Social

		Development and CHAD	Development, CHAD and UNICEF
<b>Output 2</b>	Children associated with armed forces and armed groups (CAAFAG) (boys and girls) identified and provided with emergency care and support to ensure their basic physical and mental health needs are met and they are supported to recover and reintegrate into their communities		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of CAAFAG identified	450	718
Indicator 2.2	Number of CAAFAG provided with reintegration support	300	235
Indicator 2.3	Number of community leaders and religious leaders sensitised on identification, referrals and meeting the needs of high risk cases	50	99
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Formation of multiagency identification and emergency support teams	State MWASD (Borno), Neem Foundation and UNICEF	SMWASD (Borno), Neem Foundation, and UNICEF
Activity 2.2	Identification and assessment of CAAFAG in four newly accessible local government areas	SMWASD (Borno), Neem Foundation	Neem Foundation
Activity 2.3	Provide psychosocial support to CAAFAG and their families/caregivers	SMWASD (Borno), Neem Foundation	Neem Foundation
Activity 2.4	Meet basic needs of CAAFAG (provision of reintegration kits, baby kits and blankets) and refer CAAFAG to support services	SMWASD (Borno) and UNICEF	SMWASD (Borno) and UNICEF
Activity 2.5	Run sensitisation sessions with community and religious leaders on needs of CAAFAG	SMWASD (Borno) and Neem Foundation	Neem Foundation
Activity 2.6	Establish and support community based child protection committees	SMWASD (Borno) and Neem Foundation	Neem Foundation
<b>Output 3</b>	Robust and harmonised child protection management information system on UASC and CAAFAG in operation		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	% of 350 UASC and 450 CAAFAG cases uploaded onto the child protection management information system	75%	50%
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Upload UASC and CAAFAG case information to the CPIMS	MWASD (Borno)	MWASD (Borno)
Activity 3.2	Provide technical support to State Ministry data entry clerks	UNICEF	UNICEF
Activity 3.3	Extract monthly reports from the CPIMS on UASC	MWASD (Borno)	UNICEF

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

Through the grants transferred to a local NGO implementing partner, Community Health and Development (CHAD), UNICEF identified 346 UASC which is a 99 percent achievement of the target (350). CHAD deployed two social workers each in the LGAs of Monguno, Dikwa, Damboa, Nursing village and Ngala to extend case management services for UASC and other at risk children. The newly identified UASC were referred by the social workers to Child Friendly Spaces (CFS) to benefit from psychosocial support services, and to schools. About 112 of the identified UASC (mainly unaccompanied children) were reunified with their families. The target of 150 was not achieved in terms of family reunification because majority of the cases identified (243) were separated children who were living either with a family member or a relative and thus not requiring immediate family reunification. The 101 unaccompanied children were prioritized for family tracing and reunification.

UNICEF in partnership with the Neem Foundation undertook comprehensive tracking, identification and documentation of children formerly associated with Boko Haram in four LGAs of Bama, Dikwa, Damboa and MMC. A total of 2,476 CAAFAG were identified, 29 percent (718) of them were through the CERF funds. Out of this number, 812 CAAFAG were provided with reintegration assistance through one to one specialized psychosocial support sessions. Also, 29 percent of the 812 CAAFAG (235) were reached through the CERF funds. The target of 300 was not achieved because Neem Foundation staff could not deploy to Damboa due to security constraints. The 235 children were reached in the LGAs of Bama, Dikwa and MMC.

CERF funds were used to build capacity of religious leaders to provide religious counselling sessions to CAAFAG and their families. Neem Foundation trained 99 religious leaders under the umbrella of two key religious groups of Jama Nasir Islam (JNI) and Christian Association of Nigeria (CAN) in Maiduguri on provision of psychosocial support to families and victims of child recruitment and use. Sessions were also held with these religious leaders prior to and after the training. The trained religious leaders will be deployed (under a different grant) to LGAs where they will carry out religious counselling sessions.

UNICEF and the Borno State Ministry of Women Affairs and Social Development procured emergency child protection supplies such as baby kits, clothing, hygiene kits for girls and reinsertion kits for children affected by conflict. The supplies were distributed to mainly children released and those still under administrative military detention and other vulnerable children, reaching at least 300 children within Maiduguri.

Under the third party arrangement, UNICEF recruited and deployed four national consultants to four of the newly accessible LGAs (CERF focused areas) to coordinate, provide technical assistance and supervise provision of an integrated LGA package of cases management services for UASC and other child protection services including psychosocial support. The consultants worked with the team of social welfare officers and staff of NGO implementing partners.

The inter-agency case management tool for child protection was revised during the project period. There was a temporary suspension of data entry into the child protection information management database to allow revision of the essential forms, for a period of two months. As a result, a backlog of cases pending entry into the database did not allow for 100 percent entry of the target cases. By end of December 2016, 50 percent of the cases of 350 UASC and 450 CAAFAG were entered into the database.

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

UNICEF developed and implemented an integrated LGA package of services for children under the umbrella of case management strategy. The delivery of case management services to UASC and other at risk/abused children as well as provision of reintegration assistance to CAAFAG was based on accountability mechanisms that are part of the inter-agency case management process:

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

- Community leaders, religious leaders and youth leaders were part of identification of CAAFAG that benefited from the programme. This ensured that the right beneficiaries were selected.
- The individual psychosocial support sessions held with children, and separately with families of CAAFAG allowed for direct community engagement.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
Evaluation is planned in mid-2017, as part of wider programme evaluation for child protection in emergency response in the Northeast. Components under this project will be part of the evaluation.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNFPA		<b>5. CERF grant period:</b>	18/07/2016 - 17/01/2017		
<b>2. CERF project code:</b>	16-RR-FPA-030		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Enhancing national capacity to prevent, respond and mitigate GBV in the newly accessible LGAs of Borno					
<b>7. Funding</b>	a. Total funding requirements <sup>20</sup> :	US\$ 1,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>21</sup> :	US\$ 1,000,000	▪ NGO partners and Red Cross/Crescent:		US\$ 148,978	
	c. Amount received from CERF:	US\$ 209,444	▪ Government Partners:		US\$ 6,867	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	10,000	4,000	14,000	25,990	10,182	36,172
Adults (≥ 18)	20,000	6,000	26,000	32,271	11,282	43,553
<b>Total</b>	<b>30,000</b>	<b>10,000</b>	<b>40,000</b>	<b>58,261</b>	<b>21,464</b>	<b>79,725</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	22,000		47,836			
Host population	18,000		31,891			
Other affected people						
<b>Total (same as in 8a)</b>	<b>40,000</b>		<b>79,727</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or</i>	Project implementation reached more beneficiaries than planned because of the higher number of PSS counsellors mobilized to deliver services to the beneficiary population					

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

<sup>21</sup> This should include both funding received from CERF and from other donors.

<i>the age, sex or category distribution, please describe reasons:</i>	within host communities and camps. Also, the project supported the mobilization of young mobile peer educators who were able to undertake GBV communication to reach greater number of beneficiaries within host communities.
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CERF Result Framework			
<b>9. Project objective</b>	The main objective of the project is contribute to the improvement of provision of/and access to services for GBV survivors in newly liberated areas of Borno.		
<b>10. Outcome statement</b>	Vulnerable women, girls and boys protected from GBV and appropriate services made available to survivors.		
<b>11. Outputs</b>			
<b>Output 1</b>	Women and girls access basic PSS services		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of community-based workers trained in psychosocial support	60	90
Indicator 1.2	# of affected individuals reached with timely and appropriate psychosocial support (one-on-one counselling)	5,000	25,892
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Training and re-orientation of 60 PSS counsellors	UNFPA/ Action Health Incorporated (AHI)	UNFPA/ AHI
Activity 1.2	Mobilization of 60 counsellors to provide psycho-social support	UNFPA/AHI	UNFPA/ AHI
<b>Output 2</b>	Adolescent boys and girls are sensitized on GBV prevention and response		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of adolescent boys and girls trained as peer educators	20	20
Indicator 2.2	# of boys and girls sensitized on GBV prevention and response	1,000	2,141
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Conduct 2-day orientation for 20 adolescent educators on GBV prevention and response	AHI	AHI
Activity 2.2	Organize 40 discussion platforms to reach 1000 boys and girls	AHI	AHI
<b>Output 3</b>	GBV survivors are informed about the referral pathways		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# of people sensitized on referral pathways	2,000	2,040
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

Activity 3.1	Conduct orientation for 50 community facilitators to undertake sensitization sessions on the SOP and referrals in communities	SWMA, SMOH	SMWA, SMOH
Activity 3.2	Mobilize trained community facilitators to conduct sensitization sessions on referrals	SWMA, SMOH	SMWA, SMOH
<b>Output 4</b>	35 health workers gain skills on clinical management of rape (CMR)		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# of health workers trained on CMR security personnel and humanitarian gain skills on GBV principles and PSEA	35	35
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Conduct training for and mobilize 35 health workers on Clinical management of rape (CMR)	CPRH	CPRH

**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:**

Beneficiary reach was improved due to increased number of PSS counsellors and utilization of a young mobile peer educators who were able to reach greater number of persons on GBV communication and PSS services

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

Project beneficiaries and implementing partners were involved in the conceptualization of project through project monitoring visit and on site monitoring assessments. Beneficiary population were also involved through during implementation as key facilitators and peer educators.

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

EVALUATION CARRIED OUT

Project implementation was monitored in line with UNFPA monitoring plan for humanitarian programming. On site visits were conducted by programme focal persons to assure that implementation is in tandem with agreed indicators. Routine monitoring in line with the Harmonized Approach to Cash Transfers (HACT) was also utilized to assure value for money.

EVALUATION PENDING

NO EVALUATION PLANNED



**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	08/07/2016 - 07/01/2017		
<b>2. CERF project code:</b>	16-RR-WFP-042		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Common Logistics			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of Humanitarian Air Services in Nigeria					
<b>7. Funding</b>	a. Total funding requirements <sup>22</sup> :	US\$ 8,259,989	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>23</sup> :	US\$ 8,259,989	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 1,000,000	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>						
<i>Adults (≥ 18)</i>						
<b>Total</b>			<b>4,200<sup>24</sup></b>			<b>1,327<sup>25</sup></b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	4,200 <sup>26</sup>			1,327		
<b>Total (same as in 8a)</b>	<b>4,200</b>			<b>1,327</b>		

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

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

<sup>24</sup> UNHAS do not track the gender of passengers and therefore individual beneficiaries by gender are not measurable.

<sup>25</sup> Total number of passengers transported during the period 08 July 2016 and 07 January 2017, using all fund sources, total to 10,970. CERF funds attributed to 12.1% of the total achievement or about 1,327 passengers.

<sup>26</sup> The planned figure of 4,200 describes the total number of passengers that were expected to be transported rather than only those funded by CERF.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>Based on the assessments conducted prior to the funding period and previous rate of growth of user interventions, it was predicted that a total of 4,200 passengers and 12,500kgs of cargo would require transporting between 08 July 2016 and 07 January 2017. In actual fact, with the inclusion of the first helicopter on 07 July 2016 and a further helicopter on 21 September 2016, a total of 10,970 passengers and 41,981kgs of cargo were successfully transported to between 12 locations. The total planned expenditures between July and December totalled \$8,259,989. As a result, the \$1 million CERF donation represents, 12.1% of operations during this period. Therefore, passengers transported that can be directly attributed to CERF funding would be 1,327 with cargo transported at 5,080kgs.</p>
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Providing safe, effective and efficient access to beneficiaries and project implementation sites for NGOs, UN agencies, donor organizations and diplomatic missions in support of the Nigeria crisis humanitarian response; transporting life-saving cargo including medical supplies; provide adequate capacity for emergency evacuation of humanitarian staff.		
<b>10. Outcome statement</b>	Humanitarian staff can access beneficiary sites to implement vital humanitarian projects.		
<b>11. Outputs</b>			
<b>Output 1</b>	Facilitate the humanitarian community's life-saving response to the Nigeria humanitarian crisis through facilitating access to beneficiaries and implementation sites		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of Needs Assessments carried out	2	2
Indicator 1.2	Number of passengers transported monthly against planned	700	221
Indicator 1.3	Percentage of bookings served	95	
Indicator 1.1	Tonnage of light cargo transported monthly against planned (kg)	2,000	846
Indicator 1.2	Number of organizations using the service	50	58
Indicator 1.3	Locations served	9	12 <sup>27</sup>
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Facilitate rapid assessments of newly liberated areas as required	WFP (UNHAS)	WFP (UNHAS)
Activity 1.2	Provision of scheduled air passenger services	WFP (UNHAS)	WFP (UNHAS)
Activity 1.3	Provision of scheduled light cargo air services	WFP (UNHAS)	WFP (UNHAS)

<sup>27</sup> Destinations served by UNHAS during the period.

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
Based on the assessments conducted prior to the funding period and previous rate of growth of user interventions, it was predicted that a total of 4,200 passengers and 12,500kgs of cargo would require transporting between 08 July 2016 and 07 January 2017. With the inclusion of the first helicopter on 07July 2016 and a further helicopter on 21 September 2016, a total of 10,970 passengers and 41,981kgs of cargo were successfully transported to and between 12 locations. The total planned expenditures between July and December totalled to \$8,259,989 and, as a result, the \$1 million CERF donation represents 12.1% of operations during this period. Therefore, passengers transported that can be directly attributed to CERF funding would be 1,327 with cargo transported at 5,080kgs.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
N/A	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
In line with the project plan, both the fixed and rotary-wing programmes operating in Nigeria have been constantly monitored and the service adapted in order to meet the demands of the humanitarian community as the situation evolves. Actual destinations served and frequency were defined according to partner intervention timelines, taking into account the dynamic security situations in newly liberated areas.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNDP		<b>5. CERF grant period:</b>	01/07/2016 - 31/12/2016		
<b>2. CERF project code:</b>	16-RR-UDP-007		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Common Safety and Security			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Additional security support to the increase in the humanitarian effort in Borno and Yobe States					
<b>7. Funding</b>	a. Total funding requirements <sup>28</sup> :	US\$ 3,549,128	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>29</sup> :	US\$ 3,549,128	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 272,409	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)						
Adults (≥ 18)						
<b>Total</b>			N/A			N/A
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>				N/A		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or</i>	N/A					

<sup>28</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>29</sup> This should include both funding received from CERF and from other donors.

<i>the age, sex or category distribution, please describe reasons:</i>	
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To provide dedicated security support for the expanded lifesaving humanitarian operations in North Eastern Nigeria		
<b>10. Outcome statement</b>	Security support provided to UN humanitarian workers and their implementing partners to fulfil their mandates in a more safe and secure fashion.		
<b>11. Outputs</b>			
<b>Output 1</b>	Increased security information sharing and awareness in support of humanitarian operations in newly targeted areas for humanitarian response in north-eastern Nigeria		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Enable effective delivery of humanitarian aid through provision of quality security risk assessments (SRA) and analytical reports and advisories	12 SRAs (priority areas will be identified by HCT) to be conducted and 20 weekly analytical reports and advisories issues	21 Security Risk Managements (SRMs) for UN staff travel to “High” and “Very High” Risk Areas; 20 weekly reports
Indicator 1.2	Increase security information sharing and cooperation on security issues through regular security briefings at UN Area Security Management Team (ASMT) and INGOs meetings	20 - weekly briefings provided at ASMT and INGO meetings	20 Weekly briefing and information sharing meetings
Indicator 1.3	Ensure situational awareness and effective operational planning through provisions of security reports (daily, weekly, alerts)	120 daily situation reports & 20 weekly security reports to be issued + alerts in a timely manner when required	120 daily situation reports & 20 weekly security reports issued
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Conduct Security Risk Assessments and security analysis - compile and distribute respective documents	UNDSS Field Security Coordination Officer (FSCO)	UNDSS FSCO
Activity 1.2	Establish and hold regular security briefings at UN and INGO meetings – built effective security cooperation through networking	UNDSS FSCO	UNDSS
Activity 1.3	Establish effective security information collection and reporting mechanisms. Compile Daily Sitreps, Weekly reports and alerts - and share these effectively.	UNDSS FSCO	UNDSS

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

N/A

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

N/A

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

EVALUATION CARRIED OUT

N/A

EVALUATION PENDING

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-078	Nutrition	UNICEF	INGO	\$22,699
16-RR-CEF-078	Nutrition	UNICEF	GOV	\$41,800
16-RR-CEF-078	Nutrition	UNICEF	GOV	\$348,900
16-RR-CEF-079	Child Protection	UNICEF	NNGO	\$46,435
16-RR-CEF-079	Child Protection	UNICEF	NNGO	\$44,454
16-RR-CEF-079	Child Protection	UNICEF	GOV	\$7,492
16-RR-CEF-079	Child Protection	UNICEF	GOV	\$19,334
16-RR-FPA-030	Gender-Based Violence	UNFPA	NNGO	\$148,978
16-RR-FPA-030	Gender-Based Violence	UNFPA	GOV	\$6,867
16-RR-FAO-017	Agriculture	FAO	GOV	\$7,992
16-RR-FAO-017	Agriculture	FAO	GOV	\$15,318
16-RR-FAO-017	Agriculture	FAO	GOV	\$28,570
16-RR-FAO-017	Agriculture	FAO	GOV	\$49,720
16-RR-FAO-017	Agriculture	FAO	GOV	\$21,391
16-RR-FAO-017	Agriculture	FAO	NNGO	\$34,101
16-RR-FAO-017	Agriculture	FAO	Gov	\$29,272
16-RR-FAO-017	Agriculture	FAO	GOV	\$62,229
16-RR-FAO-017	Agriculture	FAO	GOV	\$13,153
16-RR-HCR-028	Protection	UNHCR	INGO	\$524,948

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Contre la Faim
AHI	Action Health Incorporated
ASMT	Area Security Management Team
CAAFAG	Children associated with armed forces or armed groups
CARI	Consolidated Approach to Reporting Indicators
CERF	Central Emergency Response Fund
CBARDP	Community Based Agriculture and Rural Development Programme
CCDRN	Centre for Community Development and Research Network
CHAD	Community Health and Development
CJTF	Civilian Joint Task Force
CMAM	Community Management of Acute Malnutrition
CMR	Clinical Management of Rape
CP IMS	Child Protection Information Management System
CRI	Core Relief Items
CSI	Coping Strategy Index
DDS	Dietary Diversity Scoring
DTM	Displacement Tracking Matrix
FAO	Food and Agriculture Organization
FCS	Food Consumption Score
FEWSNET	Famine Early Warning Systems Network
FSCO	Field Security Coordination Officer
FSLVA	Food Security and Livelihoods Vulnerability Assessment
FSWG	Food Security Working Group
GBV	Gender Based Violence
GBV IMS	Gender Based Violence Information Management System
HACT	Harmonized Approach to Cash Transfers
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
ICRC	International Committee of the Red Cross
IDP	Internally Displaced People
INGO	International Non Government Organization
ISWG	Inter Sector Working Group
IYCF	Infant and Young Child Feeding
LGA	Local Government Area
MAM	Moderate Acute Malnutrition
M&E	Monitoring and Evaluation
MMC	Maiduguri Metropolitan Center
MSF	Medecins Sans Frontieres
MUAC	Mid Upper Arm Circumference
MWASD	Ministry of Women Affairs and Social Development
NFI	Non Food Items
NEMA	National Emergency Management Agency
PAG	Protection Action Groups
PDM	Post Distribution Monitoring
PHC	Primary Health Care
PoC	Persons of Concern



PSS	Psychosocial Support Services
PSWG	Protection Sector Working Group
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SEA	Sexual Abuse and Exploitation
SEMA	State Emergency Management Agency
SMOH	State Ministry of Health
SPHCDA	State Primary Health Care Development Agency
SRA	Security Risk Assessment
SRM	Security Risk Management
TPA	Third Party Agreement
UASC	Unaccompanied and Separated Children
UNDSS	United Nations Department for Safety and Security
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
VCM	Volunteer Community Mobilizer
WFP	World Food Programme