RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS NIGERIA RAPID RESPONSE DISPLACEMENT 2017

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 component of the CERF Rapid Response report is pending. This will be carried out during the next Abuja Coordination meeting scheduled for the week of July 11, 2018.

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

YES ☒ NO ☐

The report was discussed in the Humanitarian Country Team (HCT) and by cluster/sector coordinators as outlined in the guidelines.

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

YES ☒ NO ☐

The report was shared 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$)		
Total amount required for the humanitarian response: US$ 185,823,602		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	9,889,471
	COUNTRY-BASED POOL FUND (*if applicable*)	0
	OTHER (bilateral/multilateral)	0
	TOTAL	**9,889,471**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 27/07/2017			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	17-RR-IOM-030	Common Logistics	3,250,000
UNDP	17-RR-UDP-008	Safety and Security of Staff and Operations	282,519
UNFPA	17-RR-FPA-039	Health	356,171
UNICEF	17-RR-CEF-076	Health	599,999
UNICEF	17-RR-CEF-074	Water, Sanitation and Hygiene	2,000,001
UNICEF	17-RR-CEF-075	Nutrition	1,600,000
WFP	17-RR-WFP-044	Common Telecommunications	750,780
WHO	17-RR-WHO-029	Nutrition	300,001
WHO	17-RR-WHO-030	Health	750,000
TOTAL			**9,889,471**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	8,409,026.81
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	436,204.31
Funds forwarded to government partners	1,044,239.88
TOTAL	**9,889,471**

HUMANITARIAN NEEDS

The humanitarian crisis in north-east Nigeria remained as one of the most severe in the world: 1.7 million persons remain internally displaced, human rights violations continued, and the food security situation remained extremely concerning as conflict continued to limit the amount of land under cultivation. Approximately, 3.7 million persons were expected to face critical levels of food insecurity during the lean season, from June through September of 2017.

The armed conflict in north-east Nigeria caused 8.5 million people to require a range of humanitarian assistance in the most affected states of Borno, Yobe and Adamawa. While there was an ongoing humanitarian response in all the three states, Borno state is the most affected. The conflict has led to massive displacement and severe food insecurity and undernutrition. It has destroyed livelihoods and food reserves, disrupted markets and commercial activities, and impeded access to health, nutrition, sanitation and education services.

The Humanitarian Country Team in Nigeria developed the 2017 Humanitarian Response Plan that envisioned some of these needs which also reflected a 23 per cent increase of people in need compared with 2016—this was particularly due to people in newly accessible areas with high levels of food and nutrition insecurity, severe protection risks and a lack of basis services. The strategic emphasis of the 2017 humanitarian response was focused on, and significantly scale up, the coordinated delivery of assistance to the most urgent life-saving needs in the north-east states of Borno, Adamawa and Yobe; strengthening partnerships with government through reinforced coordination structures at state and national levels; and maximizing multi-sectoral approaches to key needs in food and nutrition security and protection—while ensuring the centrality of protection.

There was complementarity between the immediate needs covered under this CERF grant and other immediate and medium-term needs that the 2017 HRP addressed. The CERF rapid response allowed the HCT to address the priorities while strengthening resource mobilization efforts under the 2017 HRP—including following up on pledges announced at the Oslo conference in February 2017.

II. FOCUS AREAS AND PRIORITIZATION

The strategic objective of the CERF request was to support partners to bridge the gap between limited resources available for the urgent life-saving response and the donor contributions and pledges expected, as identified during the Oslo conference in February 2017. This was to ensure continuation of the critical response over a period of up to three months for life-saving sectors including WASH, health and nutrition and up to six months for the establishment of three humanitarian hubs to enable humanitarian personnel to have a permanent presence in otherwise insecure, hard-to-reach locations where the needs are greatest. A multi-sectoral approach was utilized to underpin an integrated response to life-saving needs in the most affected state of Borno, including in the following seven (7) locations: Kakuwa, Kalabalge (Rann), Bama, Ngala, Dikwa, Mobbar and Damboa.

The CERF strategy aligned with the first two strategic objectives of the 2017 HRP, especially in supporting life-saving activities and alleviate suffering through integrated and coordinated humanitarian response focusing on the most vulnerable people and enhancing access to humanitarian assistance and protection services through principled humanitarian action.

The focus of the CERF strategy was to complement food assistance through the provision of integrated life-saving WASH, health and nutrition interventions focused on newly arrived IDPs and returnees in the same areas facing famine conditions. The provision of food assistance was considerably scaled up, with new donor support to international partners especially WFP and with a government in-kind food assistance operation whereby some 48 metric tons of (food) were distributed in these locations and elsewhere in the north-east states.

III. CERF PROCESS

The HC convened a special meeting on 20 April that considered the need to submit the CERF rapid response request following feedback from the field on emerging new trends and needs. Following this decision, the HCT tasked the inter- sector working group (ISWG) to

come up with the main areas of focus upon which to seek CERF funding request. As a result of these consultations, in May 2017, the ISWG gave feedback to the HCT suggesting that the CERF proposal should focus on the enabling services (hubs) and logistics to establish a permanent presence for humanitarians to access populations in need. This was deemed of utmost priority to reach people displaced due to the insurgency and counter insurgency, especially as the military released areas from the control of the Boko Haram. As people emerged from formerly held Boko Haram locations, mainly into major towns that had been secured, many were in serious condition, suffering from food and nutrition insecurity, malnutrition and the lack of basic services for extended periods. The ISWG also suggested that protection alongside health, WASH and nutrition be given priority in the CERF request. The sectors reached this decision following analysis of current funding levels to ongoing projects under the 2017 HRP, new assessments in the newly accessible areas of Borno state after consultations with the affected people and the state level government officials.

Following further consultations and meetings of the ISWG and Operational humanitarian Country Team in early May, the HCT adopted the approach proposed by the sectors to formulate a CERF strategy that would address emerging protection concerns due to new displacements, especially to address these new IDPs needs, with an emphasis on the dire consequences of food insecurity and the need for famine prevention. The HCT decided to focus on LGAs that were identified as facing serious food insecurity based on most recent assessments, but also suffering from the sudden trend of Nigerian refugees returning from Cameroon—with nowhere to go and hence joining these IDP communities and host communities. The HCT decided to request CERF funding for a more robust response to these needs, adding a multi-sectoral complementary response to the food interventions through WASH, health and nutrition. Enabling services for common security and logistics through the humanitarian hubs in the identified areas was also considered as a key component of this request.

The sectors then considered other factors like access constraints, levels of funding and other ongoing interventions. Capacity of partners on the ground and projection of future funding was also considered. Based on these considerations, the HC on behalf of the HCT submitted the first concept note to the CERF secretariat in May for $20 million. After review by the ERC, the HC received feedback requesting a more strategic focus both in terms of sector interventions and locations to be served. The ERC also issued guidance, emphasizing famine prevention to be inclusive of food, nutrition, WASH and health, with the possibility of enabling activities. Further, it was recommended that the envelope of $20 million was high and further consideration was needed on where to prioritize and reduce.

The HC consulted with the ISWG and HCT on the feedback from the ERC and considered complementary funding from the Nigeria Humanitarian Fund whose first standard allocation covered other sectors like protection that were previously considered under the original concept note. Consequently, the HC in consultation with the HCT members decided to remove the protection component of the CERF request and reduced the portion of the grant for enabling services as these elements had been partially funded by the NHF standard allocation. Further, the three remaining sectors were requested to reduce significantly including WASH, nutrition and health. This was formally communicated in the HCT and adopted in the HCT meeting of 28th June.

Based on the above guidance from the HCT, the sector co-leads met in Maiduguri on 4 July to review the strategy and focus on fewer locations of high needs. This fed into the revised concept note which was submitted on 17 July and finally approved by the ERC leading to the submission of the proposal.

The following week, the sector co-leads met to review the strategy and focus on fewer locations of high needs and were requested to submit inputs to a revised concept note the following week. The revised concept note was submitted on Monday, 17 July and the CERF secretariat requested the submission of the proposals by 26 July.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]			
Total number of individuals affected by the crisis: 1.7million persons			
Cluster/Sector	**Female**	**Male**	**Total**

	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Common Logistics	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Common Telecommunications	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Health	473,584	445,964	**919,548**	310,179	255,819	**565,998**	783,763	701,783	**1,485,546**
Nutrition	15,694	35,000	**50,694**	16,334	0	**16,334**	32,028	35,000	**67,028**
Safety and Security of Staff and Operations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Water, Sanitation and Hygiene	24,240	19,050	**43,290**	20,650	16,220	**36,870**	44,890	35,270	**80,160**

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

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	513,518	500,014	1,013,532
Male	347,163	272,039	619,202
Total individuals (Female and male)	**860,681**	**772,053**	**1,632,734**

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

CERF RESULTS

Water, Sanitation and Hygiene (UNICEF): The CERF funding reached 55,300 beneficiaries in host communities and informal camps in three of the LGAs affected by cholera outbreak (MMC, Jere, Monguno LGAs). Approximately 50 per cent of the population in these informal camps and host communities are IDPs. Thus, the actual total number of IDPs reached were 44,850 (17,200 in formal camps and 27,650 in informal camps and host communities) against a planned 34,470; and the actual host community population reached was 27,650 against a planned 34,470. Total IDP and host population reached being 72,500 against a planned population of 68,940.

In camps affected by cholera in MMC and Jere LGAs, there is a phenomenon of "day residency" in the formal camps and "night residency" in other areas (host communities) whereby number of IDPs fluctuate between morning and night. It was difficult to estimate the actual number of such other people reached by the project. With the estimated reach of 7,660 other people, the total number reached is thus estimated at 80,160 against a planned 76,600.

About 80,160 conflict-affected people (19,050 women, 24,240 girls, 16,220 men, 20,650 boys) accessed in 5 LGAs (Kala/Balge, Mobbar, Ngala, Bama and Gwoza) of Borno state were provided with life-saving humanitarian WASH services to reduce the risk of contracting WASH-related diseases.

UNICEF activated a long-term agreement with Geo-Amal Investment Nigeria Limited for trucking of safe water targeting various locations of need across Borno State. UNICEF received other resources for water trucking (including UK Aid/DFID reprogrammed funds targeting cholera response) and, through sector coordination, leveraged additional support for water trucking from other humanitarian actors. To avoid duplication of efforts, UNICEF's response in water trucking continued to utilize the other grants and applied the CERF funds to leverage more resources for permanent water supply solutions from RUWASSA for 22 hand pumps for CMAM centres, and 11 middle and upper aquifer boreholes in cholera affected host communities in MMC and Jere.

The CERF support helped to complete the targeted 9 motorized boreholes reaching 50,400 beneficiaries in camps and host communities in Bama GSSS IDP camp, Banki IDP camp, Mobar LGA host communities (Mohammed Primary School and Fulatari1), and Gwoza (Hausari and Gwoza Wakane). The project rehabilitated 4 boreholes reaching 11,200 beneficiaries and the drilling of 10 new hand pumps to serve 5,000 beneficiaries. Continuous assessment indicated the need for rehabilitation of 1 borehole but a growing need for hand pumps in CMAM centres near camps and in host communities.
The project planned to rehabilitate 4 boreholes reaching 11,200 beneficiaries and the drilling of 10 new hand pumps to serve 5,000 beneficiaries. Further assessment indicated the need for rehabilitation of 1 borehole but a growing need for hand pumps in CMAM centres near camps and in host communities. The project has completed 7 of the 10 hand pumps serving 3,500 people (target 10 hand pumps to reach 5,000 beneficiaries), and leveraged contribution (35 % of cost for additional water facilities) from a State Government Agency. In this regard, from the State Government Agency (Borno Rural Water and Sanitation Agency, RUWASA) contributed 35% of the cost for 22 hand pumps targeting 11,000 beneficiaries and 30 CMAM centres in need of water sources in Biu, Hawul, Askira Uba, Bayo, Kwaya Kusar and Chibok; and 11 middle aquifer boreholes, (6 middle aquifer solar powered boreholes and 5 upper aquifer solar powered boreholes) targeting to serve an additional 64,100 beneficiaries in cholera affected and cholera risk informal camps and host communities.

The project exceeded the CERF funds planned targets for latrines and bath shelters of 350 latrines and 150 bath shelters being used by 17,600 beneficiaries in IDP camps in Bama GSSS camp, Gwoza, Ngala and Monguno. The number of sanitation facilities provided by the project in camps reached 643 latrines (184% of target) and 422 bath shelters (281% of target). The project included 26 shared household latrines for 124 households and a cholera affected population of 600 in Guzamala.

Nutrition (UNICEF): With the CERF Funds, UNICEF supported the Nigerian Ministry of Health (MOH) through the Borno State Primary Health Care Development Agency (SPHCDA) to establish and maintain functionality of 19 fixed and 49 mobile integrated nutrition sites in LGAs of the newly accessible areas of Borno State. This action required the direct support from UNICEF, in the recruitment, training and deployment of staffs for these sites; as well as ensuring the availability of tools, materials, therapeutic food and routine OTP drugs.

UNICEF also supported the SPHCDA and coordinated with a local NGO, Ekklesiyar Yan'uwa a Nigeria (EYN) for the setup of appropriate community structures including the recruitment of 201 community nutrition mobilizers responsible for general mobilisation for community-based management of acute malnutrition (CMAM) activities,(by the monthly screening of all children 6-59 months for malnutrition, referral of identified malnourished cases, follow up to ensure they receive complete treatment and tracing of defaulters)., Community nutrition mobilizers also supported with dissemination of key IYCF messages as well distribution of micronutrient powders for the targeted age groups. Through these structures; 41,561 caregivers of children 0-23 months received vital IYCF messages whilst 10,122 children 6-23 months received micronutrient powder for the prevention of malnutrition in Bama, Gwoza, Mobbar and Kala/Balge LGAs of Borno State.

The supply chain was efficiently maintained by UNICEF to ensure a constant flow of life-saving therapeutic commodities including Ready-to-Use-Therapeutic Food RUTF, Micronutrient Powders MNP and routine drugs.

Integration with WASH sector was ensured through the coordinated mapping of Nutrition sites so that adequate WASH facilities were available in them, handwashing sensitization effectively done and dignity/hygiene kits distributed to mothers of children suffering from SAM. Identification of children missing on one or more of the routine childhood vaccines and subsequent referral for attention was also done from nutrition sites as a form of integration with Health.

Health: ***Output 1:*** With the support from the CERF funding, a total of 578,115 IDPs were reached with improved curative and preventive emergency integrated primary health care services, coverage of about 150% of the target.

About (17,481 (44%) of children aged under 5 years were vaccinated against measles. A total of 2,398 deliveries (26% of target) were conducted by skilled health workers in IDP camp clinics in the selected LGAs. The coverage for the above two indicators were lower than the targets because of insecurity in the targeted locations as most of the communities were just liberated from the terrorists and most community members that had been expected to move back did not. Even those available in the community were afraid to come to the health facilities to access services. Also, health services were available for limited number of working hours during the day, and there was restricted movement in the night

About 186 IEHKs- medicines and equipment were procured and distributed to camp clinics in supported LGAs to improve quality of care in the clinics. Other essential emergency drugs not contained in the IEHKs were also procured and distributed. These medicines and commodities ensured continuous availability of essential supplies during project implementation.

Output 2: Improved quality of health care services deliveries in the camp clinics of the project selected LGAs

A total of 42 Health workers were recruited and deployed to the IDP camp clinics in the selected LGAs. At least one medical doctor and two nurse/midwives have been recruited and deployed to various selected LGAs. These staff were deployed to enhance to ensure skilled service delivery to the IDPs. They provide the basic minimum care expected in emergency, these include; ANC, Delivery, PNC, Curative services for common and minor ailments, Immunization services for children and pregnant women, drug management and referral services.

120 health workers from various supported IDP camp clinics and health facilities in host communities which serve IDP were trained on BEMONC and other MNCH service delivery packages to improve quality of care.

Output 3: ***Strengthened LGA Coordination for Emergency PHC service delivery***

UNICEF provided technical support for 6 bi-weekly coordination meetings that brought all partners and stakeholders together to discuss strategies and share ideas that helped in strengthening emergency Primary Health Care (PHC) service delivery in the Borno State. UNICEF staff participated in quarterly Integrated Supportive Supervision (ISS) which enabled timely identification and addressing of gaps in PHC service delivery. The ISS was also a strategy for strengthening the capacity of Borno SPHCDA in integration and coordination of PHC services.

Health (UNFPA): The target for number of people for essential services was achieved, particularly referrals for skilled birth attendance and emergency obstetric care. The CERF funding triggered additional resource mobilization efforts to sustain the services in the project locations.

Health (WHO): Through the funding from CERF, 9 mobile health teams deployed across seven LGAs of Borno state (Bama, Dikwa, Gwoza, Kala-Balge, Kukawa, Mobbar and Ngala) provided essential health services to the targeted population. This included treatment of 61,823 people living in areas with limited access to health services for common ailments. Another 44,160 under-five children in the catchment areas were treated for pneumonia (14%), diarrhoea (55%) and malaria (31%) by Community Oriented Resource Persons (CORPs). The Mobile Health Team (MHT) gave a total of 146,002 different antigens to protect them from vaccine preventable diseases. The MHT screened 68,907 children for malnutrition, out of which 6.5% were found to have severe acute malnutrition and were consequently promptly referred to nearest outpatient therapeutic programs (OTP). Pregnant women were provided with antenatal care and the total number of encounters for ANC during the reporting period was 42,320.

With the aim of strengthening the referral linkage between the community based services of MHT and CORPs and the nearby health facilities, WHO provided 200 inter- agency health kits to health facilities in 7 LGAs (Bama, Dikwa, Gwoza, Kala-Balge, Kukawa, Mobbar and Ngala). These kits are expected to treat around 200,000 patients.

WHO in collaboration with the Federal Neuropsychiatry Hospital (FNH) provided specialized mental health care service at PHCs of the selected LGAs where a total of 5,215 patients were treated. This was possible as a result of planned actions implemented in collaboration with FNH. The achievements of this collaborative effort are:

- Training of 64 PHC staff on mhGAP. This is slightly less than the planned 70 because some of the PHCs do not have qualified health workers for the training

- A total of 393 outreach sessions to PHCs were conducted by mental health specialists from FNH through the projects financial and logistic support. The adequate number and motivation of the supervisors contributed to a greater achievement than was planned
- A total of 5,215 patients were treated at the mental health outreach sessions conducted in 36 PHC facilities. The number of patients seen at the outreach sessions is less than the planned because of the very high target.
- Patients requiring referral (576) and inpatient care (91) were treated at Federal Neuropsychiatry hospital in Maiduguri (FNPH). WHO through CERF provided financial and logistic support for referral and in-patient care of mental health patients.

Telecommunications (WFP): With the support of the CERF funds, the ETS was able to procure and install the required security telecommunications and internet connectivity equipment to be deployed in 3 hubs. The CERF contribution enabled the installation of telecommunications equipment and provision of vital communications services in three humanitarian hubs, namely Banki, Dikwa and Monguno. These locations were identified as a priority by the HCT after evaluating the humanitarian needs on the ground. Humanitarians in these locations were able to use the security telecommunications services provided by the ETS when carrying missions in the field, enhancing their safety and security. In addition, the ETS internet services contribute towards a quicker response as humanitarians are able to carry their jobs in a more efficient manner, ultimately saving more lives. As of reporting time, ETS Internet services are being used by 50 humanitarians on a daily basis in Dikwa and by 15 humanitarians in Monguno.

UNDSS:
Common Safety and Security: CERF funding was used to scale up the UNDSS effort as a result of the humanitarian situation and trained 104 staff members on Security Awareness in Maiduguri. There were 18 timely operational security missions to humanitarian organizations, and a total of 203 daily situation reports to ensure situational awareness and effective operational planning through provisions of security reports (daily, weekly, alerts). 104 Staff members were trained on security awareness and partners were updated about the security situation in areas where activities are ongoing and/or planned. Staff conducted security briefings as required.
IOM: Common Logistics:
With funds from CERF, facilities at the Maiduguri Base Camp were upgraded. The safe room was expanded, windows and doors of the UN clinic as well as of the ground floor of the main building at the humanitarian base camp were reinforced as apart of additional security and sustainability measures.

Improvements were also undertaken for hubs in the deep field: tented accommodation, office space, meeting room and dining facilities in the humanitarian hubs in Bama, Gwoza, Ngala, and Dikwa were replaced with concrete structures based on lessons learned from last year's rainy season. Additional blocks of toilet and shower both for the guests and security guards were also constructed in the aforementioned hubs. A borehole was drilled for the Gwoza humanitarian hub, in view of the limited availability of safe water. In Bama, Dikwa, and Ngala hydrological surveys brought forth the availability of other water solutions, therefore funds were not utilized to drill boreholes in these locations.

The field hub in Banki was completed under this project as planned, however, the hub is not fully operational, as a result of military restrictions prohibiting overnight stays until the completion of the defensive trench around the town. The operationalization of the Damasak hub has also been delayed pending the construction of a security bunker to allow for the required security clearance to enable humanitarians to use the hub. Construction activities for the bunker were not completed on time as the location for the bunker was changed when the soil composition at the original location was not deemed suitable, and additional security measures were considered to allow for MSU staff to also access the hub.

Finally, a total of 30 humanitarian hub staff were trained on humanitarian hubs set-up, management and maintenance with CERF funding.

CERF's ADDED VALUE

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

:
Health (WHO): Deployment of the mobile health teams in hard to reach areas with limited access to health services helped in the timely detection of, and response to disease of epidemic potential such as measles, cholera, hepatitis E enhancing WHO's role as

health sector lead in control of outbreaks. In addition, the mobile health teams provided the flexibility to address unmet health needs in areas with sudden population movement.

Telecommunications (WFP): CERF funds contributed to the deployment of vital communications services by the ETS in three common operational areas in Borno state. The provision of these services as part of the humanitarian hubs project increased the presence of humanitarians in field locations, closer to the beneficiaries. In addition, these services allowed humanitarians to carry out their activities in a safer, quicker and more efficient way, ultimately saving more lives.

The funds provided by CERF to the ETS enabled a timely deployment of vital communications services in highly volatile areas in North-East Nigeria, where humanitarian are exposed to continuous threats in their daily jobs.

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

YES ☐ PARTIALLY ☒ NO ☐

CERF funds were instrumental in supporting humanitarian actors to reach beneficiaries, especially in hard to reach location. The conversion of tented facilities to more sustainable solutions will allow humanitarian to utilize the hubs in Ngala, Gwoza, Bama and Dikwa during and after the rainy season (in 2017, tents were severely damaged during this period). Additionally, with the overall improvement of accommodation and office facilities, humanitarians are better supported in daily operations in the field.

Specifically, CERF's contributions to humanitarian hub project has enabled greater engagement with affected populations and response to emerging and varying humanitarian needs. By supporting a sustained humanitarian presence, and by providing opportunities for enhanced communication between deep field locations and main offices, information flow and coordination between humanitarian partners and within humanitarian organizations has greatly improved. The humanitarian hubs provide neutral spaces for coordination meetings, learning opportunities and trainings, allowing for the humanitarian response to continuously build the capacity of humanitarian partners, including local counterparts.

For the time being, humanitarians based outside of the deep filed are responding to needs through day missions. Understanding the security and access risks, and the need to mitigate these for the effective running of the hubs, humanitarians anticipate that the two hubs will be critical in bolstering coordination, monitoring and humanitarian reach in the coming months. Humanitarian leadership support has been especially important in negotiating with security agencies to support the finalization of security requirements to allow humanitarians to access the hub.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

Health (WHO): The CERF grant filled a critical gap in the humanitarian health response by availing essential health services including missing component of mental health and psychosocial support, as well as specialized mental health care. For most of the targeted communities, services provided by MHT and CORPs are the only easily accessible care. The mental health outreach helped conflict affected populations in the targeted LGAs to access specialized mental health care in the nearby PHC facility.

Telecommunication (WFP): In volatile contexts, reliable communications services for humanitarians are paramount to guarantee a safer and coordinated response. Due to the conflict in North-East Nigeria, communications infrastructure has been severely damaged and communications services are not available or limited in identified common operational areas. The provision of security telecommunications and Internet connectivity services by the ETS to humanitarians in North-East Nigeria is overcoming this challenge.

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

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

WHO:
Health: Lessons learnt and evidence generated from this short term intervention is being used to mobilize resources that will help to address the immediate health service gaps and introduce measures that will assist in strengthening health care delivery.

UNICEF: CERF funds helped leveraging of resources from the State Government Agency RUWASA to increase the response for population in need of water facilities (22 hand pumps targeting 11,000 beneficiaries and 30 CMAM centres in Biu, Hawul, Askira Uba, Bayo, Kwaya Kusar and Chibok; and 11 middle aquifer boreholes, (6 middle aquifer solar powered boreholes and 5 upper aquifer solar powered boreholes) targeting to serve an additional 64,100 beneficiaries in cholera affected and cholera risk informal camps and host communities).

IOM: With the improvements conducted for the field hubs in Gwoza, Bama, Dikwa and Ngala, and once the Banki and Damasak hubs are operationalized, CERF funds are helping to: ensure timely coordination, collaboration, complementarity and effectiveness of preparedness and response interventions; sustain multi-sector, concentrated humanitarian presence in remote and hard to reach conflict-affected areas; and provide critical security support and coordination needed to facilitate the ongoing and expanding humanitarian programmes by ensuring that all compounds meet required MORSS standards as well as evacuation requirements.

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

Health (WHO): The implementation of the project using CERF funds improved coordination mechanisms, bringing together UN agencies, international NGOs partners, state authorities and other stakeholders involved in the health response through regular meetings and information sharing process at the health sector coordination forum. The disease surveillance data was shared with authorities, health and WASH partners for timely response to outbreaks. This ensured that the humanitarian assistance was provided in a coordinated way, thus avoiding overlaps and duplication of assistance in targeted LGAs. To site example, the mental health outreach service was implemented in coordination with Mental Health and Psychosocial Support (MHPSS) sub working group, increasing the complementary of the efforts of the actors in the group.

Telecommunications (WFP): CERF funds allocated to the ETS allowed the deployment of vital communications services for humanitarians in three locations in Borno State. The provision of these services enabled a more coordinated humanitarian c response through a faster decision-making and a safer intervention on the ground.

IOM: CERF funds supported construction activities for two humanitarian hubs in the second phase of the overall hub project, and allowed for significant upgrades for the four hubs constructed under phase one of the project. These achievements helped mobilize resources from other sources to help fund the project moving forward, including the maintenance of these critical facilities.

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

IOM: The humanitarian hub project has supported enhanced local level coordination and facilitated greater coordination between Maiduguri and deep field level counterparts by providing communication and office spaces for reporting, consultations and strengthened management. Inter-sectoral coordination, as well as monitoring activities are also facilitated and enhanced through the provision of these facilities in hard to reach areas

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Capacity update and mentoring sessions are important to ensure sustainability and	Need for continuous mentoring sessions for agency focal points on CERF process and procedure to	CERF Secretariat

application of knowledge for requesting funds, implementation and reporting.	sustain capacity.	
The fluid security situation and the fast tempo of humanitarian operations make it challenging to adequately support the UN and INGO humnaitarian community. This often requires additional security personnel to be deployed on surge from other duty stations. Consideration should be given to the allocation of funds to be utilised for deploying additional security personnel on surge.	CERF should consider including funds for additional surge security personnel in all cycles in accordance with the pace of anticipated humanitarian operations	CERF

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
WHO had a standard package health services for mobile health teams that made the planning and monitoring of the health interventions more objective. Despite the apparent gap in mental health services, the demand for mental health care was relatively lower than what was expected because of limited awareness about mental health.	A more comprehensive approach that includes development of a strategic framework on mental health should guide future mental health services in north-east Nigeria.	WHO
The security situation is too challenging for construction contractors to mobilize and keep on site for the desired period their best qualified and experienced personnel because of security concerns. However, providing the senior personnel access to travel by UNHAS Heli missions and other humanitarian hubs reduces the impact of this constraint by enabling more frequent and easier mission of such personnel to the construction sites.	Use of the humanitarian hubs by consultants to humanitarian agencies increased the contact time for quality monitoring and supervision.	UNICEF
Prequalification of contractors used by IPs enabled more rapid deployment of work teams to the field.	A shortened period for Request for Quotations can be effected.	UNICEF
The challenging and fluid security situation in the North –East and the imperative to deliver humanitarian programmes often put programme delivery and securiy operations in conflict. Recommended security measures are often seen as unecessarily risk averse and restrictive of humanitarian delivery. A part of this conflict can be resolved by detailed coordination between individual humanitaria agencies and UNDSS to enhance the understanding of programme requirements and imperatives and a more flexible apprach to security operations.	Humanitarian agencies encouraged to coordinate closely with UNDSS on their respective programme requirements to enahnce tailoring of security risk management measures	UNDSS/AFPs
Timely inter-agency decision making is critical	Strengthen and prioritize timely inter-agency	Humanitarian Country

to support projects based on coordination systems, such as the HCT and SMT.	decision making on issues that have direct impacts on project implementation processes, such as the humanitarian hub project	Team (HCT)
Consistent security requirements are needed, specific to the establishment of humanitarian hubs, to support timely finalization of hubs in line with security regulations	Finalize security requirements for the humanitarian hubs in a timely manner, to avoid situations where added security regulations incosistently evolve and improvements to facilities are needed on a continous basis	Security Management Team (SMT)

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	**5. CERF grant period:**	08/08/2017 - 07/02/2018
2. CERF project code:	17-RR-CEF-074	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	Integrated Life-saving WASH Services focusing on the newly arrived IDPs and returnees		

7.Funding				
a. Total funding requirements[2]:	US$ 19,137,663	d. CERF funds forwarded to implementing partners:	
b. Total funding received[3]:	US$ 6,413,503[4]	▪ *NGO partners and Red Cross/Crescent:*	US$ 5,541
c. Amount received from CERF:	US$ 2,000,001	▪ *Government Partners:*	US$ 938,928

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	22,800	19,000	41,800	24,240	20,650	44,890
Adults (≥ 18)	18,240	15,960	34,200	19,050	16,220	35,270
Total	**41,040**	**34,960**	**76,000**	**43,290**	**36,870**	**80,160**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs	34,470	44,850
Host population	34,470	27,650
Other affected people	7,660	7,660

[2] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[3] This should include both funding received from CERF and from other donors.
[4] Total UNICEF WiE funds utilized is 14,001,218. This includes RR + Emergency Programme funds + Thematic funds + Funds from External donors (including CERF) US$6,413,503

Total (same as in 8a)	76,600	80,160
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The project reached 55,300 beneficiaries in host communities and informal camps in three of the LGAs affected by cholera outbreak (MMC, Jere, Monguno LGAs). Approximately 50 per cent of the population in these informal camps and host communities are IDPs. Thus, the actual total number of IDPs reached were 44,850 (17,200 in formal camps and 27,650 in informal camps and host communities) against a planned 34,470; and the actual host community population reached was 27,650 against a planned 34,470. Total IDP and host population reached being 72,500 against a planned population of 68,940. In camps affected by cholera in MMC and Jere LGAs, there is a phenomenon of "day residency" in the formal camps and "night residency" in other areas (host communities) whereby number of IDPs fluctuate between morning and night. It was difficult to estimate the actual number of such other people reached by the project The total number reached is thus estimated at 80,160 against a planned 76,600.	

CERF Result Framework			
9. Project objective	To provide rapid response Humanitarian WASH services to IDPs and returnees in LGAs of return		
10. Outcome statement	80,160 conflict-affected people (19,050 women, 24,240 girls, 16,220 men , 20,650 boys) accessed in 5 LGAs of Borno state are provided with lifesaving humanitarian WASH services to reduce the risk of contracting WASH-related diseases.		
11. Outputs			
Output 1	10,000 IDPs and returnees in screening camps, temporary shelters, and other transit areas have access to safe drinking water		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Volume of water (cubic metres) delivered to beneficiaries	10,100	10,100[5]
Indicator 1.2	Number of beneficiaries having access to trucked water	10,000	10,000 [6]
Indicator 1.3	% of continuous and timely assessment and monitoring of needs	100%	100%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Activate LTA for water trucking	UNICEF and	UNICEF; Geo Amal; other partners

[5] Additional support for water trucking was leveraged from other partners/grants for the immediate life saving operation. This provided additional capacity for UNICEF to provided storage and distribution facilities for the trucked water and develop additional sources of water for the population at risk: two solar boreholes providing at east 96,000 litres to more than 16,000 people at risk..

[6] With the additional support for water trucking leveraged from other partners/grants for the immediate life saving operation, the total number of people reached increased to more than 16,000.

		LTA contractor	
Activity 1.2	Deliver treated water by trucking	LTA contractor	Geo Amal Investments Nigeria Ltd
Activity 1.3	Continuous monitoring and assessment of needs	UNICEF and shelter partners; IOM; ICRC; SEMA	WASH Sector partners and Shelter partners
Output 2	66,600 vulnerable persons in IDP camps and host communities access safe drinking water in camps and host communities		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of new motorized (solar) boreholes drilled, installed and in use by 50,400 beneficiaries	9	20 (see section 12)
Indicator 2.2	Number of hand pump equipped boreholes drilled, installed and in use by 5,000 beneficiaries	10	32 (see section 12)
Indicator 2.3	Number of motorized (solar) boreholes rehabilitated and in use by 11,200 beneficiaries	4	1 in Sinali London (see section 12)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Confirm optimum locations of new or rehabilitated water facilities	RUWASA and Camp management	RUWASSA, Camp management
Activity 2.2	Mobilize IP and beneficiaries for borehole drilling and installation	RUWASA and Camp Management	RUWASSA, Camp management
Activity 2.3	Drill and install motorized boreholes (solar)	RUWASA (4); Contractor (5)	RUWASSA (15), Contractors (IMRAD Projects) 4 (See Section 12)
Activity 2.1	Drill and equip hand pump boreholes	RUWASA (5); contractor (5)	RUWASSA 30 Contractor 0 (See Section 12)
Activity 2.2	Rehabilitate solar boreholes	RUWASA (4)	RUWASSA 1 (See Section 12)
Activity 2.3	Monitor performance of the facilities	UNICEF, RUWASA and Camp management	UNICEF; RUWASSA; Camp Management
Output 3	17,500 vulnerable displaced persons and returnees in IDP camps and host communities have access to clean and functional toilets and bath facilities		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of toilets constructed and in use by 17,500 beneficiaries	350	645 (see Section 12)
Indicator 3.2	Number of bath shelter constructed	175	422 (see Section 12

	and in use by 17,500 beneficiaries		
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Select agreed sites for toilet facilities and bath shelters	RUWASA; camp management	RUWASSA, Camp Management
Activity 3.2	Request for quotations from prequalified RUWASA affiliated contractors	RUWASA	RUWASA and affiliated contractors
Activity 3.3	Awards contracts and mobilize contractor	UNICEF and RUWASA	UNICEF and RUWASA
Activity 3.4	Excavate and line latrine pits	RUWASA; Contractor	RUWASA and 3 Contractors (Meederlar; A.M. Batami and Yelima Ventures)
Activity 3.5	Construct superstructure and commission for use	RUWASA; Contractor and UNICEF	RUWASA and 3 Contractors (Meederlar; A.M. Batami and Yelima Ventures) and UNICEF
Activity 3.6	Monitor performance of the facilities	UNICEF, RUWASA and Camp management	UNICEF, RUWASA and Camp Management
Output 4	45,000 vulnerable displaced persons and returnees in IDP camps and host communities have access to clean toilet facilities; safe drinking water and clean living environment		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Number and proportion of latrines having handwashing facilities with water and soap or proxy, which are used	350; 100%	643; 184%
Indicator 4.2	Number and proportion of water facilities testing free residual chlorine within acceptable range every day	23 ; 100%	23; 100%
Indicator 4.3	Number of beneficiaries always using a latrine for all excreta disposal	45,000	45,000
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Select and train Hygiene Promotors	RUWASA and camp management	RUWASSA and Camp Management
Activity 4.2	Reprinting of IEC Materials - Hygiene Education	RUWASA and contractors	RUWASSA, and Contractors
Activity 4.3	Conduct Hygiene Promotion Session including distribution of IEC materials and provision of latrine cleaning tools and supplies	RUWASA and Contractors	RUWASSA and Contractors
Activity 4.4	Train water chlorinators and provide equipment for testing Residual Free Chlorine	RUWASA	RUWASSA

Activity 4.5	Procurement of calcium hypochlorite 65-70%	UNICEF	UNICEF
Activity 4.6	Distribution of calcium hypochlorite 65-70%	UNICEF, RUWASA	UNICEF and RUWASSA
Activity 4.7	Monitoring performance of Hygiene Promotors and hygiene behaviour practices of the beneficiary community	Camp management, UNICEF and WASH partners in LGA	Camp Management; UNICEF, LGA WASH partners
Output 5	63,000 vulnerable IDPs and returnees receive Immediate Response and Dignity Kits within the first week of arrival		
Output 5 Indicators	**Description**	**Target**	**Reached**
Indicator 5.1	Number of beneficiary households or individuals who receive who use the immediate response and dignity kits	12,400 households; 63,000 individuals	12,400 63,000 individuals
Indicator 5.2	Number and proportion of households of vulnerable IDPs and returnees that received NFIs within 7 days of arrival	12,400 households; 100%	12,400 100%
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	Procure NFIs (Immediate Response Kits and dignity Kits)	UNICEF	UNICEF
Activity 5.2	Transport NFIs to Maiduguri	UNICEF Contractor	UNICEF Contractors
Activity 5.3	Distribute NFIs	RUWASA; NGO partner	RUWASSA; IOM (NGO Partner)
Activity 5.4	Monitor use and performance of Immediate Response Kits and dignity kits	Camp management, RUWASA, CIDAR and UNICEF	Camp Management; RUWASSA; 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:
Output 1: After the proposal to CERF, UNICEF received other resources for water trucking (including UK Aid/DFID reprogrammed funds targeting cholera response) and, through sector coordination, leveraged additional support for water trucking from other humanitarian actors. UNICEF activated a long-term agreement with Geo-Amal Investment Nigeria Limited for trucking of safe water targeting various locations of need across Borno State. The water storage and distribution infrastructure was installed by RUWASA (a State Government Agency for Rural Water and Sanitation). The aadditional support for water trucking, which was coordinated with the CERF support, provided additional capacity for UNICEF to provided storage and distribution facilities for the trucked water and develop additional sources of water for the population at risk: two solar boreholes providing at least 96,000 litres to more than 16,000 people at risk. The additional resources were coordinated with the CERF support. This provided opportunity for scaling up leveraging of resources from State Government for permanent water supply solutions from RUWASSA for 22 hand pumps for CMAM centres, and 11 middle and upper aquifer boreholes in cholera affected host communities in MMC and Jere.

Output 2: The project completed the targeted 9 motorized boreholes reaching 50,400 beneficiaries in camps and host communities in Bama GSSS IDP camp, Banki IDP camp, Mobar LGA host communities (Mohammed Primary School and Fulatari1), and Gwoza (Hausari and Gwoza Wakane). The project targeted 4 rehabilitated boreholes reaching 11,200 beneficiaries and the drilling of 10 new hand pumps to serve 5,000 beneficiaries. Continuous assessment indicated the need for rehabilitation of 1 borehole but a growing need for hand pumps in CMAM centres near camps and in host communities. The project has completed 7 of the 10 hand pumps serving 3,500 people (target 10 hand pumps to reach 5,000 beneficiaries). As stated above, additional 22 hand pumps targeting 11,000 beneficiaries and 30 CMAM centres in need of water sources in Biu, Hawul, Askira Uba, Bayo, Kwaya Kusar and Chibok; and 11 middle aquifer boreholes, (6 middle aquifer solar powered boreholes and 5 upper aquifer solar powered boreholes) targeting to serve an additional 64,100 beneficiaries in cholera affected and cholera risk informal camps and host communities, were added through leveraging resources from Government (RUWASA).

Output 3: The project exceeded the targets for 350 latrines and 150 bath shelters being used by 17,600 beneficiaries in IDP camps in Bama GSSS camp, Gwoza, Ngala and Monguno. The number of sanitation facilities provided by the project in camps reached 643 latrines (184% of target) and 422 bath shelters (281% of target). The project included 26 shared household latrines for 124 households and a cholera affected population of 600 in Guzamala. Contractors affiliated to RUWASA were selected by competitive bidding and the project enforced payment for completed works based on achievement measured against the Bill of Quantities. This meant that contractors were paid according to actual achievement and not based on the contract sum. For various reasons, the average depths of the latrines in some locations such as Bama GSSSS camp was less than the estimated average depth, hence there were savings on this item and related items (such as pit lining). The savings were used for more latrines.

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

During the project design and planning phase, the camp outlays designed by the Shelter – sector were based on needs assessments conducted with the authorities. However, allocation of shelters was discussed with the hierarchy of leadership among the vulnerable displaced communities in accordance with their social structures. The outcome was that IDPs in host communities maintained preference of acquiring shelter close to each other per their ethnicity and indigenous LGAs of origin. This preference guided the allocation of communities to facilities to minimize the risk of conflicts based on intrinsic categorization of the vulnerable community.

During the project implementation phase, opportunities for paid community labour were communicated to the hierarchy of leadership among the vulnerable communities to ensure equitable access to such opportunities for all possible categories of the vulnerable communities. The community leadership advised the project the most appropriate mix of recruitment of incentivized volunteers for hygiene promotion, environmental sanitation and other roles played by the community. Consultation with the leadership and interest groups within the vulnerable community with special efforts of conducting focus group discussion with mothers, other care givers and other women ensure inclusion of the most vulnerable segments of the displaced population.

The community leadership were active participants in the project monitoring, ensuring that the project benefits the target community, meeting their preferences that are compatible with security and safety of the users of the facilities provided under the project including protection of the environment. The volunteers managing the operation of the facilities took part in collecting information about the level of service and were provided feedback on the quality of the achieved access (quantity of water delivered per person per day; water quality test results) while they also took part in hygiene promotion campaigns. At all stages, complaints from the user community were discussed between the camp management and community leaders. Women and girls expressed concerns about risks of sexual violence or abuse in respect of the relative location of latrine facilities and shelters. In response, the project implemented recommendation from the humanitarian community to change the design of latrines and bath shelters to increase privacy and separation of facilities for the different genders. Additional screens have been introduced with the gender segregated sanitation facilities having combined shower and toilet blocks and their users entering their facilities from different directions. Conflicts are resolved through mediation based on cultural norms and safety and service standards that are necessary to save lives and protect the environment.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐

No Evaluation was planned, however 3 humanitarian performance monitoring reports to Ngala, MMC and Jere are available which also offer some assessments of field and implementing partner monitoring visits	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF WHO	**5. CERF grant period:**	August 2017 – January 2018
2. CERF project code:	17-RR-CEF-075 17-RR-WHO-029	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Nutrition		
4. Project title:	Emergency Life Saving Nutrition Response to 4 of the most affected LGAs of Newly Liberated Areas in Borno State		

7.Funding				
a. Total funding requirements[7]:	US$ 38,754,000	d. CERF funds forwarded to implementing partners:		
b. Total funding received[8]:	US$ 1,900,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 279,713.31	
c. Amount received from CERF:	US$ 1,900,001	▪ *Government Partners:*	US$ 47,695.94	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	15,694	16,334	32,028	15,694	16,334	32,028
Adults (≥ 18)	35,000		35,000	35,000	0	35,000
Total	**50,694**	**16,334**	**67,028**	**50,694**	**16,334**	**67,028**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		

[7] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[8] This should include both funding received from CERF and from other donors.

IDPs	56,974	56,974
Host population		
Other affected people	10,054	10,054
Total (same as in 8a)	**67,028**	**67,028**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A	

CERF Result Framework			
9. Project objective	Provide lifesaving nutrition assistance by increasing awareness and coverage of service managing severe acute malnutrition and infant and young child feeding.		
10. Outcome statement	Vulnerable children and women in LGAs of the newly accessible areas of Borno State have timely and sustained access to quality preventive and rehabilitative nutrition services and support.		
11. Outputs			
Output 1	16,556 severe acute malnourished (SAM) children are provided with lifesaving nutrition assistance		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of children 6-59 month treated for SAM	16,556	19,251
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of 16,556 Cartons of Ready to Use Therapeutic Food	UNICEF	UNICEF
Activity 1.2	Distribution of RUTF to LGAs	UNICEF	UNICEF
Activity 1.3	Establishment of OTP sites	MOH/SPHCDA	UNICEF/MOH/SPHCDA
Activity 1.4	Treatment of severe acute malnutrition	MOH/SPHCDA	UNICEF/MOH/SPHCDA
Output 2	35,000 caregivers of children under 2 years are receiving IYCF counselling		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of care takers of children under 2 years received IYCF counselling	35,000	35,000
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Mother support group formation	MoH/SPHCDA	UNICEF/EYN/MoH/SPHCDA
Activity 2.2	Printing of BCC materials	MoH/SPHCDA	MOH/SPHCDA
Activity 2.3	Training of community nutrition mobilizers (CNM)	MoH/SPHCDA	UNICEF/MoH/SPHCDA
Output 3	16,014 children of 6-23 month are receiving Micronutrient Powder supplementation		

Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of children 6-23 month reached with micronutrient Powder	16,014	16,014
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Delivery of MNP9 to central medical store of Borno state	UNICEF	UNICEF
Activity 3.2	Distribution of MNP to LGAs	MoH/SPHCDA	UNICEF
Activity 3.3	Distribution of MNP to children 6- 23 months	MoH/SPHCDA	UNICEF/EYN/SPHCDA
Output 4	To provide quality lifesaving treatment to SAM children with medical complications in affected LGAs. Provision of life saving treatment to 1,656 SAM girls and boys 0-59 months at the inpatient facilities		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Number of children newly admitted to stabilization center	1,656	512 (30.9%)
Indicator 4.2	Number of children recovered	>75% (>1,242)	92% (340)
Indicator 4.3	Number of children died	<10% (< 166)	4%
Indicator 4.4	Number of children defaulted	<15% (<248)	4.3% (16)
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Procurement of 97 SAM kits for the inpatient facilities	WHO	WHO
Activity 4.2	Distribution of the 97 SAM kits to inpatient facilities	WHO	WHO
Activity 4.3	Treatment of SAM with medical complications	MoH/SPHCDA	MoH/SPHCDA
Output 5	Operational support to the inpatient facilities/SCs		
Output 5 Indicators	**Description**	**Target**	**Reached**
Indicator 5.1	Number of SC staff trained on inpatient management of SAM	75	76
Indicator 5.2	Number of assessments conducted	10	10
Indicator 5.3	Number of supportive supervision and coaching sessions conducted	10	8
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	Technical assistance/training of staff at the inpatient facilities	WHO	WHO
Activity 5.2	Conduct assessments at inpatient facilities	WHO/MoH	WHO/MoH
Activity 5.3	Conduct supportive supervision visits/coaching sessions	WHO/MoH	WHO
Activity 5.4	Develop IEC material for the inpatient facilities	WHO/MoH	WHO

[9] UNICEF has procured sufficient quantity of MNP

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:

WHO: The total number of new admissions for SAM with medical complications reached with the SAM kits procured during the period of project implementation was **2,595**. The total exits are 3,417(i.e. including transfer –in), with recovery rate of 90% and mortality rate of 7%. But only **512** were from the four originally planned LGAs, the Stabilization centre in Mobbar couldn't pick up till the month of the expiry of the award, while the Stabilization centre in Bama (Banki) was set up in the quarter 4 of 2017 even though personnel were trained much earlier including first batch of the kits sent to the clinics treating SAM cases with medical complications. Unlike OTPs which operate only during day time, Stabilization centres require 24 services including 2-3hourly feeding which was a big challenge during the night hours. Also the security situation (e.g. localization of the required expertise, curfew time adherence) in these LGAs didn't favour 24-hour service These were the factors that delayed the setting up of SCs in these locations. Accommodation for staff working only came up later. WHO has however procured the SAM kits and trained personnel from the four LGAs. Therefore, since the support was intended for 10 SCs, the **support was extended to the functional SCs** close to the priority LGAs e.g. Monguno, Dikwa, Maiduguri where some of the displaced persons from these locations reside or can access treatment. .

UNICEF supported the Nigerian Ministry of Health through the Borno State Primary Health Care Development Agency (SPHCDA) to establish and maintain functionality of 19 fixed and 49 mobile integrated nutrition sites in LGAs of the newly accessible areas of Borno State. This action required the direct support from UNICEF, in the recruitment, training and deployment of staffs for these sites; as well as ensuring the availability of tools, materials, therapeutic food and routine OTP drugs.

UNICEF also supported the SPHCDA and coordinated with a local NGO, Ekklesiyar Yan'uwa a Nigeria (EYN) for the setup of appropriate community structures including the recruitment of 201 community nutrition mobilizers responsible for general mobilisation for CMAM activities,(by the monthly screening of all children 6-59 months for malnutrition, referral of identified malnourished cases, follow up to ensure they receive complete treatment and tracing of defaulters). Community nutrition mobilizers also supported with dissemination of key IYCF messages as well distribution of micronutrient powders for the targeted age groups. Through these structures; 35,000 caregivers of children 0-23 months received vital IYCF messages whilst 19,251 children 6-23 months received micronutrient powder for the prevention of malnutrition in Bama, Gwoza, Mobbar and Kala/Balge LGAs of Borno State. In the proposal 5 INGOs submitted request. However, 4 of the INGOs (Action Against Hunger, IMC, IRC and Save the Children) expressed their reluctance to take the funds and ultimately rejected the partnership on various grounds, including already being overstretched and preferring to focus on quality of programming; changes in internal strategies; the relatively small amount of the funds etc. That left only INTERSOS as co-implementer. To facilitate the implementation of community activities in newly accessible areas UNICEF engage a local NGO. The UNICEF procedures for engaging an implementing partner were followed before signing the agreement of the NNGO (EYN). The procedures include, micro-assessment of the partner, as well as the quarterly programme monitoring visits to ensure activities are conducted as agreed and quality of services is maintained to humanitarian standards.

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The supply chain was efficiently maintained by UNICEF to ensure a constant flow of life saving therapeutic commodities including RUTF, MNP and routine drugs.

Integration with WASH sector was ensured through the coordinated mapping of Nutrition sites so that adequate WASH facilities were available in them, handwashing sensitization effectively done and dignity/hygiene kits distributed to mothers of children suffering from SAM. Identification of children missing on one or more of the routine childhood vaccines and subsequent referral for attention was also done from nutrition sites as a form of integration with Health.

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

Throughout the entire project cycle, accountability to affected people was ensured by the following.

I) **Project design and planning:** Traditional and religious leaders were actively engaged during this phase so as to get needs and priorities correct.

II) **Implementation:** Mobilizers recruited for the project were entirely from the communities involved. They provided

	vital services like screening, referral and follow-up of beneficiaries, distribution of MNP and dissemination of key IYCF messages. These activities provided a huge opportunity for interaction with direct beneficiaries with feedbacks that were adequately addressed by UNICEF and SPHCDA. **Monitoring and Evaluation;** As much as possible, joint monitoring involving LGA and community authorities was done. Through the monitoring exercises, emerging challenges were identified and addressed, together with the support of community authorities. An example is the efforts to minimize the issue of multiple registration at different OTPs so that caregivers could receive more than the required ration of RUTF and thus promoting its misuse. Community authorities joined in efforts to sensitize their populace on the intended use of RUTF, the problems arising and possible penalties for its misuse.
III)	**Monitoring and Evaluation;** As much as possible, joint monitoring involving LGA and community authorities was done. Through the monitoring exercises, emerging challenges were identified and addressed, together with the support of community authorities. An example is the efforts to minimize the issue of multiple registration at different OTPs so that caregivers could receive more than the required ration of RUTF and thus promoting its misuse. Community authorities joined in efforts to sensitize their populace on the intended use of RUTF, the problems arising and possible penalties for its misuse

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
Evaluation was conducted and concluded in March 2018. The report is being finalized and will be shared once ready.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	**5. CERF grant period:**	08/08/2017 - 07/02/2018
2. CERF project code:	17-RR-CEF-076	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Provision of Emergency Integrated Primary Health Care services to IDPs in Borno State		
7.Funding	a. Total funding requirements[10]: US$ 25,007,231	d. CERF funds forwarded to implementing partners:	
	b. Total funding received[11]: US$ 4,847,525	▪ *NGO partners and Red Cross/Crescent:*	
	c. Amount received from CERF: US$ 599,999	▪ *Government Partners:*	US$ 47,695.94
Beneficiaries			
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).			

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

[11] This should include both funding received from CERF and from other donors.

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	117,227	95,912	213,139	178,060	145,684	323,744
Adults (≥ 18)	92,107	75,360	167,467	139,904	114,467	254,371
Total	**209,334**	**171,272**	**380,606**	317,964	260,151	578,115

8b. Beneficiary Profile		
Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		Not applicable
IDPs	380,606	578,115
Host population		0
Other affected people		Not applicable
Total (same as in 8a)	**380,606**	578,115
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	About (17,481 (44%) of children aged under 5 years were vaccinated against measles. A total of 2,398 deliveries (26% of target) were conducted by skilled health workers in IDP camp clinics in the selected LGAs. The coverage for the above two indicators were lower than the targets because of insecurity in the targeted locations as most of the communities were just liberated from the terrorists and most community members that had been expected to move back did not. Even those available in the community were afraid to come to the health facilities to access services. Also, health services were available for limited number of working hours during the day, and there was restricted movement in the night.	

CERF Result Framework			
9. Project objective	Delivery of MNCH services to prevent morbidity and reduce avoidable deaths amongst the IDP population especially children and women, increasing access to integrated PHC services for IDPs living in the camps.		
10. Outcome statement	Increase the proportion of pregnant women that are delivered by a skilled health personnel and Immunize 90% of children under 5 years that are in IDP camps.		
11. Outputs			
Output 1	380,606 children, women, and men reached with improved emergency integrated primary health care service delivery		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of IDPs/returnees reached with emergency PHC care services through the health facilities in the camps	380,606	578,115
Indicator 1.2	Percentage of children in IDP camps immunized with measles vaccines	90% of children under 5 targeted	17,481

		Target	Reached
		(68,509)	
Indicator 1.3	Percentage of birth conducted by skilled attendant	60% of pregnant women targeted (9,134)	2.398
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement and distribution of emergency drugs, basic medical equipment, supplies, vaccines	SMOH, SPHCDA and UNICEF	UNICEF Abuja
Activity 1.2	Support the provision of Integrated PHC services through the health facilities in IDP camps	SMOH, SPHCDA and UNICEF	SMOH, SPHCDA and UNICEF
Activity 1.3	Training of health workers and the state emergency response team on quality emergency primary health care services	SMOH, SPHCDA and UNICEF	SPHCDA and UNICEF
Output 2	Improved quality of health care service deliveries in the camp clinics of the project selected LGAs		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number skilled health workers recruited and deployed	42	42
Indicator 2.2	Number of field monitoring visits	7	7
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Recruitment and deployment of skilled health workers	SMOH, SPHCDA and UNICEF	SMOH, SPHCDA and UNICEF
Activity 2.2	Monitoring, support and supportive visits	SMOH, SPHCDA and UNICEF	SMOH, SPHCDA and UNICEF
Output 3	Strengthened Coordination of Emergency PHC service delivery		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of biweekly health partner coordination meetings with documented action points conducted	6	6
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Support the conduct of biweekly health partners coordination meetings	SMOH, SPHCDA, UNICEF and other Health Sector Partners	SMOH, SPHCDA and 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:

Output 1:

A total of 578,115 IDPs were reached with improved curative and preventive emergency integrated primary health care services, coverage of about 150% of the target.

About (17,481 (44%) of children aged under 5 years were vaccinated against measles. A total of 2,398 deliveries (26% of target) were conducted by skilled health workers in IDP camp clinics in the selected LGAs. The coverage for the above two indicators were lower than the targets because of insecurity in the targeted locations as most of the communities were just liberated from the terrorists and most community members that had been expected to move back did not. Even those available in the community were afraid to come to the health facilities to access services. Also, health services were available for limited number of working hours during the day, and there was restricted movement in the night

About 186 IEHKs- medicines and equipment were procured and distributed to camp clinics in supported LGAs to improve quality of care in the clinics. Other essential emergency drugs not contained in the IEHKs were also procured and distributed. These medicines and commodities ensured continuous availability of essential supplies during project implementation.

Output 2: Improved quality of health care services deliveries in the camp clinics of the project selected LGAs

A total of 42 Health workers were recruited and deployed to the IDP camp clinics in the selected LGAs. At least one medical doctor and two nurse/midwives have been recruited and deployed to various selected LGAs. These staff were deployed to enhance to ensure skilled service delivery to the IDPs. They provide the basic minimum care expected in emergency, these include; ANC, Delivery, PNC, Curative services for common and minor ailments, Immunization services for children and pregnant women, drug management and referral services.

120 health workers from various supported IDP camp clinics and health facilities in host communities which serve IDP were trained on BEMONC and other MNCH service delivery packages to improve quality of care.

Output 3: Strengthened LGA Coordination for Emergency PHC service delivery

UNICEF provided technical support for 6 bi-weekly coordination meetings that brought all partners and stakeholders together to discuss strategies and share ideas that helped in strengthening emergency Primary Health Care (PHC) service delivery in the Borno State. UNICEF staff participated in quarterly Integrated Supportive Supervision (ISS) which enabled timely identification and addressing of gaps in PHC service delivery. The ISS was also a strategy for strengthening the capacity of Borno SPHCDA in integration and coordination of PHC services.

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

The project was designed based on the need identified during rapid assessment conducted among stakeholders including the IDPs and members of the host population. The implementation and monitoring was spare headed by the government in close collaboration with the representative of the affected population through the camp coordination committee and the health facility management committee while UNICEF provided technical support.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation was done. However, field level monitoring and supervision activities were carried out by staff based in UNICEF Maiduguri offices. Abuja provided technical support for the field monitoring and supervision activities.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	**5. CERF grant period:**	07/08/2017 - 06/02/2018
2. CERF project code:	17-RR-FPA-039	**6. Status of CERF grant:**	☐ Ongoing

3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Emergency Reproductive Health Services in the conflict-affected North East Nigerian States of Borno		

7.Funding			
a. Total funding requirements[12]:	US$ **10,162,800**	d. CERF funds forwarded to implementing partners:	
b. Total funding received[13]:	US$ **2,500,000**	▪ *NGO partners and Red Cross/Crescent:*	US$ **150,950**
c. Amount received from CERF:	US$ 356,171	▪ *Government Partners:*	US$ **9,920**

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	168,376	71,142	239,518	169,214	72,026	241,240
Adults (≥ 18)	155,818	65,584	221,402	156,204	66,150	222,354
Total	**324,194**	**136,726**	**460,920**	**325,418**	**138,176**	**463,594**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		0
IDPs	202,920	**203,133**
Host population	258,000	**260,461**
Other affected people		
Total (same as in 8a)	**460,920**	**463,594**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The Project was able to reached the target beneficiaries has planned in the project document.	

CERF Result Framework

[12] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[13] This should include both funding received from CERF and from other donors.

9. Project objective	The main objective of the project is to reduce maternal morbidity and improve the sexual and reproductive health status of women among Internally Displaced Persons (IDPs) and host communities in the Boko Haram conflict affected Borno, Adamawa and Yobe States.		
10. Outcome statement	Reduce maternal morbidity and improve the sexual and reproductive health status of women among Internally Displaced Persons (IDPs) and host communities in the Boko Haram conflict affected Borno, Adamawa and Yobe States		
11. Outputs			
Output 1	Increase availability and access to reproductive Health Services		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of Internally Displaced Persons (IDPs) and host community members reached with free Sexual and Reproductive Health services and information.	120,000	121,021
Indicator 1.2	# of pregnant women who receive safe delivery services through utilization of clean delivery kits and free services in assisted health facilities	8,000	8,428
Indicator 1.3	# of survivors of sexual violence who receive treatment in assisted health facilities	300	208
Indicator 1.4	# of Mobile outreaches held in hard to reach communities in the Borno State	40	41
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procure of RH Kits, medical drugs and consumables	UNFPA/CARE International	UNFPA/CARE International
Activity 1.2	Distribute procured RH Kits, medical drugs and consumables	UNFPA/NRCS	UNFPA/NRCS
Activity 1.3	Provision of free basic sexual and reproductive health services In affected communities	UNFPA/CARE International/SMOH	UNFPA/CARE International/SMOH
Activity 1.4	Conduct mobile outreaches in hard to reach high IDP burden LGAs	UNFPA/CARE International	CARE International
Activity 1.5	Conduct Community sensitization and mobilization to enhance SRH services utilization and uptake (10 communities in 7 LGAs in Borno States)	UNFPA/SMOH/SMWASD	UNFPA/SMOH/SMWASD/ CARE International
Output 2	Improved access to well-coordinated Sexual Reproductive Health services		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of coordination meeting held	3	3
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Conduct monthly coordination meetings	UNFPA/SMOH	UNFPA/SMOH

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:
Even though CARE International was not included as partners in the community sensitization, but because it was a required component of the medical mobile outreach and to ensure, proper program logic they were involved the sensitization in addition to the original planned partners. This was to enable them mobilize more women and girls for the services provided during the outreaches.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
The project development was designed in bottom up approach through community and government participation and ownership of the planned interventions. All community mobilisation activities (including those implemented by the INGOs) also had strong collaboration with government partners and local populations and community-based organisations.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The project proposal as submitted did not include an evaluation component, as it is a six-month project. However, throughout the duration of the project, monthly monitoring of activities were employed to ensure accountability and that the project was implemented in line with the approved proposal. UNFPA staff and partners who participated in the monitoring visit produced monitoring report with action plan and follow up recommendation.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS				
CERF project information				
1. Agency:	IOM		**5. CERF grant period:**	10/08/2017 - 09/02/2018
2. CERF project code:	17-RR-IOM-030		**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Common Logistics			☒ Concluded
4. Project title:	Establishing and Managing Humanitarian Hubs for Increased Aid Coordination and Reach in Northeast Nigeria			
7.Funding	a. Total funding requirements[14]:	US$ 17,219,972	d. CERF funds forwarded to implementing partners:	
	b. Total funding received[15]:	US$ 12,537,000	▪ *NGO partners and Red Cross/Crescent:*	
	c. Amount received from CERF:	US$ 3,250,000	▪ *Government Partners:*	
Beneficiaries				

[14] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[15] This should include both funding received from CERF and from other donors.

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)			N/A	N/A	N/A	N/A
Adults (≥ 18)			N/A	N/A	N/A	N/A
Total			N/A	**N/A**	**N/A**	**N/A**

8b. Beneficiary Profile		
Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	Click here to enter text.	
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A	

CERF Result Framework			
9. Project objective	To contribute to the improvement of living conditions and protection of IDPs and affected populations in Nigeria's North East State		
10. Outcome statement	MOSS/MORSS-compliant accommodation, office and telecommunication services provided to aid workers to enhance service delivery to displaced populations in Borno state.		
11. Outputs			
Output 1	Immediate delivery of Security support and to life-saving activities in Borno State is maintained and enhanced due to efficient establishment of the humanitarian hubs in Maiduguri and the newly accessible areas		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of humanitarian hubs with office and accommodation facilities and support services (power/water supply, and sanitary facilities) established in field locations for humanitarian staff and organizations	2	2
Indicator 1.2	Number of humanitarian staff provided with secured space for living and working through the	300	155

	establishment of the hubs		
Indicator 1.3	Number of humanitarian hubs with site upgrades and reinforcements (i.e. Gwoza, Bama, Ngala and Dikwa)	5	5
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Construction of the remaining hubs in the field	IOM/IHP	IOM/IHP
Activity 1.2	Signing of MoUs with Agencies on use of the hubs	IOM	IOM
Activity 1.3	Daily management of hubs	IOM	IOM
Activity 1.4	Regular maintenance of facilities	IOM	IOM
Activity 1.5	Replace tents with concrete structures in Gwoza, Bama, Ngala and Dikwa.	IOM	IOM
Output 2	Trainings on hubs set up, management and maintenance has been provided to the humanitarian community		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of humanitarian actors benefiting from trainings on hubs set up, management and maintenance provided to the humanitarian community	18	30
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Conduct trainings for IOM, UNDSS and ETS Staff on hubs set up, management and maintenance	IOM	IOM

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:

Indicator 1.1: The target was reached with the completion of construction activities for both Damasak and Banki humanitarian hubs. It is important to note that the bunker of the Damasak hub is under finalization, and the security clearance needed for the opening of the Banki hub after its completion has been postponed by the military's restrictions against overnight stays at the hub, pending the completion of a defensive trench at the location. For this reason, while construction works were completed, humanitarian actors are yet to utilize the hubs (detailed under Indicator 2 below).

Indicator 1.2: The target number of humanitarian staff to be provided with secured living space is 300. Given the delays experienced with operationalizing Banki and Damasak hubs, and the ongoing finalization of prefabricated structures in Maiduguri, the number of staff provided with secured living space under this indicator is 155. This figure includes 95 persons at the humanitarian base camp, as well as the 60 persons accommodated at the field hubs in Gwoza, Bama, Ngala and Dikwa for which site upgrades were conducted.

Indicator 1.3: The target number of hubs to be upgraded was achieved (5 – i.e., Gwoza, Bama, Ngala, Dikwa and Maiduguri).

Indicator 2.1: Although the number of humanitarian staff (30) trained on humanitarian hub management and set up exceeds the original target (18 staff), it is important to note that given the management requirements of each hub, additional trainings were required to meet the scope of management activities needed for the humanitarian hubs. It was decided through the humanitarian hub task force that five staff will be trained for each hub. Under this project, staff were trained for the six field hubs targeted and this was achieved with Cerf funds.

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 ☐
IOM conducts User Satisfaction Surveys and prepares reports on occupancy rates of humanitarian hubs on a continuous bases. These are ongoing for the hubs in Gwoza, Dikwa, Bama and Ngala, and will be initiated for the hubs in Banki and Damasak once these are operationalized.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNDP	**5. CERF grant period:**	17/08/2017 - 16/02/2018
2. CERF project code:	17-RR-UDP-008	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Safety and Security of Staff and Operations		☒ Concluded
4. Project title:	Additional security support to support the expansion of humanitarian operations into new hubs		

7.Funding			
	a. Total funding requirements[16]:	US$ 1,800,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[17]:	US$ 1, 282.519	▪ *NGO partners and Red Cross/Crescent:*
	c. Amount received from CERF:	US$ 282,519	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)						
Adults (≥ 18)						
Total			N/A			**N/A**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*

[16] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[17] This should include both funding received from CERF and from other donors.

Refugees		
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	N/A	**N/A**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A	

CERF Result Framework			
9. Project objective	To provide dedicated security support for the expanded lifesaving humanitarian operations in North Eastern Nigeria		
10. Outcome statement	Security support provided to UN humanitarian workers and their implementing partners to fulfil their mandates in a more safe and secure fashion.		
11. Outputs			
Output 1	Increased security information sharing and awareness in support of humanitarian operations in newly targeted areas for humanitarian response in north-eastern Nigeria		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of security risk assessments (SRA)	4 SRAs (priority areas will be identified by HCT) to be conducted	7
Indicator 1.2	Number of analytical reports and advisories	24 weekly analytical reports and advisories issues	31
Indicator 1.3	Increase security information sharing and cooperation on security issues through regular security briefings at UN Area Security Management Team (ASMT) and INGOs meetings	24 - weekly briefings provided at ASMT and INGO meetings	22
Indicator 1.4	Ensure situational awareness and effective operational planning through provisions of security reports (daily, weekly, alerts)	180 daily situation reports & 24 weekly security reports + alerts	203
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Conduct Security Risk Assessments and security analysis - compile and distribute respective documents	UNDSS FSCO	UNDSS FSCO
Activity 1.2	Establish and hold regular security briefings at UN and INGO meetings – built effective security	UNDSS FSCO	FSCO/Security Information Analyst

	cooperation through networking		
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 FSCO/Security Information Analyst
Output 2	Security training and operational support to humanitarian organizations operating in north-eastern Nigeria		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of new UNDSS offices	3 UNDSS offices in three hubs	2
Indicator 2.2	Number of humanitarian staff trained on security awareness	120 humanitarian staff trained	104
Indicator 2.3	Number of timely operational security mission to humanitarian organisations	18 missions	18
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Establish additional UNDSS offices in three hubs	UNDSS	UNDSS
Activity 2.2	Conduct of Security Awareness Training (SAT) courses 1 per month	UNDSS FSCO	UNDSS FSCO
Activity 2.3	Conduct 18 field missions	UNDSS FSCO	UNDSS FSCO/CSA

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

The project has been largely successful in delivering the targeted outcomes. Security support and training in the form assessments, advisories and training of humanitarian personnel have been more responsive to the needs of the humanitarian staff.

The higher-than expected output in to the number of security risk assessments Indicator 1.1) was necessitated by the fluid and rapidly changing security situation which required assessments of various routes and locations particularly within Borno, Adamawa and Yobe States.

The shortfall in the expected target for humanitarian staff trained (Indicator 2.2) is attributable to the noon-conduct of training in November and December 2017 to allow for re-development of training curricula and anticipated low turnout during the holiday season.

The deployment of UNDSS staff and opening of additional UNDSS offices (Indicator 2.1) has been delayed by the construction of the hubs as well as the low recruitment of radio operators. Several recommended candidates declined the offer of appointment in the first batch of recruitments. The vacancy announcements have been relaunched and recruitment is ongoing.

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 ☐
The evaluation of the project and its effective implementation are conducted as part of the	EVALUATION PENDING ☐

annual Security Risk Management process. The measures implemented are subsumed and combined with other measures outside the project in UNDSS assessment of prevention and mitigation vulnerabilities which seek to assess the effectiveness of complimentary measures already in place at the time of the assessment.	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	**5. CERF grant period:**	11/08/2017 - 10/02/2018
2. CERF project code:	17-RR-WFP-044	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Common Telecommunications		☐ Concluded
4. Project title:	Critical Services for Humanitarians		

7.Funding			
	a. Total funding requirements[18]:	US$ 5,843,138	d. CERF funds forwarded to implementing partners:
	b. Total funding received[19]:	US$ 5,150,995	▪ *NGO partners and Red Cross/Crescent:*
	c. Amount received from CERF:	US$ 750,780	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)				n/a	n/a	n/a
Adults (≥ 18)				n/a	n/a	n/a
Total			**0**	n/a	n/a	n/a

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		n/a
IDPs		n/a
Host population		n/a
Other affected people		n/a
Total (same as in 8a)		n/a

[18] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[19] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	**As a services sector, the beneficiaries of the ETS project are the entire humanitarian community.**

CERF Result Framework			
9. Project objective	Provision of critical services for humanitarians		
10. Outcome statement	The provision of vital communications services in identified common operational areas in North-East Nigeria contributes to a more efficient humanitarian response.		
11. Outputs			
Output 1	Security Communications and Data services in 3 locations are established		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of common operational areas covered by common security telecommunications network	3	2
Indicator 1.2	# of Communications Centres (COMCEN) established / upgraded	3	2
Indicator 1.3	# of common operational areas covered by Internet connectivity services	3	2
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement and transport of equipment	ETS	ETS
Activity 1.2	ETS will deploy VHF, HF and satellite telecommunications services.	ETS	ETS
Activity 1.3	ETS will deploy fully operational and equipped Communication Centres (COMCEN)	ETS	ETS
Activity 1.4	ETS will deploy Internet connectivity and Wi-Fi access services	ETS	ETS

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:

Considering the delays in the humanitarian hubs construction due to access and security-related challenges and also operational constraints, as of today, the ETS deployed services in 2 locations (Dikwa and Monguno) out of the planned 3. However, equipment is already prepositioned on–site and staff mobilized to deploy services before end of May 2018.

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 ☐

As part of the overall ETS efforts to continue providing high quality services and respond efficiently to the needs on the ground, the ETS is planning a lessons learned exercise in Q4 2018. During this exercise, the provision and impact of the communications services deployed in the three hubs using CERF funds will be analysed. Results will be published accordingly on the ETCluster.org website.	EVALUATION PENDING ☒ NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WHO	**5. CERF grant period:**	10/08/2017 - 09/02/2018
2. CERF project code:	17-RR-WHO-030	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Provision of life-saving essential health care and referral to secondary care including treatment of mental health illnesses		

7.Funding				
a. Total funding requirements[20]:	US$ 37,170,501	d. CERF funds forwarded to implementing partners:	
b. Total funding received[21]:	US$ 17,606,747	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 750,000	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	96,512	69,888	166,400	125,510	81,469	206,979
Adults (≥ 18)	89,088	64,512	153,600	115,856	75,202	191,058
Total	**185,600**	**134,400**	**320,000**	**241,366**	**156,671**	**398,037**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		0
IDPs	200,000	248,774

[20] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[21] This should include both funding received from CERF and from other donors.

Host population	120,000	149,264
Other affected people		0
Total (same as in 8a)	**320,000**	**398,037**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The total number of beneficiaries reached is slightly more than what was planned by 8% primarily because of the number of children vaccinated by the MHT.	

CERF Result Framework			
9. Project objective	Provision of life-saving essential health care services including and treatment of mental health illness among the affected targeted population.		
10. Outcome statement	Morbidity and mortality caused by communicable diseases and mental health issues among the affected community is reduced.		
11. Outputs			
Output 1	Approximately 320,000 people will be reached through interlinked services of Community Owned Resource Person (CORPs), H2R mobile health teams and supported primary (PHC) hospitals.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Zero stock out of H2R team supplies	100%	100% (no stock out)
Indicator 1.2	Number of Supportive Supervisions to the H2R team	18	22
Indicator 1.3	Number of persons reached through mobile health teams	300,000	392,092
Indicator 1.4	Number of children < 5 reached through CORPS	200,000	44,160
Indicator 1.5	Number of Primary Hospitals/ PHC supported to strengthen referral linkage	6	6
Indicator 1.6	Number of LGA level H2R review meetings	12	10
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Conduct supportive supervision to H2R mobile health team	WHO	WHO/ public health officers
Activity 1.2	Provide supplies to H2R mobile health team	WHO	WHO/ logistics
Activity 1.3	Provide health services through H2R mobile health team	WHO H2R mobile health team	WHO/MHT
Activity 1.4	Provide community case management through CORPs	WHO supported CORPs	WHO supported CORPs
Activity 1.5	Provide kits containing basic medical equipment and medicine to primary hospital	WHO	WHO/logistics
Activity 1.6	Monitor provision of services to referred patients at the supported primary hospitals	WHO	WHO/ public health officers/data manager

Activity 1.7	Conduct quarterly LGA level H2R mobile health team review meetings	WHO	WHO/health ops team
Output 2	8,655 people are reached through outreach mental health services, referral support and in-patient care		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of Health workers trained on mhGAP	70	64 (91%)
Indicator 2.2	Number of outreach mental health sessions	36	393 (1092%)
Indicator 2.3	Number of persons reached through the outreach mental health services	6,135	5215 (85%)
Indicator 2.4	Number of patients received inpatient care	60	91 (152%)
Indicator 2.5	Number of patients provided referral support	2,160	576 (27%)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Training of health professional on mhGAP at PHCs (2 health workers/ward)	WHO	WHO
Activity 2.2	Outreach services to selected PHCs biweekly for five days for three months by the State Psychiatry Hospital team	WHO	WHO
Activity 2.3	Support referral of patients to the State Psychiatry hospital by covering transport cost	WHO supported outreach team	WHO supported outreach team
Activity 2.4	Performance bases financing of the Psychiatry hospital for cases referred and treated	WHO supported outreach team	WHO supported outreach team
Activity 2.5	Monitor program performance by assigning a focal point for data management and program monitoring	WHO	WHO
Activity 2.6	Supervise mental health program performance through field visits of WHO	WHO	WHO

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

Through support from this project, a total 61,823 of people were treated for common ailments; 146,002 children vaccinated; 68,907 were screened for malnutrition and 134,863 children were reached with Vitamin A and deworming. In addition, a total of 42,320 pregnant women were provided with antenatal care services by the MHT. The overall achievement of the MHT was greater than what was planned due to timely provision of supplies and frequent supportive supervision that resulted in more outreach sessions hence more services. The number of review meetings was slightly lower than what was planned because of overlap of two review meeting days with supportive supervision and outreach sessions. The CORPs treated 44,160 under five children for Pneumonia, Malaria and Diarrhoea. The performance of CORPs much lower than what was planned due to shortage of supplies. Essential commodities requested through international procurement did not arrive in time affecting the performance of CORPs.

A total of 64 health workers from PHCs were trained on mhGAP compared to the planned 70 because some PHCs didn't have qualified staff to be trained. The number of outreach sessions was 10 times more than what was planned primarily because the PHC workers trained on mhGAP were able to conduct the sessions with a weekly coaching support from mental health care specialists. The number of patients treated at the outreaches and as an inpatient is slightly less than what was planned primarily because of the very huge target set. Regular outreach sessions by mental health care specialists accounted for the discrepancy between what was planned and achieved. In summary, the collaborative effort between WHO and Neuropsychiatry hospital helped to successfully bring badly needed mental health expertise and supplies close to the community.

The overall number of beneficiaries is more than what was planned because the number of outreach sessions conducted by the mobile health team was greater than what was planned This has helped to reach more beneficiaries.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
Accountability to the affected population was ensured by engaging community leaders in organizing outreach sessions of the mobile health team and activities of Community Oriented Resource Persons. Community leaders were actively engaged in mobilizing the community and creating awareness on availability of mental health services at the PHCs. In addition, there was an ongoing community engagement by the mobile health teams and CORPs to ensure active participation of the affected population in the health interventions.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
WHO has been systematically documenting and monitoring the activities of the project. At present, WHO is working with the University of Maiduguri to objectively measure the community-based approach (MHT and CORPs) and mental health services in north-east Nigeria in the context of humanitarian emergency. As documented in the ongoing monitoring of the programme the mobile health team managed to reach more beneficiaries than what was planned with essential health services. The frequent supportive supervision and consultative scheduling of outreach sessions contributed to this success. The mental health intervention managed to bring badly needed higher level mental health care at PHCs in the targeted LGAs and established a referral linkage with the Federal Neuropsychiatry Hospital. One of the challenges was delay in arrival of essential n=medicine procured internally.	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$
17-RR-CEF-074	Water, Sanitation and Hygiene	UNICEF	INGO	$5,541
17-RR-CEF-074	Water, Sanitation and Hygiene	UNICEF	GOV	$938,928
17-RR-CEF-075	Nutrition	UNICEF	INGO	$279,713
17-RR-CEF-075	Nutrition	UNICEF	GOV	$47,696
17-RR-CEF-076	Health	UNICEF	GOV	$47,696
17-RR-FPA-039	Health	UNFPA	INGO	$105,903
17-RR-FPA-039	Health	UNFPA	NNGO	$45,047
17-RR-FPA-039	Health	UNFPA	GOV	$9,920

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CMAM	Community Management of Acute Malnuttrition
C4D	Communication for Development
CORPS	Community-Oriented Resource Persons
FNPH	Federal Neuropsychiatry Hospital
HHTF	Humanitarian Hub Task Force
HTR MHT	Hard To Reach Mobile Health Teams
IP	Implementing Partner
LGA	Local Government Area
MoH	Ministry of Health
MOSS	Minimum Operating Security Standards
MORSS	Minimum Operating Residential Security Standards
mhGAP	Mental Health Gap Action Project
NE	North East
NPC	Neuropsychiatric Clinic
O&M	Operations and Maintenance
OTP	Outpatient Therapeutic Programs
SPHC	State Primary Health Care
RUWASSA	Rural Water Supply and Sanitation Agency
SCs	Stabilization Centers
UNHAS	UN Humanitarian Air Service
WHO	World Health Organization