

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
NIGER
UNDERFUNDED EMERGENCIES
ROUND 1 2017**

RESIDENT/HUMANITARIAN COORDINATOR

Bintou Djibo

REPORTING PROCESS AND CONSULTATION SUMMARY

Tip! Prepare this section as the last part of the reporting process.

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

An AAR was not performed a formal AAR was not conducted. However the implementation was discussed quarterly in various coordination meetings in HCT.

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

YES NO

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

YES NO

The report was shared with the CERF beneficiary agencies, the HCT and ICC members.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$271 million		
Breakdown of total response funding received by source	Source	Amount
	CERF	10,058,848
	COUNTRY-BASED POOL FUND <i>(if applicable)</i>	N/A
	OTHER (bilateral/multilateral)	N/A
	TOTAL	10,058,848

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 21/02/2017			
Agency	Project code	Cluster/Sector	Amount
FAO	17-UF-FAO-013	Livestock	2,500,000
IOM	17-UF-IOM-009	Non-Food Items	1,000,001
UNFPA	17-UF-FPA-013	Health	500,121
UNFPA	17-UF-FPA-014	Sexual and/or Gender-Based Violence	500,332
UNHCR	17-UF-HCR-009	Protection	472,674
UNICEF	17-UF-CEF-028	Child Protection	699,987
UNICEF	17-UF-CEF-029	Education	578,410
UNICEF	17-UF-CEF-030	Water, Sanitation and Hygiene	1,200,000
WFP	17-UF-WFP-018	Common Humanitarian Air Services	600,010
WFP	17-UF-WFP-019	Food Aid	1,500,311
WHO	17-UF-WHO-010	Health	507,002
TOTAL			10,058,848

Tip! The totals of table 2 and 3 should correspond.

Tip! Table 3: The total of table 3 should correspond with the total of annex 1 and the accumulated totals of section 7d in table 8.

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	6,672,404.67
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	3,052,946.82
Funds forwarded to government partners	333,496.51
TOTAL	10,058,848

HUMANITARIAN NEEDS

Niger remains confronted with a cycle of chronic humanitarian crises due to limited natural resources, very limited basic social services, one of the highest population growth rates in the world and the effects of climate change. In 2017, the humanitarian situation in Niger is worrying, with 2.2 million people in need across all sectors. Of these vulnerable people, some 1.8 million people needed food assistance in a context where 80% of the population depend on agriculture and pastoralism. Weather related conditions have created numerous risk factors that accentuate the extreme vulnerability of the population to poverty and food insecurity. The average fertility rate of 7.6 children per woman, one of the highest in the world, and the dramatic increase in life expectancy – 22 years between 1980 and 2014 – have put increasing pressure on natural resources each year. A fodder deficit of 12 million tons – the equivalent of 48% of national requirements – has been reported in all regions of the country, particularly in Diffa. This affects more than 100,000 people.

In Niger, malnutrition has become structural. In 2017, it affected 1.5 million people, including 235,000 children under five with severe acute malnutrition. At the national level, according to the 2016 SMART survey, the global acute malnutrition rate is 10.3%, severe acute malnutrition is 1.9% (thus nearing the emergency threshold set at 2%).

The country faces epidemics of meningitis, hepatitis E and measles. In 2017, 3,506 meningitis cases including 232 deaths, were recorded across the country. As for measles, it affected 1,500 people, including 7 deaths. Finally, for hepatitis E, which is prevalent in the Diffa region, 2,140 cases, including 39 deaths, were notified, with a fatality rate of 1.82%.

Added to this are the recurring floods. In 2017, floods affected 206,513 people and caused 56 deaths. Significant material damage and loss of livestock have been reported.

Due to the crisis in the Lake Chad Basin and instability in the northern regions of Tillabéry and Tahoua, population movements have taken place at regular intervals. Displaced people are fleeing violence linked to the activities of Boko Haram in the Diffa region as well as insecurity in the northern regions of Tillabéry and Tahoua due to infiltrations and attacks by Malian armed elements affiliated to jihadist groups.

II. FOCUS AREAS AND PRIORITIZATION

By the end of 2016, **the water, sanitation and hygiene** (WASH) cluster had raised only 40% of the required amounts to respond to the four main crises affecting Niger. Although WASH actors identified very low access to basic sanitation in Diffa region (3%) as a key challenge, priority was given to the immediate need for safe drinking water and improving water supply for the affected population. WASH partners focused on the construction and/or rehabilitation of hand pumps, most of them through manual drillings. However, this effective emergency response was compromised by the breakdown of several hand pumps. In the absence of a cost recovery mechanism to support operations and maintenance, many families struggled to have continuous access to safe drinking water.

For basic sanitation, over 66,000 people in priority sites lacked access to latrines and therefore practiced open defecation. In addition to consequences for health, the specific needs for privacy and safety of women and girls, as well as the challenges for the disabled in terms of distance, were not sufficiently considered. Access to WASH for displaced children in temporary and permanent schools was also limited. This is a longstanding issue throughout Niger, where only 18% of schools have access to water and 26% to latrines. The situation was particularly alarming in Diffa region where schools were overcrowded because of the influx of displaced children. Following

a mapping carried out by REACH in March 2017, a gap of 285 blocks of latrines and 96 water points was recorded in official displaced sites.

Regarding WASH impacts on nutrition, low access rates to water and sanitation infrastructure in health centres (20% for water and 27% for latrines) has clear consequences on hygiene practices and the quality of health care. This is in turn affecting the response to global acute malnutrition, affecting over 10% of under-five children in Niger. Access to WASH is critical for both the prevention and the treatment of acute malnutrition. However, due to a lack of funding, only 7% of the 2016 WASH nutrition targets have been reached.

In the Diffa region, the crisis caused by Boko Haram has resulted in the closure of 151 schools since 2015. This situation has limited access to **education** for the children in this region, which already showed the lowest education indicators in the country (primary school enrolment rate: 68% in Diffa and 77% nationally; primary completion rate: 35% in Diffa and 76% nationally). Despite the relocation of most of these schools to more secure sites, 28 remained closed as of early 2017. Moreover, various protection risks faced by children, especially those who have been displaced, have worsened with the onset of the crisis. School drop-out following the crisis remains a factor of vulnerability, increasing the need for protection and the exposure of girls and boys to the worst forms of violence and abuse. The crisis has negatively affected the functioning of the education system. During the development of the 2017 Humanitarian Response Plan (HRP), the number of people affected by the conflict in Diffa was estimated at 332,626, which included 137,374 school-age children (41.3% of the total population affected). Despite the efforts carried out by humanitarian actors, in collaboration with state authorities, about 33,000 children were expected to be left out of the formal or non-formal educational system, according to enrolment figures provided by the Regional Directorate of Primary Education (DREP) in December 2016.

In addition, in 2016, Niger faced a large fodder deficit, estimated at around 12 million tons. In 2017, at the start of the project, according to information provided by the Ministry of Primary Education, the number of out-of-school children aged 4 to 14 impacted by the fodder deficit in the affected areas was estimated at around 33,158 (1,070 in Maradi, 12,943 in Tahoua, 17,169 in Zinder and 1,976 in Agadez).

- Assessment pointed out **reproductive health** as an urgent priority need to be addressed in Diffa region. There is currently poor access to reproductive health services, information on HIV/AIDS and GBV, particularly for women, young men and adolescent girls. There are also important gaps in medical support for GBV survivors and medical supplies in general.

- As of 31 December 2016, the number of **persons displaced** in Diffa was 241,560 including 105,491 refugees, 14,678 returnees and 21,391 IDPs. Many affected and displaced populations are living in precarious conditions, often lacking basic goods, such as shelters and non-food items (NFI) (mats, kitchen utensils, etc.). This situation will be compounded by the rainy season which is expected to start in June. A series of multi-sector needs assessments (MSA) have been carried out during the year 2016 and they have overwhelmingly demonstrated that a majority of displaced persons have been displaced more than once.

In December 2016, the Regional Directorate of Civil Registration (DREC) reported 241,560 displaced people in the Diffa region, including internally displaced persons (IDP), returning Nigeriens and Nigerian refugees. Because of the crisis, an estimated 92,220 children were exposed to several **protection** risks in 2017, or had witnessed violence. Some children were separated from their families and are living with host families, some are living on their own, and others are acting as heads of families. These children are psychologically distressed due to displacement and loss of normalcy, as well as by the fact that they may have witnessed horrifying acts, including extreme violence perpetrated against their family and/or community. In emergency contexts, children are more likely to be neglected, physically and/or psychologically abused, exploited, trafficked, sexually abused or exploited, engaged in the worst forms of labour or married off at an early age. In order to reduce the impact of such traumatic events on their development, these children need access to recreational spaces that give them a sense of normalcy. Some of them require specialized psychological services.

In 2017, the child protection sub-cluster targeted 1,095 unaccompanied and separated children (UASC). The identification and documentation of UASC, as well as alternative care, individualized support and activities to ensure the reunification of UASC with their families need to continue and to be strengthened in order to identify children in need, and ensure the safety and well-being of those in the displacement sites. Since December 2016, tensions between communities in displaced sites as well as the ongoing surrender of Boko Haram members have increased the protection risks in the region. There is therefore an urgent need to strengthen protection mechanisms for dialogue, conflict prevention and response to violence against children.

The **health** situation is characterized by the prevalence of epidemics such as cholera, meningitis, measles, the Rift Valley fever in Tahoua region and, recently, hepatitis E in the region of Diffa. In 2017, humanitarian actors targeted more than 561,000 people out of

766,000 people in need of health care, including reproductive health¹. Interventions in the health sector are key to reduce mortality and morbidity within the vulnerable communities, especially children and women in Diffa, Tahoua and Tillabéry.

With the CERF grant, IDPs and host communities were provided with life-saving services such as the treatment of childhood illnesses, routine immunization, reproductive and neonatal care, treatment for malnutrition; surveillance/outbreak control/response, as well as medical kits to respond to potential future outbreaks.

- In Niger, humanitarian personnel (110 humanitarian organisations), government entities, donors and journalists depend on the **United Nations Humanitarian Air Service** (UNHAS) to reach the different areas of operation in six of the country's eight regions (Agadez, Diffa, Maradi, Niamey, Tahoua and Zinder). Access to certain areas requiring humanitarian operations remains a challenge in the border regions of Mali, Libya and the Lake Chad Basin region. This challenge is mainly due to perceived or actual insecurity, and to attacks by armed groups in regions such as Diffa, Tillabéry, and Tahoua. Between September and October 2016, numerous security incidents took place in the Tahoua and Tillabéry regions, located in the west of the Niger and bordering Mali. Major incidents include attacks on two Malian refugee camps in Tillabéry and Tahoua as well as the abduction of a humanitarian worker in Tahoua. In the south-east of the country, in Diffa, access to the localities of Bosso, Yebi and Nguigmi are limited due to recurrent attacks attributed to Boko Haram. In the region of Agadez, which borders Libya, acts of banditry continue to be reported and have been attributed to the circulation of weapons, the exploitation of gold mines and other trades. Temporary suspension of activities have been observed as a result of attacks and in the course of military operations. In addition to security constraints and poor road conditions during the rainy season, the vastness of the country makes access difficult or even impossible during the rainy season. The services provided by UNHAS are essential to overcome these difficulties.

III. CERF PROCESS

Due to funding gaps, the Humanitarian Coordinator (HC) has applied for CERF UFE funds. Following the notification by the Emergency Relief Coordinator (ERC) to the HC of the allocation of 10 million dollars to Niger for under-financed crises, the HC informed the Humanitarian Country Team (HCT) and the Government of Niger. The HC also gave guidance to the Inter-Cluster Coordination (ICC) team and HCT.

ICC conducted evaluations to examine funding gaps in the overall (sectoral) humanitarian response, taking into account the funding situation of different sectors. It also suggested a strategic approach to the HCT as well as the prioritization of underfunded sectors whose activities provide emergency assistance to people in need of coordinated and integrated assistance necessary for their survival, while supporting vulnerable populations to better cope with shocks, in accordance with CERF criteria. As for the HCT, its orientation was to review the ICC recommendations and determine the strategy, sectoral priorities/clusters and/or geographical priority areas. RC/HC, supported by the HCT, taking into account the funding situation of priority sectors (and specific emergency programs, in this case the ongoing response to Diffa funded, in part, by the CERF / RR), determined the level of funding to be allocated to each priority sector or cluster under the allocation envelope. For this, agencies clarified the status of commitments/contributions received or expected. In addition, they provided information on their internal reserves and unallocated funds that were also taken into account. Further, the leaders of the sectors/clusters were required to identify, in consultation with their NGO and state technical services partners, the priority projects and activities according to available data (needs assessment and other data), their financial situation, compliance with the CERF life-saving criteria, compliance with the agreed strategy, the humanitarian response plan and the agencies' capacity to implement the CERF allocation in a specified amount of time, expertise and comparative advantage.

¹ Source: HNO, Niger, Nov. 2016

The ICC held meetings to select projects according to priorities. The HCT also held meetings on the basis of ICC recommendations. Cluster lead managers ensured that the priorities of the different sectors were taken into account and that the selected projects truly meet the pressing needs of the moment, and contributed to the achievement of humanitarian action objectives in the region, in support of the government's efforts. Finally, the selected projects were submitted to donors, government officials, NGOs and OCHA for their observations before validation. This CERF fund allowed the financing of the Humanitarian Response Plan's (HRP) priority projects registered in the Online Reporting System (ORS).

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹									
Total number of individuals affected by the crisis: 250,000									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Child Protection	13,805	15,074	28,879	10,991	9,048	20,039	24,796	24,122	48,918
Common Humanitarian Air Services	n/a	316	316	n/a	738	738	n/a	1054	1054
Education	9,787	0	9,787	9,431	0	9,431	19,218	0	19,218
Food Aid	10,221	7,192	17,413	10,060	7,776	17,836	20,281	14,968	35,249
Health	149,940	99,960	249,900	144,060	96,060	240,100	294,000	196,000	490,000
Livestock	37,597	34,953	72,550	36,907	34,310	71,217	74,504	69,263	143,764
Non-Food Items	6,728	3,781	10,509	5,718	3,173	8,891	12,446	6,954	19,400
Shelters	9,640	5,416	15,056	8,190	4,545	12,735	17,830	9,961	27,791
Protection	47,304	38,703	86,007	45,449	37,185	82,634	92,753	75,888	168,641
Sexual and/or Gender-Based Violence	2378	1967	4345	2026	1675	3701	4405	3642	8047
Water, Sanitation and Hygiene	23,702	17,182	40,884	22,679	15,563	38,242	46,381	32,745	79,126

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

BENEFICIARY ESTIMATION

Livestock: Intervention zones were selected based on the severity of the fodder deficit. In each targeted locality, Household Economy Analysis (HEA) was used to identify the most needed beneficiaries (poorest) and systematic assistance to Nigerian herder's refugees. For agricultural inputs, priority was given to vulnerable households IDPs and returnees. Livestock and agricultural inputs kits (150 kg per household for animal feed and 15 kg of cereal quality seeds per household) were determined and used to estimate the total of 147767 beneficiaries.

IOM: All activities planned through this CERF funding by IOM have been implemented in collaboration with their operational partners. 47,191 beneficiaries were reached through 5 activities. When activities targeted the same population and to avoid double counting between the different sectors, the largest number of people reached has been adopted as the estimation of the total direct beneficiaries (i.e. emergency shelter distribution and NFI distribution targeted the same population).

UNICEF:

Child protection: The number of expected beneficiaries was provided by implementing partners based on the Humanitarian Needs Overview (HNO) and HRP, as well as the previous experience of partners in 2016. The targeted number of children suspected of association with armed groups was based on the number of children who were detained in 2015, received alternative care in the transit and orientation centres, reunified to Diffa by the International Committee of the Red Cross (ICRC) and followed up by the social workers from the Regional Directorate of Child Protection (DRPE) and regional committee for social cohesion. Disaggregation of data by age, sex and status was based on official statistics from the DREC, partner's evaluations and a consideration of the activities to be implemented in this project.

The actual number of beneficiaries was counted using the attendance lists and registers for the various project activities. Data on separated and unaccompanied children (UASC), alternative care placement and reunification was collected through individual identification and documentation forms filled out and followed up on by social workers and child protection actors. Implementing partners recorded the sex, age and status of beneficiaries reached to allow for disaggregation. Stakeholders, and particularly implementing partners, held coordination meetings to discuss activities across sites in order to minimize overlap of services and double counting of beneficiaries. To avoid any double counting, as it was possible that some of the beneficiaries of sensitization activities could overlap with children attending Child Friendly Spaces, the figures were not added up and only the greater number (beneficiaries of sensitization activities) was retained, among these two categories, when calculating the total number of beneficiaries.

Education: Needs were estimated based on data from assessment reports and alerts. These included the IRC multi-sectoral evaluation reports and the Rapid Response Mechanism (RRM)/UNICEF report of December 2016; DREC report Diffa of November 2016; alerts provided by the DREP of Diffa in January 2017; the minutes of several meetings of the Education Working Group of Diffa from November 2016 to January 2017; the activity reports of the education NGO partners in Diffa (CONCERN, COOPI and PLAN Niger); alerts of the pastoral campaigns on fodder deficit of January 2017; and the fodder deficit alert produced in a report by the Ministry of Primary Education in February 2017. Disaggregation of data by age, sex and status was based on official statistics.

Data on reached beneficiaries was provided by implementing partners, including sex disaggregation collected from the field during the activities. Disaggregation by status (refugees, internally displaced persons, returnees and indigenous people) was extrapolated on the basis of population data for Diffa region.

Water, sanitation and hygiene: The targeting of beneficiaries was based on the matrix of needs and gaps managed by the WASH cluster, as well as DREC statistics in Diffa region. Disaggregation by sex and status was estimated on the basis of official statistics. The number of reached beneficiaries was then calculated using different methods. For water infrastructure, the Sphere standard of 500 people per water point was used, and disaggregation by sex, age and status was estimated based on official statistics. For hygiene promotion activities, disaggregated numbers were provided by implementing partners, based on activities in the field.

UNFPA: UNFPA has a field staff at Diffa, who collects, analyses and sends monthly data on activities funded by CERF that are carried out by the Regional Directorate of Public Health, the Regional Directorate for the Promotion of Women and the Protection of Children, NGO or UNFPA. The estimation of the beneficiaries is carried out through the compilation of the data sent by the focal point of the field.

UNHCR: The beneficiary estimate was made on the basis of official government figures for IDPs in the targeted communes. The total number of beneficiaries corresponds to the total number of people targeted.

WHO: The beneficiary estimate was based on official government figures: refugees, IDPs, returnees and host population in 5 targeted health districts in Diffa region, to which should be added 2 health districts in Tahoua region. The total number of beneficiaries corresponds to the total number of people targeted.

Tip! Table 4: Pro-rating according to CERF contribution towards the project can be applied for estimating beneficiary numbers.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	149,940	99,960	249 900
Male	144,060	96,060	240 100
Total individuals (Female and male)	294,000	196,020	490,000

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.

The various activities planned by the UN agencies through the CERF UFE grant have been implemented in collaboration with the operational partners. WHO has reached the highest number of 490 000 people through health activities. To avoid double counting between different sectors, the largest number of people affected was adopted as an estimate of the total number of direct beneficiaries.

CERF RESULTS

UNFPA:

Achieved the following results within CERF Funds on reproductive health issues:

- 77185 persons benefited from various reproductive health services, including among others (i) information on reproductive health services (77,185), (ii) offer of family planning to new users (4,211), (iii) evacuations related to obstetrical complications (150), (iv) antenatal care 14,667, (v) condoms were distributed (26 820), (vi) PMTC/ HIV-AIDS activities (320) (vii) medical support to GBV survivors (150)
- 42 % (3109) of pregnant women deliver in acceptable hygienic conditions assisted by skilled health providers
- 22 Health centres (19 CSI, Nguigmi and Maine Soroa District reference maternities and Diffa Centre for Maternal and Child health) benefited from 259 adequate reproductive health kits to ensure attended births
- 600 additional adolescent girls acquired information and competencies to protect themselves from HIV infection and early pregnancy in Sayam Forage and Kabléwa Safe Spaces
- 42 Mobile clinics across Diffa IDPs sites permit to reach 34,872 persons including 14 women which benefit from Assisted deliveries, 1,523 women from Antenatal care, 4902 women (including 2,067new users) from Family planning, 22,101 Persons from various morbidities care including STI, 8980 children from child immunization and 425 condoms were distributed.

Achieved the following results within CERF Funds on GBV issues:

- 38 281 persons benefited from various GBV services including among others (i) information on GBV (38 281), psychosocial activities (22,146), medical support within 72 hours (807), psychological support (664)
- 3215 women at reproductive age and adolescent girls benefited from dignity kits to ensure their dignity including their hygienic welfare
- 600 additional adolescent's girls have acquired information and competencies to save themselves from GBV in Sayam Forage and Kabléwa Safe Spaces
- 838 GBV actors benefited from various training including GBV Basics (654), GBV case management (79), Clinic rape management (53), psychological support (32), GBVIMS (20)
- 654 youth facilitators, peers and volunteers benefit from rapid orientation on GBV prevention including in basic psycho social support
- 2 qualified persons in GBV coordination and GBVIMS are in place in Diffa and ensure better coordination of GBV activities in close coordination with the regional office in charge of Women promotion

- In order to manage more efficiently GBV survivors, GBV/SoPs and GBVIMS Information Sharing Documents have been developed and shared within a participatory process.

IOM (shelters and NFIs): The funding received from CERF allowed IOM to assist 6,563 beneficiary's households with 2,500 emergency shelters and 4,063 NFI kits. Out of the 6,563 beneficiaries (47,191 individuals), 9,362 individuals (1,307 households) were refugees outside UNHCR refugee camps, 20,903 individuals (2,918 households) were IDPs, 5,643 individuals (788 households) were from the host community and 11,283 individuals (1,550 households) were flood victims. Breakdown figures demonstrate that there were 54.2% female beneficiaries and 45.8% male beneficiaries. Out of 47,191 beneficiaries, 64.2% were children and the remaining 35.8% were adults.

UNHCR: In terms of protection, with CERF support, UNHCR succeeded in improving the protection environment in the Diffa region. As regards to protection monitoring, UNHCR reported a total of 777 protection incidents throughout the reporting period. UNHCR established a quantitative database of all protection incidents in order to observe trends and patterns. Throughout the year, the presence of protection focal points and community based protection committees was increased, while at the end of the year, there were 165 protection focal points active, as well as over 200 active members of protection committees. All were trained and improved throughout the year. The Protection Working group produced a total of 57 studies and evaluation on Diffa, Referral mechanisms per commune were established and validated, while standardised tools were created by the Protection Working Group (PWG).

In terms of awareness raising, over 1,305 community-based protection committee members, focal points, community and traditional leaders, were trained on protection principles. 653 refugees were trained in the roles of community based protection committees and focal points. 11,734 community members benefited from sensitization through various means (tea debates, mass sensitization etc.) throughout the year, with at least monthly sensitization activities per target site. Harmonized key messages were developed by the PWG. Additionally, more than 80 FDS were trained on SGBV and child protection, as well a 19 members of the CNE and 120 members of the local authorities in the region.

In terms of protection response, 619 protection cases were identified and responded to, including over 80 survivors of SGBV, 85 child protection cases and 450 other persons with specific needs. 45 staff members of partner organisations and regional authorities were specifically trained in SGBV response, while 23 members of the Best Interests of the Child Determination panel (BID) were also trained. Overall the protection environment significantly improved, with an active community based response, and regular information sharing, analysis and evaluation

UNHAS: With CERF funding, UNHAS services were provided to 1,054 of the humanitarian community in Niger.

WFP: With CERF funding, WFP was able to provide assistance to 35,250 beneficiaries with unconditional food assistance, malnutrition prevention assistance for children 6-23 months, and school meal activities, for a period of 2 months (May-June 2017), in response to the pastoral crisis in Niger.

Positive factors: rapid intervention; only specific funding for the pastoral crisis response (food security, nutrition, education combined response).

Challenges: elevated needs, insufficient funding levels

WFP reduced the number of months of intervention from 4 to 2, in order to reach a larger number of beneficiaries during the most critical months of the pastoral crisis (May and June 2017).

FAO: Project allowed to save a total of 143 767 vulnerable farmers and herders by increasing their food security and protecting their livelihoods means (feeding conditions improved for both animals and affected populations, no animal mortality reported, food intake improved, etc.).

UNICEF:

Child protection

The project helped build a protective environment for children affected by displacement, reaching 48,918 beneficiaries against a target of 41,000. The project contributed to preventing and responding to child protection risks through 31 community-based child protection mechanisms (target: 30) and awareness-raising activities on various child protection risks and responses to family separation, sexual violence, and recruitment of children into armed groups. Those activities reached 48,918 displaced people, refugees and host community residents (including 24,595 children, among whom 13,805 were girls) (target: 41,000).

Through the project, children impacted by insecurity, attacks and displacement continued to access 47 recreational spaces (target: 41) and 31 youth groups, which gave them a sense of normalcy and allowed them to access to specialized psychological services. 9,937 children, including 4,798 girls, benefited from socio-recreational activities (target: 12,300 children, including 6,765 girls).

A total of 187 UASC and vulnerable children, including 73 girls (target: 183 children; 96 girls), were identified and documented. They included children associated with armed conflict and armed groups (CAAFAG). 102 children including 34 girls (target: 70 children; 35 girls) were placed in temporary alternative care and/or received individualized support. 40 UASC and vulnerable children, including 2 girls (target: 50 children; 25 girls) benefited from family tracing and conclusive reunification with their families through support from UNICEF partners, in compliance with international standards.

Education

CERF funding helped to ensure education for 19,218 girls and boys affected by the conflict in Diffa region (9,881 beneficiaries) and the fodder deficit in various regions of Niger (9,337 beneficiaries), against a target of 50,138 children.

In Diffa region, the project supported 9,881 children to continue their schooling in 61 schools (including TLS in displaced sites and host community schools that also cater to refugees, IDPs and returnees), through building 111 TLS structures, purchasing furniture for 111 TLS (using CERF and other funding), procuring textbooks and learning kits to children and textbooks to teachers, and providing pedagogical support to 140 teachers. Of the 111 TLS, 102 have opened (target: 100 TLS) and 9 will become operational when more teachers are recruited, which is expected to benefit another 360 children. There is a shortage of teachers in the region, linked to a national assessment of contractual teachers that resulted in a large number of dismissals. More generally, the number of children reached in Diffa remains well below the initial target of 16,981, which had been overestimated as it corresponded to 85 students per TLS, while national or international standards call for 50 and 30 students per class respectively.

In addition, the project supported families affected by the fodder deficit in Agadez, Maradi, Tahoua and Zinder regions. 1,307 parents received non-food items to encourage them to keep their children in school when departing in transhumance in search of fodder for their livestock. 9,337 children were reached through this initiative. The initial target of 33,157 children could not be met, as it was based on unrealistic estimations of the needs. The project proposal relied on data provided by regional authorities, which was likely overestimated and was then disputed by the central level. The rapid evaluation conducted at the start of the project evidenced a lower number of children in need, all of whom were supported through the CERF project. It is also likely that some children had already left with their parents for transhumance when the project started. As the fodder deficit persists in 2018, the Education cluster will ensure that it cross-checks data against various sources to avoid such issues in the future.

Water, sanitation and hygiene

CERF funding reached 79,126 beneficiaries (target: 76,000) through improved access to basic sanitation and to safe drinking water, the promotion of good hygiene practices, and improved access to WASH facilities in schools and in health centres for severe acute malnourished children.

In Diffa region, 25,513 people (target: 35,000) gained access to new latrines through the construction of 670 latrines (in blocks of 2, separated for females and males). Hygiene promotion activities through community mobilization and awareness-raising related to waterborne diseases, handwashing with soap/ash at critical moments, use and maintenance of latrines and water safety reached 31,483 people (target: 35,000). Concerning water supply, 51 boreholes (target: 40) were rehabilitated, benefiting 25,500 displaced people (target 20,000). A total of 51 new water management committees (with 40% female membership) were established, trained and equipped with hygiene kits. In addition, 76 community-level repairmen were trained and equipped with maintenance kits for preventive maintenance and small repairs (target: 80), 10 of them receiving additional training for complex maintenance.

A total of 15,529 students (target: 22,000) in 60 schools of Diffa region benefited from hygiene and sanitation activities. 250 blocks of 2 latrines (500 total) were built, including 350 emergency latrines in 37 temporary schools and 150 permanent latrines in 23 permanent schools (target: 500). The latrines were separated for boys and girls and equipped with 250 handwashing devices. Hygiene promotion activities included training on latrine maintenance and sensitization on menstrual hygiene management.

Finally, WASH activities related to the treatment of severe acute malnutrition benefited 10,847 severely malnourished children (target: 10,000) and their families in Maradi and Tillabéry regions, through hygiene promotion and the provision of basic hygiene kits comprising soap and water treatment products. 16 health centres (target: 20) benefited from safe water supply infrastructures, and 9 health centres (target: 20) from latrine rehabilitation. 186 health workers and community volunteers (target: 120) were trained on the minimum WASH package to monitor residual chlorine, support household water treatment, supervise maintenance of latrines and water points and promote hygiene.

A knowledge, attitudes and practices (KAP) survey undertaken by the WASH cluster in September 2017 showed a clear improvement with regards to water, hygiene and sanitation in Diffa region, and particularly in displaced sites. UNICEF would like to thank the CERF for its contribution to improving the life of vulnerable population affected by humanitarian crises.

WHO: Through the CERF funding, WHO and MOH implemented the project to improve access to basic and emergencies health services for vulnerable population, and also to reinforce control of outbreak in Diffa and Tahoua Regions. This project served IDPs, refugees, and host and vulnerable population. It provided basic and emergencies healthcare services

In line with this, 15 health centres, 5 referral hospitals were supported and their capacity increased for additional caseload. The referral services such as emergency care, treatment of injuries, severe anemia, malaria and emergency child care was reinforced. Capacity strengthening was achieved through regular supplies of medicines and equipment, training of health workers, community health workers, and technical support for control and epidemiological surveillance, early case detection and referral of complicated cases. Outbreaks was addressed (Hepatitis E, meningitis and other suspected cases of outbreak were investigated, and adequate response was given quickly, in order to avoid loss of lives).

75 medical staff (men and women) in 5 health districts of Diffa Region had improved knowledge on the implementation of the minimum health services package and have knowledge on the complementary services package in emergency situations, on integrated management of childhood illnesses; From 7 targeted health districts , 168 health workers in and Tahoua and Diffa regions have been trained and improved their knowledge on integrated disease surveillance and response (IDSR); 180 selected community health workers (relais communautaires), men and women, young men and young women, within the targeted 7 health Districts went through a refresh training on key health practices for disease prevention; 5district referral hospitals (HGR) were supplied with medicines and equipment according to norms and standards of the complementary services package; Guidelines and monitoring tools were printed and disseminated to 7 targeted districts / Diffa and Tahoua regions; Diagnostic capacities of laboratories are strengthened through supply of reagents in the 7 targeted districts in Diffa and Tahoua regions.

CERF's ADDED VALUE

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

YES PARTIALLY NO

UNFPA: CERF funds permit us to acquire quickly resources (reproductive health kits, dignity kits and qualified human resources) to deliver continuous reproductive health and GBV services to IDPs and host persons in needs in Diffa region (including within mobile clinics to those with difficult access). In addition, qualified persons recruited with CERF funds permit us to better deliver and coordinate GBV activities in Diffa region.

IOM: Funding from CERF allowed IOM and its implementing partners to acquire and distribute emergency shelters and NFI kits to displaced populations in different sites in Diffa. Through ACTED funded by ECHO for the RRM, IOM was also able to support the RRM process for newly displaced vulnerable populations. IOM provided to ACTED (RRM partner) the necessary e-shelter and NFI kits and ACTED carried out the evaluations and distributions with funding from ECHO. The whole process was coordinated through the shelter and NFI working group. This allowed IOM and its partners to respond to a rapid onset of population movement and assist the most vulnerable families with emergency shelters and basic NFI needs.

UNHCR: CERF funds were rapidly disbursed and enabled a fast transfer to implementing partners and thus to beneficiaries. As noted, at the beginning of the year, the Protection sector was extremely underfunded, while funds were urgently required to enable the beginning of the implementation of activities.

UNHAS: This project allowed UNHAS to support the increase of aircraft capacity with the introduction in the fleet of a DHC 8/100, 37 seaters in during 2017, this to support the continuous demand in 2017 for travel to Diffa with a total passengers transported 5712 an increase of 1236 passengers comparing with 2016.

WFP: Thanks to the CERF contribution, assistance was provided rapidly to people most in need during the pastoral crisis (May-June 2017).

FAO: CERF funds disbursement has been readily available; it was possible to shorten the delivery period

UNICEF: CERF funding was instrumental in rapidly delivering assistance in the child protection, education and water, hygiene and sanitation sectors. The quick proposal and disbursement of funds made it possible to address important gaps that would otherwise not have been met in a timely manner.

WHO: CERF funds enabled the purchase of standardized medical kits (essential medicines and medical supplies, urgently needed in a precarious situation) as well as the provision of health assistance at Regional and district level, in the 2 regions (Diffa and Tahoua)

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

YES PARTIALLY NO

UNFPA: Before CERF fund, Coordination and quality of GBV activities remained a critical problem. With CERF Funds, UNFPA, with UNHCR and other GBV actors ensure a good coordination of GBV activities with Consensual Guiding Documents (SOPs), a system of GBV information sharing and better response at the community level.

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

UNHCR: As mentioned above, the rapid disbursement of CERF funds enabled a response to time critical needs. Several incidents throughout the year (particularly the suicide attacks in the IDP camp of Kablewa in June) required urgent time critical response, which was facilitated by the availability of CERF funds.

WFP: This intervention helped preserve the livelihoods of the assisted pastoral communities. This helped to avoid negative social and economic effects on these communities in the most critical time of the year, namely the pastoral lean season.

FAO: Inputs were purchased and delivered at the most critical lean period

UNICEF: CERF funds helped respond to time critical needs in the child protection, education and water, hygiene and sanitation sectors. For instance, they enabled child protection actors to address the needs of children at-risk of recruitment by extremist groups, gender-based violence (GBV), and other child protection risks. In education, the CERF contribution made it possible to respond to the consequences of the fodder deficit as they were unrolling. The WASH interventions responded to the immediate need for access to water; they also helped to stabilise the hepatitis E epidemic and contributed to the prevention of cholera in Diffa region.

WHO: The response to the needs identified in the CERF proposal and related activities has been implemented according to schedule. However, it should be noted that some activities have been delayed due to the humanitarian context (security problem), but implementation was completed later on

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

YES PARTIALLY NO

UNFPA: In addition to CERF funds and in order to reinforce UNFPA interventions, particularly within IDPs sites, more than US\$ 700,000 additional funds has been mobilized from our Headquarters, SWEDD and regular funds to reinforce response in Diffa. In addition, additional resources are expected (more than \$US 500,000) are expected to expand response in 2018. Complementarity of funds from the Government of Norway and internal resources helped to ensure a wider coverage of integrated comprehensive reproductive health services and GBV prevention and response.

IOM: The funds from CERF provided the logistical support necessary to enable UNICEF to distribute NFI kits for the flooding response in 2017 in Niger. CERF funds also allowed IOM to contribute to the RRM process through its implementing partner ACTED that had logistical financing support from ECHO hence IOM provided the e-shelters and NFI kits to ACTED for assistance to vulnerable affected populations.

UNHCR: CERF funds partially helped to improve resource mobilization from other sources. Through CERF funds plus funding from one other key international donor for protection activities, UNHCR was able to provide a complete response to improve the protection environment in the Diffa region.

WFP: The fact that CERF funding was made available helped raise awareness on the existence and effects of the pastoral crisis, which is likely to reoccur in 2018. Although it did not bring additional funding to WFP directly, the government and humanitarian community became more aware of food insecurity issues tied to the pastoral lean season and not only the agricultural one.

UNICEF: The availability of CERF funding facilitated resource mobilization in the child protection, education and water, hygiene and sanitation sectors, as it enabled UNICEF to respond to immediate needs while building partnerships for future actions. Several donors subsequently made funding available, which helped UNICEF address some of the remaining gaps in the affected areas.

WHO: CERF funds received in 2017 helped WHO to expand health interventions, but overall the funding level for health sector was lower than the needs. In 2017, we received about 25% of the financial needs expressed in the HRP.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

UNFPA: As reported in b), before CERF fund, Coordination and quality of GBV activities remained a critical problem. With CERF Funds, UNFPA, with UNHCR, UNICEF and others INGOs (International NGO) and NNGO (National NGO), under the leadership of the Diffa Regional Office in charge of women promotion, mobilize all GBV actors within an approach to ensure a good coordination of GBV activities. As results, GBV sub Group held regular coordination meetings and conducted periodic assessments in Diffa.

IOM: This project allowed IOM to better ensure its Co-lead role in the national and regional shelter and NFI working group. This allowed IOM to participate and continue the functioning of the shelter and NFI region-working group in order to coordinate the activities of shelter and NFI's partners together with the government through the Ministry of Humanitarian Action and Disaster Management, allowing for a more harmonized coordinated response in shelter and NFI.

UNHCR: As regards to the protection sector, CERF funds sis help in terms of coordination – particularly for example with UNICEF who also received CERF funds for child protection. Joint efforts between UNHCR and UNICEF ensured that an adequate protection response was provided.

WFP: Joint management of CERF funding between the humanitarian actors involved, favoured discussions and information sharing within the humanitarian community.

FAO: On field personal of agencies were involved in the monitoring of humanitarian response thanks to CERF funds (among others)

UNICEF: CERF funds helped to strengthen coordination in the child protection, education and water, hygiene and sanitation sectors. For instance, in child protection, the CERF project was discussed through the child protection sub-cluster and through thematic task forces, which helped avoid duplication of activities and promoted the participation of organizations with diverse expertise. In education, project implementation led to the sharing of experiences with the humanitarian community within the education cluster and in regional education working groups. Finally, CERF funding allowed the WASH sector to organize additional coordination meetings involving key partners for the implementation of the emergency response in Diffa region and other beneficiary areas.

WHO: CERF provided an additional opportunity between WHO (as health cluster lead) and other agencies and sector to coordinate and share information about the humanitarian and epidemics situation. This helped to reduce the number of overlapping programs and interventions on the field and improved the better use of resources response.

During epidemic response (hepatitis E response, meningitis ...), partnerships between health sector and other sectors were reinforced.

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

IOM: CERF funding came at the right time to provide very much needed assistance to displaced population in a protracted crisis that is suffering from gaps in funding to cope with the ever-growing humanitarian needs of the displaced population.

WFP: UN engagement in humanitarian response helps boost credibility and reliability.

UNICEF: In the water, sanitation and hygiene sector, the CERF allocation process strengthened internal mechanisms of the WASH cluster in terms of joint definition and validation of allocation criteria and selection of eligible projects. This transparency, in turn, reinforced the credibility of the WASH cluster and subsequently the coordination and quality of the humanitarian response.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The project proposal template is straight-forward and easy to use and the possibility to submit proposals in French is key for francophone countries in order to facilitate the sharing of plans with key government authorities and community members.	Keep the current format for project proposals, as well as the option to submit in French, and ensure that country teams are fully aware of the possibility of using French rather than English.	CERF Secretariat
Short submission deadlines for project proposals sometimes lead to planning weaknesses, which can then only be addressed by internal project flexibility.	Maintain internal project flexibility to allow budget reallocations that do not alter the nature of the intervention.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Improved coordination led to efficiency in assistance and wider reach of available resources	Continuous improved coordination and participation of shelter and NFI partners in coordination meetings will allow for a more efficient response with the limited resources to the protracted crisis in Diffa	Shelter and NFI working group partners
It would be beneficial to expand the list of the CERF Life Saving criteria for the protections section. The list focuses particularly on human rights, however there are multiple other life saving elements in terms of protection	Expand CERF Protection Life-Saving Criteria to include additional elements	UNHCR
Livestock : Local NGOs and decentralized services are good partners in zone of conflict	Develop and maintain good partnership with local partners	Food security cluster
In the child protection sector, there is a need to ensure the nexus between humanitarian action and development, and to further build the capacity of communities to protect their children and to take over the management of interventions.	To ensure that interventions are sustainable, further efforts should focus on strengthening the capacity of child protection community-based mechanisms to conduct awareness-raising activities and to detect and refer children in need of protection to competent services, on building the capacity of communities to take over the management of Child Friendly Spaces and other interventions, and on regularly mapping all interventions.	Child protection sub-cluster
In the child protection sector, there	Greater attention must be given to the reunification	UNICEF, DRPE, Child

remains too few reunifications of unaccompanied children due to a lack of resources (logistics and number of actors) dedicated to the reunification process.	process, in particular through increased involvement of community-based structures in the family tracing of unaccompanied children, greater follow-up by child protection organizations with the DRPE, and set-up of an inter-agency child protection information management system.	protection sub-cluster
In the education sector, conflict and disaster risk reduction trainings have been well received by teachers as a means to improve child protection, but teachers require further support to prepare school response plans.	School management committees should also receive training on conflict and disaster risk reduction (in the local language) in order to better support teachers in the development of response plans.	DREP, UNICEF
In the education sector, the data provided by the central level sometimes differs from data collected by partners through the Regional Directorates	Ensure that future planning is based on data validated by the Government at central level	Education cluster
In the WASH sector, while women are represented in water management committees, they rarely hold decision-making positions within the committees.	Conduct community-level discussions on gender issues and the roles and responsibilities of the water management committee prior to setting up the committee, to increase the likelihood that women are selected for decision-making positions, instead of being relegated to lower level positions (e.g., hygienist, assistant secretary) with little opportunity to influence decisions.	WASH cluster, Protection cluster
In the WASH sector, construction activities were insufficiently planned, as they did not systematically take into account difficulties in access and climate conditions (rainy season), resulting in delays for carrying out WASH projects activities.	Projects submitted by humanitarian actors for future CERF projects should be accompanied by a clear and coherent procurement plan; this should be included as part of the selection criteria.	WASH cluster
In the WASH sector, efforts to promote handwashing with soap are hampered by the lack of soap and unaffordability in some areas. Soap distribution by implementing partners is not a sustainable solution.	Local soap production should be integrated into projects to promote income-generating activities, and to make soap available and affordable. Alternatively, local conditions permitting, humanitarian actors could continue to promote handwashing with ash, as well as with soap.	WASH cluster, Inter-cluster coordination (ICC)

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	21/03/2017 - 31/12/2017		
2. CERF project code:	17-UF-CEF-028		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Child Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protective environment for children affected by displacement as a result of armed conflict					
7. Funding	a. Total funding requirements ² :	US\$ 2,307,060	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 1,043,987	▪ NGO partners and Red Cross/Crescent:		US\$ 563,351	
	c. Amount received from CERF:	US\$ 699,987	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	16,986	13,897	30,883	13,805	10,991	24,796
Adults (≥ 18)	5,564	4,553	10,117	15,074	9,048	24,122
Total	22,550	18,450	41,000	28,879	20,039	48,918
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	18,040			15,566		
IDPs	20,500			22,753		
Host population	2,460			9,561		
Other affected people				1,038 (returnees)		

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

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

Total (same as in 8a)	41,000	48,918
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	More beneficiaries than planned were reached as there were less population movements in 2017 than in 2016, and it was thus easier to carry out sensitization activities and to reach a greater number of people.	

CERF Result Framework			
9. Project objective	Protective environment for children affected by displacement as a result of armed conflict.		
10. Outcome statement	Children affected by displacement as a result of armed conflict are provided with adequate prevention and response to their protection needs.		
11. Outputs			
Output 1	Child protection risks are prevented and responded to, through community-based child protection mechanisms and dissemination of radio messages		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of community mechanisms strengthened and harmonized	30	31
Indicator 1.2	Number of children and adults benefitting from sensitization activities	41000	48,918, including 24,595 children (13,805 girls)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Strengthening and harmonisation of community-based mechanisms to prevent and respond to child protection risks due to the crisis	IRC, DR PF/PE Diffa	IRC, COOPI
Activity 1.2	Sensitization activities with communities on child protection risks related to the crisis (including through the dissemination of child protection/GBV radio messages)	IRC, Ministry of Communications	IRC, COOPI
Output 2	Children (displaced, returnees, refugees and from host communities) have access to socio recreational activities and psychosocial support if needed, in Child Friendly Spaces/safe places for children and those with special protection needs are referred to competent services		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of Child Friendly Spaces, reinforced/ rehabilitated and coordinated	41	47
Indicator 2.2	Number of children benefiting from socio recreational activities and psychosocial support	12300 (6765 girls)	9,937 (4,798 girls)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Rehabilitation/reinforcement and coordination of Child Friendly Spaces, young peer educators team (DIAP,	COOPI, IRC	COOPI, IRC

	etc.)		
Activity 2.2	Socio recreational activities and psychosocial support for children in safe places such as Child Friendly Spaces or others, staffed with educators, social workers, psychologists and trained community volunteers	COOPI, IRC	COOPI, IRC
Output 3	Unaccompanied and separated children (UASC), as well as extremely vulnerable children, are identified, documented, provided with temporary care and individualized support, and reunified with their families in line with interagency standards		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of UASC (disaggregated by unaccompanied/separated, girls and boys) and extremely vulnerable children identified and documented	183 (96 girls)	187 (73 girls), including 64 separated children, 49 unaccompanied children, 74 vulnerable children (40 children suspected of association to the armed group Boko Haram and 34 dependents of adults suspected of association with Boko Haram)
Indicator 3.2	Number of UASC benefiting from alternative care and/or individualized support	70 (35 girls)	102 (34 girls), including 40 suspected of association/CAAFAG
Indicator 3.3	Number of UASC reunified with their family	50 (25 girls)	40 (2 girls) including 37 CAAFAG
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Identification, documentation and referral of UASC and vulnerable children	COOPI, IRC, DR PF/PE Diffa	COOPI, IRC, DR PF/PE Diffa
Activity 3.2	Alternative care and/or individualized follow up support to UASC and vulnerable children	COOPI, IRC, DR PF/PE Diffa	COOPI, IRC, DR PF/PE
Activity 3.3	Family reunification of UASC	COOPI, IRC, DR PF/PE Diffa	COOPI, IRC, DR PF/PE

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

CERF funding helped build a protective environment for children affected by displacement, reaching 48,918 beneficiaries against a target of 41,000.

The project contributed to preventing and responding to child protection risks through 31 community-based child protection mechanisms (target: 30) and awareness-raising activities on various child protection risks and responses to family separation, sexual violence, and recruitment of children into armed groups. Those activities reached 48,918 displaced people, refugees and host community residents (including 24,595 children, among whom 13,805 were girls) (target: 41,000).

Awareness-raising was achieved by direct engagement with children and adults through music or theatre groups, tea debates, community volunteer guidebooks with key messages, and through the reinforcement of new and existing child protection mechanisms – instead of through radio messages, as was planned in the project formulation, as these were broadcasted through

a radio education programme financed by another project.

Through the project, children impacted by insecurity, attacks and displacement continued to access 47 Child Friendly Spaces (target: 41) and 31 youth groups, which gave them a sense of normalcy and allowed them to access specialized psychological services. 9,937 children, including 4,798 girls, benefited from socio-recreational activities (target: 12,300 children, including 6,765 girls). Among the 9,937 children who accessed socio-recreational activities and psychosocial support, 389 girls and 519 boys benefited from psychosocial support through individual counselling and participation in listening groups, under the supervision of specialized educators and psychologists. Key issues such as adolescents losing their parents due to Boko Haram attacks and adapting mechanisms to the community for refugees were discussed.

Insecurity in the region was a key factor for not meeting the targeted number of beneficiaries for socio-recreational activities and psychosocial support. Community volunteers received numerous threats and, in September 2017, eight Child Friendly Spaces were required to temporarily close or maintain sporadic schedules. The volatile security situation in Diffa region also reduced the mobility of implementing partners to some areas, and posed constraints in reaching children and families through the various activities. In order to mitigate this challenge, UNICEF partners used community-based protection mechanisms, such as the community volunteers, youth peer educators, protection committees and community focal points.

A total of 187 UASC and vulnerable children, including 73 girls (target: 183 children; 96 girls), were identified and documented. They included children associated with armed conflict and armed groups (CAAFAG). A specific campaign was also established to sensitize communities to identify UASC. 102 children including 34 girls (target: 70 children; 35 girls) were placed in temporary alternative care and/or received individualized support. 27 host families were involved in a parenting initiative for UASC, and 13 meetings were held throughout the project to promote awareness for the protection and well-being of hosted children. Social workers visited the children on a regular basis in order to ensure that children were not exploited and were adapting to their environment. The host families received food items and NFIs, as well as regular follow-up visits, in order to avoid any possible incidences of child exploitation and heavy work. In addition, some of the funds intended for host families were re-allocated to families spontaneously taking care of separated or extremely vulnerable children, to follow the best interests of the child. CAAFAG in transit centres in Niamey or in a detention centre in Goudoumaria (Diffa region) were also supported through psychosocial support, socio-recreational activities and non-food items.

40 UASC and vulnerable children, including 2 girls (target: 50 children; 25 girls) benefited from family tracing and conclusive reunification with their families through support from UNICEF partners, in compliance with international standards. Among them, there were 37 CAAFAG who were reunified in Diffa, thanks to the efforts of the DRPE Diffa and the regional committee for social cohesion, who were provided means of transportation through this project to meet and prepare families for reunification, as well as follow-up on the post-reunification process.

The restricted logistical capacity of the DRPE (e.g., lack of vehicles to search for families) limited the possibility of achieving more UASC reunifications. The turnover of state agents and coordination actors, the lack of state structures in remote areas (such as the Child Protection Directorate and Justice Services) and logistics constraints also slowed down the family tracing process and the reunification of children. Despite these constraints, CERF funding helped reach many children and families, and especially strengthen the community-based mechanisms and capacities of leaders (including youth and women) in the knowledge of child protection and rights, community awareness, and referral mechanisms.

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

Accountability to affected populations was ensured throughout the project cycle. Adolescents in the youth peer educator committees and community volunteers in Child Friendly Spaces participated actively in decision-making regarding approaches and content of the specific activities to be implemented in their communities. DIAP/DIAPado schedules were chosen based on dialogue with communities (e.g., considering prayer times, market days and school hours). Subjects for awareness-raising were chosen and adapted with the youth and through community focal points' involvement. In addition, the regular presence of psychologists and the quality of interventions helped establish a continuous dialogue with beneficiaries, who felt comfortable sharing their difficulties and suggestions.

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

EVALUATION CARRIED OUT

While no formal evaluation was conducted, UNICEF staff based in Diffa closely monitored implementation and reported on progress, challenges and lessons learned to the UNICEF Office in Niamey on a monthly basis. Recommendations were in turn discussed with implementing partners at their head office in Niamey. A UNICEF Child Protection Information Management Officer was available to support data collection and manage the information system for UNICEF and for the child protection sub-cluster, which helped assess needs and better target the response.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	20/03/2017 - 31/12/2017		
2. CERF project code:	17-UF-CEF-029		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Education			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Ensuring education for girls and boys (4 to 14 years old) affected by conflict in Diffa region and fodder deficit in Maradi, Zinder, Agadez and Tahoua regions					
7. Funding	a. Total funding requirements ⁴ :	US\$ 9,321,153	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 1,772,887	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 322,368	
	c. Amount received from CERF:	US\$ 578,410	▪ <i>Government Partners:</i>		US\$ 19,003	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	27,576	22,562	50,138	9,787	9,431	19,218
<i>Adults (≥ 18)</i>						
Total	27,576	22,562	50,138	9,787	9,431	19,218
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	5,094		1,922			
<i>IDPs</i>	6,792		2,594			
<i>Host population</i>	3,396		1,345			
<i>Other affected people</i>	34,856		13,357			
Total (same as in 8a)	50,138		19,218			

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

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

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>The total number of beneficiaries reached is much lower than the target due to data and planning issues at the project proposal stage.</p> <p>In Diffa, discrepancies in planned and reached beneficiaries were linked to errors in planning. The project targeted the construction of 100 temporary learning spaces (TLS) and the equipment of 200 TLS. As national standards limit the number of pupils to 50 per class, 200 TLS should have translated to a maximum of 10,000 pupils. However, the project planned on reaching 16,981 pupils, corresponding to a ratio of 85 students per TLS. Moreover, by the time the project started, some of the TLS had already been equipped using other sources of financing. The funds were thus reallocated to the procurement of textbooks, where there were unmet needs, and this benefited 9,000 children.</p> <p>For the fodder deficit, the data available at the time of the project proposal estimated around 33,157 affected children, but the rapid assessment that was conducted with CERF funding revealed only 9,337 children in need. This discrepancy has two causes: 1) the original data provided by regional authorities was likely overestimated and was disputed by the central level, and 2) some children had already followed their parents in transhumance by the time the project started, and could not be traced. All the children who had stayed to continue their schooling were supported by the CERF project.</p>
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CERF Result Framework			
9. Project objective	Ensuring access to formal and non-formal education in a protective environment for 16,981 children affected by crises in the Diffa region, and in the Agadez, Tahoua, Maradi and Zinder regions		
10. Outcome statement	IDPs, refugees, returnees and most vulnerable children from host communities have access to formal and non-formal education in a protective environment		
11. Outputs			
Output 1	50,138 children affected by crises in Diffa, Zinder, Maradi, Agadez and Tahoua regions gain access to formal and non-formal education		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of boys and girls affected by crisis who gained access to formal and non-formal education	50,138 (27,576 girls and 22,562 boys)	19,218 (9,787 girls and 9,431 boys)
Indicator 1.2	Number of temporary learning spaces implemented	100	102
Indicator 1.3	Number of classrooms equipped with mats, teachers' desk and chairs	200	102 (through CERF and other funding)
Indicator 1.4	Number of parents affected by fodder deficit who received NFI kits for keeping their children in schools	2,000	1,307
Indicator 1.5	Number of students receiving learning kits	3,000 (1,650 girls and 1,350 boys)	2,760 (1,435 girls and 1,325 boys)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Rapid needs assessment in fodder deficit areas	UNICEF/MoE	UNICEF/MoE (DREP Agadez, Tahoua, Maradi, Zinder)

Activity 1.2	Construction of temporary learning spaces	NGO	NGO (COOPI)
Activity 1.3	Procurement and distribution of learning kits	UNICEF/NGO	UNICEF/NGO (COOPI)
Activity 1.4	Procurement and distribution of mats, desks and blackboards	UNICEF/MoE	UNICEF/MoE (DREP Diffa) (through CERF and other funding)
Activity 1.5	Procurement and distribution of NFI kits to parents of children affected by fodder deficit	UNICEF/MoE	UNICEF/MoE (DREP Agadez, Tahoua, Maradi, Zinder)
Output 2	The quality of education in formal and non-formal education is improved for 16,981 children (9,340 girls) affected by the conflict in the Diffa region		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of boys and girls affected by crisis attending education in a classroom where the teacher has been trained in psychosocial support	16,981 (9,340 girls and 7,641 boys)	6,578 (3,345 girls and 3,233 boys) (through CERF and other funding)
Indicator 2.2	Number of SMC members trained on peace consolidation and prevention of school-based violence	282 (156 women and 126 men)	238 (58 women and 180 men) (through other funding)
Indicator 2.3	Number of boys and girls affected by crisis attending education in a classroom where the teacher has been trained in Disaster Risk Reduction	16,981 (9,340 girls and 7,641 boys)	6,578 (3,345 girls and 3,233 boys) (through CERF and other funding)
Indicator 2.4	Number of boys and girls affected by crisis who received Mathematics and French textbooks	3,000 (1,650 girls and 1,350 boys)	9,000 (4,680 girls and 4,320 boys)
Indicator 2.5	Number of teachers who received teachers' manuals	340 (187 women and 153 men)	340 (187 women and 153 men)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Training of teachers on psychosocial support	MoE	MoE (DREP Diffa) (through CERF and other funding)
Activity 2.2	Training of SMC members on peace consolidation and prevention of school-based violence	MoE	MoE (DREP Diffa) (through other funding)
Activity 2.3	Training of teachers on Disaster Risk Reduction	MoE	MoE (DREP Diffa) (through CERF and other funding)
Activity 2.4	Procurement and distribution of Mathematic and French textbooks	UNICEF/NGO	UNICEF/NGO (COOPI)
Activity 2.5	Procurement and distribution of teachers' manuals	UNICEF/NGO	UNICEF/NGO (COOPI)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy

between planned and actual outcomes, outputs and activities, please describe reasons:

As a result of CERF funds, access to education was improved for IDPs, refugees, returnees and vulnerable children affected by the Lake Chad Basin crisis or by the fodder deficit.

In Diffa region, the project supported 9,881 children to continue their schooling in 61 schools (including TLS in displaced sites and host community schools that also cater to refugees, IDPs and returnees), through building 111 TLS structures, purchasing furniture for 111 TLS (using CERF and other funding), procuring textbooks and learning kits to children and textbooks to teachers, and providing pedagogical support to 140 teachers. CERF funds trained 36 teachers in psychosocial support and conflict and disaster risk reduction, and other funding sources were used to train another 100 teachers on these topics, as well as 238 SMC members on peace consolidation and prevention of school-based violence (with less women than anticipated, due to a lack of female members in the SMCs of the targeted schools).

Of the 111 TLS, 102 have opened and 9 will become operational when more teachers are recruited, which is expected to benefit another 360 children. There is a shortage of teachers in the region, linked to a national assessment of contractual teachers that resulted in a large number of dismissals. Moreover, while the project had planned to equip 200 TLS in total, at the time of implementation this activity was completed through other funding sources for 89 TLS. CERF funds were thus redirected to fulfil the unmet needs for textbooks, making it possible to reach 9,000 children, against an initial target of 3,000.

Only 136 teachers were trained in these 61 schools (through CERF and other funding sources) instead of the initial target of 340, as many of the teachers in these schools had been previously trained through other projects. The 61 schools are now in the process of developing conflict/disaster response plans, in collaboration with all school personnel and the SMCs. The availability and implementation of these plans will benefit the 16,510 students (including 8,156 girls and 8,354 boys) of these 61 schools.

The number of children reached in Diffa remains well below the initial target of 16,981, which had been overestimated as it corresponded to 85 students per TLS, while national or international standards call for 50 and 30 students per class respectively.

In Agadez, Maradi, Tahoua and Zinder regions, CERF funding helped to ensure education for 9,337 girls and boys affected the fodder deficit, by supporting a rapid evaluation followed by the distribution of non-food items to 1,307 families, to encourage them to keep their children in school when departing in transhumance in search of fodder for their livestock.

The initial target of 33,157 children for the fodder deficit was not met due to initial planning errors: the project proposal was based on data provided by the Regional Directorates of Primary Education, but this data was subsequently disputed by the central level. The rapid evaluation conducted at the start of the project evidenced a lower number of children in need – possibly because some families had already moved (and the Regional Directorates had no capacity to trace them), but also because of overestimations by the regional level. As the fodder deficit persists in 2018, the working groups and the Education cluster are taking the lead to collect data from several sources prior to the official fodder deficit alert. This will allow education partners to plan interventions based on figures that are closer to reality.

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

SMCs played an important role during implementation: in Diffa region, for instance, they were consulted on the need for building TLS in specific sites, and were then involved in following up on planned activities. In the regions affected by the fodder deficit, SMCs oversaw the distribution of NFIs, so as to ensure fairness and transparency. More generally, the SMCs were involved in the day-to-day monitoring of school activities through general meetings that they hold periodically. In addition, monitoring and evaluation missions by State structures as well as by UNICEF and NGO staff provided an opportunity to seek feedback from communities. This information was then used to make the necessary adjustments to project activities.

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

EVALUATION CARRIED OUT

There was no external evaluation of the project, however UNICEF staff (both from Niamey and field offices) undertook programme visits to monitor project implementation. Periodic meetings were also organized with implementing partners. In addition, an assessment of the 2017 humanitarian response in the education sector is underway in the Diffa Education Working Group, taking into account the efforts of all partners, including through this project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information									
1. Agency:	UNICEF		5. CERF grant period:	14/03/2017 - 31/12/2017					
2. CERF project code:	17-UF-CEF-030		6. Status of CERF grant:	<input type="checkbox"/> Ongoing					
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded					
4. Project title:	Emergency Sanitation, Wash in School and Wash in Nut in affected communities								
7. Funding	a. Total funding requirements ⁶ :	US\$ 17,880,000	d. CERF funds forwarded to implementing partners:						
	b. Total funding received ⁷ :	US\$ 12,956,958					▪ <i>NGO partners and Red Cross/Crescent:</i>	US\$ 1,055,645	
	c. Amount received from CERF:	US\$ 1,200,000					▪ <i>Government Partners:</i>	US\$ 266	
Beneficiaries									
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).									
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>					
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>			
<i>Children (< 18)</i>	26,138	25,112	51,250	23,702	22,679	46,381			
<i>Adults (≥ 18)</i>	12,623	12,127	24,750	17,182	15,563	32,745			
Total	38,761	37,239	76,000	40,884	38,242	79,126			
8b. Beneficiary Profile									
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>					
<i>Refugees</i>	22,200			22,156					
<i>IDPs</i>	36,500			37,978					
<i>Host population</i>	7,300			8,145					
<i>Other affected people</i>	10,000			10,847					
Total (same as in 8a)	76,000			79,126					

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

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

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Beneficiary estimates were based on the available statistics of the DREC, while the results achieved reflect the actual situation recorded by the partners in the field. This explains why the ratio of children to adults differs between the proposal and the reporting stages.
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CERF Result Framework			
9. Project objective	Respond to the basic needs of crisis-affected men, women, boys and girls for sanitation, hygiene and access and use of safe drinking water in communities, schools and health centres.		
10. Outcome statement	The mortality and morbidity linked to unsafe sanitation facilities and insufficient access and use of safe water is reduced.		
11. Outputs			
Output 1	35,000 persons on the sites of displaced populations in Diffa use basic improved sanitation facilities through the construction of 700 community latrines and are reached with related basic hygiene promotion		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of persons using basic improved sanitation facilities	35,000 (17,850 women and 17,150 men)	25,513 (13,012 women and 12,501 men)
Indicator 1.2	Number of community latrines constructed and operational and for which a cleaning and maintenance process has been put in place and is operational	700	670
Indicator 1.3	Number of persons covered with basic hygiene promotion activities	35,000 (17,850 women and 17,150 men)	31,483 (16,056 women and 15,427 men)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of sites with the local population and construction of 700 community latrines equipped with hand-washing facilities	NGO partners; 3 actors for 3 zones (potentially NGOs ACTED, IRC, IEDA Relief, CISP, ACF and Demi-E) ⁸	ACTED, IRC, CISP
Activity 1.2	Setting up and training of community cleaning and maintenance process for 700 community latrines and their hand-washing facilities	NGO partners; 3 actors for 3 zones (potentially NGOs ACTED, IRC, IEDA Relief, CISP, ACF and Demi-E)	ACTED, IRC, CISP
Activity 1.3	Hygiene promotion activities, mainly related to sanitation and personal hygiene for the persons benefitting from the newly built community latrines	NGO partners; 3 actors for 3 zones (potentially NGOs ACTED, IRC, IEDA)	ACTED, IRC, CISP

⁸The final selection process for NGOs will be through the WASH Cluster

		Relief, CISP, ACF and Demi-E)	
Output 2	20,000 persons continue to have access or regain access to operational community water supply facilities available throughout the whole day		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of persons using at least 15 lt/p*d of safe drinking water	20,000 (10,200 women and 9,800 men)	25,500 (13,005 women and 12,495 men)
Indicator 2.2	Number of water committees put in place, trained and equipped in safe water use, basic operation, maintenance and community based water infrastructure management and basic water quality analysis	40	51
Indicator 2.3	Number of pump mechanics equipped and trained through practical repair of hand-pumps and community based water infrastructure	80 (80 men)	76 (76 men)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification, equipment and practical training of community-based pump mechanics for 40 community water infrastructures, mainly hand-pumps.	NGOs partners; 2 actors for 2 zones (potentially NGOs ACTED, ACF, IAS, WVI)	IAS
Activity 2.2	Training of the community water committees and equipment	NGOs partners; 2 actors for 2 zones (potentially NGOs ACTED, ACF, IAS, WVI)	IAS
Activity 2.3	Community information sessions on usage, access, costs, operation and maintenance of the community water supply infrastructure to assure transparency, accountability and enhancing ownership	NGOs partners; 2 actors for 2 zones (potentially NGOs ACTED, ACF, IAS, WVI)	IAS
Output 3	children in temporary and permanent schools in Diffa have access to safe drinking water and use basic improved sanitation infrastructure with hand-washing facilities		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of children using basic improved sanitation facilities in temporary and permanent schools	22,000 (11,220 girls and 10,780 boys)	12,500 (6,375 girls and 6,125 boys)
Indicator 3.2	Number of latrines in schools constructed and operational and for which a cleaning and maintenance process has been put in place and is operational	500	500
Indicator 3.3	Number of children reached with basic hygiene promotion activities	22,000 (11,220 girls and 10,780 boys)	15,529 (7,920 girls and 7,609 boys)
Indicator 3.3	Number of public places equipped with sanitation facilities	25	25 (through other projects)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Construction of 350 emergency latrines in schools	NGOs partners; 2	IEDA Relief

		actors for 2 zones (potentially NGOs ACTED, IRC, IEDA Relief, CISP, ACF and Demi-E)	
Activity 3.2	Construction of 150 permanent latrines in schools	NGOs partners; 2 actors for 2 zones (potentially NGOs ACTED, IRC, IEDA Relief, CISP, ACF and Demi-E)	IEDA Relief
Activity 3.3	Basic hygiene promotion activities for children in schools and specific menstrual hygiene promotion for the girls in schools	NGOs partners; 2 actors for 2 zones (potentially NGOs ACTED, IRC, IEDA Relief, CISP, ACF and Demi-E)	IEDA Relief
Activity 3.4	Setting up cleaning and maintenance mechanisms for the drinking water storage/use, the latrines and its hand-washing facilities with the teachers, children, parents and local authorities	NGOs partners; 2 actors for 2 zones (potentially NGOs ACTED, IRC, IEDA Relief, CISP, ACF and Demi-E)	IEDA Relief
Activity 3.5	Construction of 25 community latrines in public spaces to strengthen good sanitation practices in sites / villages where schools are targeted	NGOs partners; 2 actors for 2 zones (potentially NGOs ACTED, IRC, IEDA Relief, CISP, ACF and Demi-E)	Other WASH actors, acting outside of CERF project
Output 4	10,000 severely malnourished children have access to safe drinking water and basic improved sanitation infrastructure with hand-washing facilities in health centres and are reached with specific WASH in nutrition kits		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of severely malnourished children covered with minimum WASH in nutrition package	10,000 (5,100 girls and 4,900 boys)	10,847 (5,532 girls and 5,315 boys)
Indicator 4.2	Number of health centres benefitting from new or rehabilitated safe water supply infrastructure or equipment	20	16
Indicator 4.3	Number of health centres equipped with safe sanitation facilities	20	9 (with 44 latrines)
Indicator 4.4	Number of persons specifically trained in depth for hygiene and specific hygiene matters	120 (60 women and 60 men)	186 (no disaggregated data)
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Provide the minimum WASH in nutrition package (hygiene kit and hygiene promotion) to 10,000 severely malnourished children and their caretaker in the health centre and in their respective homes/families	NGOs partners; 2 actors (potentially NGOs ACF, CISP, SC, Oxfam)	ACF, CISP
Activity 4.2	Equipment of 20 health centres with sanitation infrastructure, and availability of safe drinking water	NGOs partners; 2 actors (potentially	ACF, CISP

	through infrastructure or/and equipment	NGOs ACF, CISP, SC, Oxfam)	
Activity 4.3	Equipment of 20 health centres with basic cleaning products (chlorine)	NGOs partners; 2 actors (potentially NGOs ACF, CISP, SC, Oxfam)	ACF, CISP
Activity 4.4	Training of health centre staff for proper cleaning, disinfection, operation and maintenance of WASH facilities and hygiene specific to WASH in nutrition	NGOs partners; 2 actors (potentially NGOs ACF, CISP, SC, Oxfam)	ACF, CISP
Activity 4.5	Conduct household visits to severely malnourished children and their families to identify simple measures of improving WASH situation of the household and household hygiene promotion with a specific component of WASH in nutrition	NGOs partners; 2 actors (potentially NGOs ACF, CISP, SC, Oxfam)	ACF, CISP

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

CERF funding reached 79,126 beneficiaries (target: 76,000) through improved access to basic sanitation and to safe drinking water, the promotion of good hygiene practices, and improved access to WASH facilities in schools and in health centres for severe acute malnourished children.

For sanitation, a total of 25,513 people (target: 35,000) gained access to new latrines through the construction of 670 latrines (in blocks of 2, separated for females and males). The latrines were constructed at a reasonable distance from each other (at least 50m) and from the community, with doors and locks to guarantee privacy and protection for users, particularly women and girls. Latrine management committees were established, trained and equipped with basic maintenance kits. Hygiene promotion activities through community mobilization and awareness raising related to waterborne diseases, handwashing with soap/ash at critical moments, use and maintenance of latrines and water safety reached 31,483 people against a target of 35,000 people.

The discrepancy between planned and reached figures for access to sanitation is due to the fact that the project proposal used official population data from 2016, which differed from the reality on the ground. The number of households displaced in the target area was lower, particularly in Bosso municipality, where ACTED's teams identified 6,098 people against a forecast of 12,500 people. These lower numbers are attributable to population movements after the 2016 census, as well as to the fact that some of the displaced persons are part of nomadic communities that regularly move.

Concerning water supply, 51 boreholes (target: 40) were rehabilitated, benefiting 25,500 displaced people in Diffa region (target 20,000). A total of 51 new water management committees (with 40% female membership) were established or re-energized, trained and equipped with hygiene kits. In addition, 76 community-level repairmen were trained and equipped with maintenance kits for preventive maintenance and small repairs (target: 80), 10 of them receiving additional training for complex maintenance.

The project also supported hygiene and sanitation in schools, with 15,529 students (target: 22,000) benefitting from WASH activities in 60 schools. School hygiene clubs composed of students and 50 teachers were set up and trained on latrine maintenance and hygiene promotion, including handwashing. Students, as well as 500 parents, were also sensitized on menstrual hygiene management for girls in schools. 250 blocks of two latrines (500 total) were built to complement existing latrines in the selected schools. These included 350 emergency latrines for temporary schools and 150 permanent latrines for permanent schools (target: 500), benefiting 12,500 students (target: 22,000). The latrine blocks were separated for boys and girls and were equipped with 250 handwashing devices. The implementing partner did not accompany the WASH in school activities with the construction of community latrines in public places, as several other partners were active at community level in villages where schools were targeted. The WASH in school activities reached less children than had been anticipated, as planning figures were based on a standard ratio of students per emergency latrines, and the schools that were then selected had a lower number of students.

The project also supported WASH activities related to the treatment of severe acute malnutrition in the departments of Mayahi (Maradi region), Tillabéry and Ayorou (Tillabéry region). 10,847 severely malnourished children (target: 10,000) and their families benefited from hygiene promotion activities and the provision of basic hygiene kits comprising soap and water treatment products. 16 health centres were selected for water supply infrastructures (rehabilitation/connection of 6 health centres in Tillabéry region to the existing piped systems and installation of 2,000L water storage devices in 10 health centres of the district of Mayahi), and 9 health centres benefited from the rehabilitation of 44 latrines in Tillabéry region. A total of 186 people (111 health workers and 75 community volunteers) (target: 120) were trained on the minimum WASH package to monitor residual chlorine, support household water treatment, supervise maintenance of latrines and water points and promote hygiene practices in Tillabéry and Mayahi.

While 20 integrated health centres and local health centres were targeted in the project formulation, a needs assessment determined that support to regional-level health centres (mother and child centres) should be prioritized. As a result, 16 of these larger health centres were rehabilitated and equipped, and the planned number of latrines and equipment was shifted to support these centres. The target for the number of trainings for hygiene and specific hygiene matters was exceeded (186 against a target of 120), however not all implementing partners provided sex-disaggregated data to confirm whether the target of 50% female beneficiaries was reached.

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

The choice of intervention sites was carried out based on priority interventions formulated by the WASH Working Group of Diffa and the WASH cluster, which took into account the needs on the ground and the feedback of beneficiaries. The type of latrines to be built responded to beneficiaries' feedback from prior projects: the communities asked for more sustainable latrines rather than emergency latrines, which only last for six months. Communities were consulted as to where to build the latrines, with specific attention to the needs of women, who preferred latrines closer to houses to minimize safety risks, while men called for latrines to be settled further away. UNICEF and its implementing partners thus ensured minimal distance between houses and the latrine blocks built, to take into account the needs of women and girls and improve accessibility for persons with disabilities. Community latrines for women and men were separated with at least 50m between blocks, and marked with clear pictograms. In schools, teachers were consulted on the location of latrines. Management committees composed of community members were then in charge of the infrastructures. In addition, one of the implementing partners (ACTED) set up a complaint management mechanism.

With regards to water points, management committees, which are composed of community members, both women and men, provided an avenue to gather feedback from users. Common complaints or suggestions were transmitted to NGO partners.

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

EVALUATION CARRIED OUT

There was no external evaluation of the project, however UNICEF ensured that project implementation was monitored through programmatic visits covering all implementing partners involved in the project. Initial and final knowledge, attitude and practices (KAP) surveys were also carried out by some partners to measure progress, and a regional KAP survey was organized across the whole Diffa region by REACH, UNICEF and the WASH cluster in September 2017 to assess the situation for access to water, hygiene and sanitation in the region. This survey showed a clear improvement in the region, and particularly in displaced sites.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	FAO		5. CERF grant period:	21/03/2017 - 31/12/2017		
2. CERF project code:	17-UF-FAO-013		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Livestock			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Assistance to communities affected by the pastoral crisis in Niger and households victims of Boko Haram exactions in Diffa					
7. Funding	a. Total funding requirements ⁹ :	US\$ 25,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁰ :	US\$ 2,500,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 146,516	
	c. Amount received from CERF:	US\$ 2,500,000	▪ <i>Government Partners:</i>		US\$ 59,678	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	18,890	18,444	37,334	37597	36907	74504
<i>Adults (≥ 18)</i>	17,440	17,026	34,466	34953	34310	69263
Total	36,330	35,470	71800	72550	71217	143767
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	11,300		14125			
<i>IDPs</i>	15,000		18750			
<i>Host population</i>	45,500		110891			
<i>Other affected people</i>						
Total (same as in 8a)	71,800		143,766			

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

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

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	More beneficiaries were reached because of additional stock of animal feed, vegetable and rainy season seeds acquired because of low inputs cost.
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CERF Result Framework			
9. Project objective	Provide fodder supply to communities affected by pastoral crisis in Niger and secure Diffa based vulnerable households' livelihoods		
10. Outcome statement	Food security and resilience of targeted peoples strengthened		
11. Outputs			
Output 1	Animal mortality risks mitigated among small herders by providing 4000 tons of animal feed via livestock services and NGO animal feeds banks		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of herders' households benefiting from action	26,000	30,000
Indicator 1.2	Number of animals feed by animal food	130,000	150,000
Indicator 1.3	Doses of vaccines acquired to protect animals	150,000	750,000
Indicator 1.4	Quantity of deworming drugs purchased for animal protection (Units)	100,000	360,000
Indicator 1.5	Tons of animal feed purchased and distributed to respond to fodder deficit	4000	4500
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of beneficiaries	partners	partners
Activity 1.2	Purchasing and distribution of 4000 tons of animal feed to respond to current fodder deficit	FAO and partners	As planned
Activity 1.3	Conduct vaccination et deworming operations in regions affected by diseases	Government technical services,	Government livestock services
Activity 1.4	Monitoring and evaluation of activities	FAO and partners	FAO and partners
Output 2	The production capacities of hosting families in Diffa are enhanced and refugees/returnees food consumption diversified		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of households whose production capacities is enhanced	6500	9200
Indicator 2.2	Rain fed crop production obtained (Tons)	1500	5958
Indicator 2.3.	Off season vegetable production obtained (Equivalent cereal in Tons)	-	8717
Indicator 2.4	Quantity of rain season and vegetable seeds purchased for agriculture	65 tons of rain fed crop seeds 500 kg of vegetable	137 tons of rain fed crop seeds (92 tons of millet and

		seeds	45 tons of cowpea) and 1725 kg of vegetable seeds
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification of beneficiaries	Implementing partners	As planned
Activity 2.2	Provision and distribution of good quality seeds of rain fed crop seeds and vegetable seeds to 6500 households for agriculture	FAO and partners	FAO and partners
Activity 2.3	Monitoring and evaluation	FAO and NGOS	FAO and NGOs

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:

Low bidder offers cost of inputs (animal feed and seeds) from tender process, make it possible to buy 500 additional tons of animal feed, 72 tons more of good quality seeds, 1225 kg of vegetable seeds (compared to prevision). The request of the Ministry of Agriculture and Livestock for additional 600000 doses of vaccine and 260000 deworming bolus explained the recorded discrepancy with veterinarian products.

Project allowed to save a total of 143 766 vulnerable farmers and herders by ensuring their food security and protecting their livelihoods means (feeding conditions improved for both animals and affected populations, no animal mortality reported, food intake improved, etc.).

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

Beneficiaries' selection done using the Household Economy Analysis approach combined with a complaint committee that include aged women and men make it possible have an equitable distribution of all inputs. Furthermore, control of targeted beneficiaries by FAO antennas ensure that only needed people were elected. To certify quantity and quality of inputs purchased, Baltic international service was requested for seeds and animal feed inspection. Lab results regarding the quality of both animal feed and seeds were certified good before being distributed to beneficiaries.

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	22/03/2017 - 31/12/2017		
2. CERF project code:	17-UF-FPA-013		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Implementing Minimum Initial Services Package for Reproductive Health in Crisis Situations (MISP) in displaced persons' sites in Diffa region					
7. Funding	a. Total funding requirements ¹¹ :	US\$ 1,500,810	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹² :	US\$ 928,836	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 83,286	
	c. Amount received from CERF:	US\$ 500,121	▪ <i>Government Partners:</i>		US\$ 58,075	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	22,043	20,348	42,391	19,004	13,660	32,664
Adults (≥ 18)	18,036	16,648	34,684	29,743	14,778	44,521
Total	40,079	36,996	77,075	48747	28,438	77,185
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	22,234			35,830		
IDPs	46,529			30,529		
Host population	8,312			10,826		
Other affected people						
Total (same as in 8a)	77,075			77,185		

¹¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹² This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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CERF Result Framework			
9. Project objective	Reducing excess maternal and neonatal mortality and morbidity among 77,075 displaced and hosting populations including 2467 pregnant refugees and host populations within 22 health centres in Diffa region through MISP implementation for 4 months		
10. Outcome statement	Access to MISP Services package ensured to 77,075 displaced and hosting population including pregnant women and adolescent girls		
11. Outputs			
Output 1	The lives of 2467 pregnant women saved		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of pregnant women deliver in acceptable hygienic conditions	33% (2467)	3109
Indicator 1.2	Number of Health Centres have adequate reproductive health kits to ensure attended births	22 (19 CSI, Nguigmi and Maine Soroa District reference maternities and Diffa Centre for Maternal and Child health)	22
Indicator 1.3	Number of Reproductive health kits that can cover normal deliveries and deliveries with complications available in the 22 health centres	259	259
Indicator 1.4	Number of obstetric evacuations covered	150	150
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Purchase of reproductive health, tents and dignity kits	UNFPA	UNFPA
Activity 1.2	Offer of reproductive health package by mobile clinics (assisted deliveries, family planning, the risks of HIV / AIDS, prevention of gender-based violence, child immunization)	Niger Red Cross, Akarass, Ministry of health	Niger Red Cross, Akarass, Ministry of health
Activity 1.3	Support to 150 evacuations related to obstetrical complications	Ministry of health	Ministry of health
Activity 1.4	Support to 10 Safe Humanitarian Spaces for adolescent girls	Niger Red Cross, Akarass	Niger Red Cross, Akarass
Output 2	Medical and psychological care for all victims of gender-based violence and psychological trauma ensured		
Output 2 Indicators	Description	Target	Reached

Indicator 2.1	Percentage of GBV and psychological trauma victims supported (medical)	100% (75)	100% (75)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Support for the medical management of GBV (rape kits)	Ministry of health	Ministry of health
Activity 2.2	Distribution of 1000 dignity kits in support of vulnerable women and identification & reference of GBV survivors	UNFPA, Niger Red Cross, Akarass	UNFPA, Niger Red Cross, Akarass

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:

Planned and actual outcomes have been adjusted to reflect CERF contribution because the data reported within this report is under the results achieved because of more than \$US 400,000 additional funds received from UNFPA HQ and regular resources.

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

Accountability has been ensured within various beneficiaries' participation in activities implementation and monitoring. Community persons used as community GBV Counsellors are part of coordination and monitoring mechanisms in place at Displaced person's sites and reported what is doing. The Regional Public Health Office and Districts are fully involved in interventions. In addition, UNFPA and its IPs (DRSP, Regional Office in charge of Women Affairs, NGOs) reported to Diffa Governor and others representatives during time to time monitoring meetings. Young girls and boys are identified among refugees and displaced persons to be trained as peer educators, and thus help to promote facilitative environment to use reproductive health services including STI, HIV and GBV services. In addition, various monitoring missions allowed to interact with the beneficiaries on the actions already undertaken.

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

EVALUATION CARRIED OUT

The project has not been evaluated but monitoring during the implementation helped adjust to the increased needs in the field and fine-tune strategies. In addition, data related to project activities is monthly collected by Health canterers and IDPs sites supported, consolidated by the Field Technical Assistant and transmitted to UNFPA.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	21/03/2017 - 31/12/2017		
2. CERF project code:	17-UF-FPA-014		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Prevention and management of Gender based Violence (GBV) within Diffa region					
7. Funding	a. Total funding requirements ¹³ :	US\$ 1,093,970	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁴ :	US\$ 800,532	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 100,000	
	c. Amount received from CERF:	US\$ 500,332	▪ <i>Government Partners:</i>		US\$ 149,000	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	2,378	2,027	4,405	2,378	2,027	4,405
<i>Adults (≥ 18)</i>	1,967	1,675	3,642	1,967	1,675	3,642
Total	4,345	3,702	8,047	4,345	3,702	8,047
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	2,448			2,448		
<i>IDPs</i>	3,697			3,697		
<i>Host population</i>	1,902			1,902		
<i>Other affected people</i>						
Total (same as in 8a)	8,047			8,047		
<i>In case of significant discrepancy</i>	.					

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

¹⁴ This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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CERF Result Framework			
9. Project objective	Contribute to reduce risks to GBVs among 8047 women and children and provide holistic support to 508 GBV in Diffa region		
10. Outcome statement	Access to quality GBV services package ensured to 8047 displaced and hosting population including women and children		
11. Outputs			
Output 1	The lives of 508 GBV survivors saved		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of GBV survivors which received medical support	508	807
Indicator 1.2	Number of GBV survivors which received psychological support	508	664
Indicator 1.3	Number of GBV survivors which received economic and legal support	100	0
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Support for the medical management of GBV (without rape kits)	Ministry of health	Ministry of health
Activity 1.2	Legal support to GBV survivors	Ministry of Women and Child protection	Ministry of Women and Child protection
Activity 1.3	Economic support to GBV survivors	NGO Akarass	NGO Akarass
Activity 1.4	Psychosocial support	Ministry of Women and Child protection	NGO Akarass with UNFPA support
Activity 1.5	Technical support to GBV coordination	UNFPA	UNFPA
Output 2	Vulnerable women and children are protected from gender based violence		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of actors oriented on GBV issues	342	342
Indicator 2.2	Number of persons who received information on GBV services	8047	8047
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Rapid orientation of various actors on GBV issues	Ministry of Women and Child protection	Ministry of Women and Child protection with UNFPA support
Activity 2.2	Distribution of dignity kits to vulnerable women	NGO Akarass	NGO Akarass

Activity 2.3	Identification and reference of GBV survivors (including GBV information to affected population)	NGO Akarass	NGO Akarass
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12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

There is a great discrepancy between planned and actual outcomes because we received additional resources (funds and human resources) from our partners which allow us to expand our partnership with COOPI (that already had a very good mechanism of GBV prevention and management on the field).
The project also benefited from the existing partnership between UNFPA and the Norwegian Refugees Council (NORCAP) where a NORCAP international GBV coordinator was deployed in Diffa to provide additional support to the coordination at field level.

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

Accountability was ensured through various beneficiaries' participation in activities implementation and monitoring. Community members trained and engaged as GBV task-teams and psychosocial support counsellors were part of coordination and monitoring mechanisms at displaced persons' sites. Most of them were members of different community structures (women and youth groups, traditional council, religious groups...) and constantly provided feedback on the overall conduct of the project to their communities.
The Regional Delegation of Women Affairs and Child Protection (DRPF/PE), the Regional Delegation of Public Health (DRSP) and Districts were fully involved in interventions. They conducted several field supervisions at project sites to ensure that the project implementation was in line with government's humanitarian strategies in areas of reproductive health and GBV. In addition, UNFPA and its implementing partners (DRSP, DRPF/PE, NGOs) constantly updated to the Governor of Diffa, the Prefects (Government Administrative Officers) of all the five project administrative divisions and others local representatives during periodic monitoring meetings.
Young girls and boys were identified among refugees and displaced persons and trained as peer educators, and thus helped to promote facilitative environment to use reproductive health services including STI, HIV and GBV services. In addition, various monitoring missions allowed to interact with the beneficiaries on the actions already undertaken.

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

EVALUATION CARRIED OUT

The project has not been evaluated but monitoring during the implementation helped to fine-tune strategies. In addition, data related to project activities is collected monthly and consolidated by the GBV Coordinator and transmitted to UNFPA Niamey.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	07/03/2017 - 31/12/2017		
2. CERF project code:	17-UF-HCR-009		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Protection			x Concluded		
4. Project title:	Prevention and response to protection risks and community mobilization					
7. Funding	a. Total funding requirements ¹⁵ :	US\$ 4,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁶ :	US\$ 4,000,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 441,751	
	c. Amount received from CERF:	US\$ 472,674	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	47,304	45,449	92,753	47,304	45,449	92,753
<i>Adults (≥ 18)</i>	38,703	37,185	75,888	38,703	37,185	75,888
Total	86,007	82,634	168,641	86,007	82,634	168,641
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	74,203			74,203		
<i>IDPs</i>	84,320			84,320		
<i>Host population</i>	10,118			10,118		
<i>Other affected people</i>						
Total (same as in 8a)	168,641			168,641		
<i>In case of significant discrepancy</i>	N/A					

¹⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁶ This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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CERF Result Framework			
9. Project objective	Contribute to a protective environment in Diffa Region, through the availability of information on risks and incidents related to protection issues, for an adequate response by implementing partners and through community mobilization		
10. Outcome statement	Displaced persons in the Diffa region live in a favourable protection environment		
11. Outputs			
Output 1	Protection risks, incidents and trends are identified and analysed for various sites		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of sites with a functional and representative community-based protection structure, with defined roles and responsibilities	100% (60 sites)	100%
Indicator 1.2	# of analytical reports on protection incidents produced	1 / month	1+ / month
Indicator 1.3	Information and data sharing SOPs developed and signed by partners for regular data and information sharing on protections risks and incidents in the region	1	1
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establishment / strengthening of community based protection mechanisms in all target sites	IRC / DRC	IRC / DRC
Activity 1.2	No. of protection actors on the ground at various sites increased, to improve information and data gathering	IRC / DRC	IRC / DRC
Activity 1.3	Establishment of information sharing SOPs	UNHCR, Protection Working Group	UNHCR, Protection Working Group
Output 2	Increased awareness of population of concern / communities on key protection principles, referral mechanisms and protection related services available		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of sensitization sessions per site by community-based structures with persons of concern	1 / month	1 / month
Indicator 2.2	% of protection incidents identified and referred to partners / services by members of community-based protection structures of overall number of incidents reported	75%	78%
Indicator 2.3	# of staff of service providers trained in the provision of appropriate services for victims / survivors (e.g. medical, psychosocial etc.)	50	64
Output 2 Activities	Description	Implemented by	Implemented by

		(Planned)	(Actual)
Activity 2.1	Training of community-based protection structures on sensitization, protection, prevention and response	IRC / DRC	IRC / DRC
Activity 2.2	Monthly sensitization sessions by community-based protection structures with the population of concern / sensitization campaigns	Community-based protection structures	Community-based protection structures
Activity 2.3	Capacity development of service providers for victims / survivors of protection incidents at various sites	IRC / DRC	IRC / DRC / UNHCR
Output 3	Adequate and appropriate response provided to victims / survivors of protection incidents		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	% of identified PWSN receiving adequate and adapted support	100%	100%
Indicator 3.2	% of identified SGBV survivors receiving adequate and adapted support	100%	100%
Indicator 3.3	% of identified UASC registered and documented and receiving adapted assistance	100%	100%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Establish / strengthen referral mechanisms and ensure referrals of all identified protection cases	IRC / DRC	IRC / DRC / Protection WG
Activity 3.2	Financial support (“prise en charge”) provided for medical / psychosocial / material support for particularly vulnerable cases	IRC / DRC	IRC / DRC

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:

Outcome: Displaced persons in the Diffa region live in a favourable protection environment

Output 1: Protection risks, incidents and trends are identified and analysed for various sites

The context in the Diffa region remained unstable throughout 2017. A total of 777 protection incidents were reported – a 57% increase on the number recorded in 2016. While the situation did not massively deteriorate, this increase in reported incidents can also be attributed to the major efforts made throughout the year to improve the protection monitoring system in place in the region of Diffa. The main protection incidents reported throughout the year include: issues related to the freedom of movement, the right to life and physical integrity, SGBV, child protection, violations of the right to property, intercommunal conflict and problems related to a lack of civil documentation.

As planned, the two main implementing partners (IRC and DRC) focused their response on specific geographic areas so as to avoid duplication and to ensure full coverage of the priority sites. In the initial proposal, a total of 60 sites were mentioned, however, throughout the year, and during the Protection Baseline survey (completed by UNHCR and REACH), a total of 147 individual sites were in fact identified. Protection focal points and committees were mobilised at all target sites, while pre-existing self-management structures were strengthened, to ensure adequate community based protection prevention and response activities. At the end of 2017 there were approximately 200 active members of various community based protection committees, as well as 165 trained protection focal points in the various communes of the Diffa region. This is a vast improvement on previous years, with a far more active protection response and much more presence in the field, including also of protection focal points of the various implementing partners.

UNHCR maintained leadership of the Diffa Protection Working Group (PWG), ensuring coordination of the various interventions. As planned, at the beginning of the year, a data sharing Standard Operating Procedures (SOP) was developed and validated by

the protection partners (document is available at the following link:

http://www.globalprotectioncluster.org/_assets/files/field_protection_clusters/Niger/files/protocole-partage-des-information-gtp_signe-2017.fr.pdf). This document serves as a basis for the regular sharing of information, enabling a fully informed and well-coordinated response. Throughout the year, the PWG met at least monthly, and produced monthly analytical updates. It should be noted that throughout 2017, a total of 57 studies and evaluations were produced by the PWG in the Diffa region.

In 2017, UNHCR created a quantitative database to track all protection incidents, in order to identify trends and patterns, while monthly analytical protection monitoring reports were produced. Additionally, the PWG produced at least 12 other reports, evaluations and analyses (many available here:

http://www.globalprotectioncluster.org/en/field-support/field-protection-clusters/countries/niger.html?searched=Niger&advsearch=exactphrase&highlight=ajaxSearch_highlight+ajaxSearch_highlight1).

In May a Protection Baseline Survey was completed, followed by an Endline Survey in December. Multiple factsheets were produced (IDP and Refugees analysed separately) which greatly aided in measuring the impact of the various interventions. Mappings of the presence of protection actors in the field were produced, as well as advocacy documents (e.g. regarding IDPs of the camp of Kablewa which was attacked in June), as well as other useful documents including information notes on social cohesion, recommendations of the PWG, standardised protection tools including referral pathways, sensitization messages, amongst others (all additional documents available from the PWG).

It must be noted that amongst the aforementioned 777 protection incidents, a total of 72 intercommunal conflicts were reported. These were mainly related to the following; access to resources and humanitarian assistance, conflict between farmers and pastoralists, conflict regarding robbery and banditry and some interethnic conflicts. UNHCR responded to this situation with a programme specifically focusing on social cohesion (alternative funding), including through mass sensitization, radio messages, participative theatre etc.

Overall, the identification and analysis of protection risks, incidents and trends greatly improved throughout 2017. (UNHCR Protection Monitoring report for 2017 available upon request).

Output 2: Increased awareness of population of concern / communities on key protection principles, referral mechanisms and protection related services available

Major efforts were undertaken in 2017 to increase the awareness of the population regarding key protection principles, including particularly on SGBV and child protection, as well as referral pathways and mechanisms. and the availability of various support services per sector.

A total of 1,305 (655 females and 650 male) community based protection members, focal points, women's committees, peer educator groups, community leaders and religious leaders were trained on key protection principles including the community alert system, community based protection and SGBV prevention and response, child protection principles, amongst others, at all of the various sites targeted by this project. This is a large increase on previous years.

Amongst the 165 protection focal points currently operational in the region of Diffa, 51 new protection focal points were trained in depth on their roles and responsibilities, in particular focusing on referral mechanisms, early warning systems, SGBV, human rights, transversality of protection and accountability. 653 refugees were trained on the roles of community based protection committees and focal points, to ensure the proper functioning of the system, and to enhance the understanding of the wider refugee community.

In addition to the specific training and capacity development mentioned above, mass sensitization sessions, tea debates and discussion groups were organised with the wider community. In total throughout the year 11,734 people benefited from sensitization sessions on protection (including 4,476 women, 2,386 men, 2,590 girls and 2,282 boys). They key issues covered include SGBV prevention and response, child protection, forced marriage, referral mechanisms and available services, civil documentation, fires and protection against armed conflict. This is a significant increase on the number of beneficiaries reached in previous years. The delivery of the sessions involved the members of the community based protection committees, ensuring understanding of the key messages. Harmonized key messages for sensitization were also jointly developed and validated by the PWG, which greatly aid in the delivery of coherent messages through sensitization with the communities.

In addition to training and sensitization of the community and community based structures and leaders, members of the local authorities, organisations and security and defence forces were also trained throughout the year. This includes Diffa based staff of the National Association for Human Rights (ANDDH). More than 80 members of the FDS (security and defence forces) were trained on SGBV and child protection throughout the target communes, as well as 19 members of the National Eligibility Commission. An additional 120 members of the various local authorities were also specifically trained on the concepts of SGBV and child protection.

Output 3: Adequate and appropriate response provided to victims / survivors of protection incidents

Throughout the year, a total of 619 protection cases were identified and responded to on an individual basis. Over 77 survivors of SGBV were provided with psychosocial support, 81 were provided with material support, and 3 with legal support.

85 child protection cases were also identified and responded to appropriately. This includes 51 children at risk of exploitation or abuse, as well as 29 unaccompanied children and 5 separated children. The latter are all in temporary host family accommodation, with regular home visits and needs assessments, while their best interests are being established. In fact, throughout the year, SOPs were established, validated and adopted by the BID (Best Interests Determination) Panel in place in the Diffa region. Additionally, an intensive training was held for 23 members of this panel. Three separate trainings were also held for members of UNHCR partner staff, specifically on child protection.

Over 450 other identified persons with specific needs received an adequate and individual response based on their needs. This includes financial support, NFI kits, shelter kits, food kits, medical support and transport support to medical centres.

In 2017 for the first time, the PWG created and validated a specific protection referral system for each commune, for the support of protection cases. The aim was to establish a formal and functional system in each commune, to ensure adequate support, follow up, monitoring of all protection related issues, taking into account the competencies and capacities of each structure, and the availability of services per commune. Additionally, a harmonised referrals form was developed and validated by the PWG. These documents are all available from the PWG.

To ensure adequate response for victims and survivors of protection related incidents, 45 staff members of partner protection organisations, as well as the 19 members of the Regional Directorate for Child Protection and the Promotion of Women operating in the Diffa region were trained, particularly focusing on protection response.

It should be noted that at the end of June 2017, the IDP camp of Kablewa (one of the target areas of this project) was attacked by two suspected members of Boko Haram who detonated suicide bombs within the camp. Following this incident, the vast majority of the population fled the camp, choosing to move to other sites, or in the vicinity of Kablewa. This required an increased protection response, with heightened vulnerabilities and protection risks.

In parallel to the activities included within this project, in August 2017, UNHCR (with alternative funding) launched a biometric registration process for the entire displaced population of the Diffa region, including refugees, IDPs and returnees. This BIMS (Biometric Information Management System) registration system includes iris scanning and finger printing. It also includes a profiling exercise of the population and thus considers persons with specific needs. At the end of January 2018, over 100,000 people had been biometrically registered throughout the region. When this project is completed, it will greatly aid in the identification and monitoring of the response of persons in need of a protection response. This should be completed in the first quarter of 2018.

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

Throughout the project design, implementation and monitoring, AAP was ensured. UNHCR consistently applies the AGDM (Age, Gender Diversity Mainstreaming) tool for all projects. Beneficiaries are consulted at all stages of the process, taking into consideration gender, age and diversity. In January, AGDM meetings were undertaken in all camps, in priority sites and villages, for the purposes of the development of the Country Operation Plan 2017 -2018, but also to consult with beneficiaries as to their needs, what they see as priorities, challenges and weaknesses of the response. This information was used to inform the implementation of the project. Again in the month of June, a similar exercise was carried out, this time to inform the UNHCR Mid-Year Review. Again, beneficiaries were consulted, and their issues were taken into consideration in both the implementation and evaluation of protection activities.

Similarly, in May, UNHCR completed a Protection Baseline Evaluation, focusing specifically on the needs and sentiments of the population. This was repeated in December to measure the evolution of the situation, again ensuring accountability to the population, and providing them with a forum to express themselves directly.

Additionally, based on the principles of community engagement and empowerment, which are central to this project, community members have played an extremely active role throughout the entire process, with regular meetings and updates provided to protection focal points, implementing partners and UNHCR directly. Monthly meetings were held to ensure that the needs of the population were taken into account at all stages. All of this information is relayed to UNHCR in monthly reports from IRC and DRC. Appropriate action is ensured based on the needs and issues raised by the PoC.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>In May, UNHCR completed a Protection Baseline survey at all 147 identified sites in the Diffa region. This was repeated in an Endline survey in December to evaluate the evolution of the situation, and the impact of protection actions undertaken. For more info see the final presentation of results at: http://www.reachresourcecentre.info/system/files/resource-documents/reach_ner_report_evaluation_protection_dans_la_region_de_diffa_mai_2017.pdf; as well as the databases created, as well as specific factsheets, available at: http://www.reachresourcecentre.info/countries/niger.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	IOM		5. CERF grant period:	14/03/2017 - 31/12/2017		
2. CERF project code:	17-UF-IOM-009		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Humanitarian Assistance to newly displaced population fleeing the violence in Lake Chad Basin caused by Boko Haram in Diffa Region					
7. Funding	a. Total funding requirements ¹⁷ :	US\$ 5,364,928	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁸ :	US\$ 3,000,000	▪ NGO partners and Red Cross/Crescent:		US\$ 90,605.37	
	c. Amount received from CERF:	US\$ 1,000,001	▪ 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)	10,724	10,451	21,175	16,367	13,908	30,275
Adults (≥ 18)	9,488	7,837	17,325	9,198	7,718	16,916
Total	20,212	18,288	38,500	25,565	21,626	47,191
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	10,038		9,362			
IDPs	22,412		20,903			
Host population	6,050		5,643			
Other affected people			11,283			

¹⁷ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁸ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	38,500	47,191
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	As a result of competitive bidding process and diffusion of call for proposals nation-wide IOM was able to benefit on reduced prices on purchase of items that make up the NFI kits and consequently respond to/ assist more persons in need of NFIs by 135.43%. IOM assisted 47,191 individuals; 8,691 individuals more than the 38,500 planned for the project.	

CERF Result Framework			
9. Project objective	Provide life-saving assistance to the most vulnerable newly displaced persons (IDPs, host families and out of camp refugees) in areas most affected by the Boko Haram attacks in Diffa through access to emergency shelters and NFI kits		
10. Outcome statement	5,500 vulnerable households benefit from emergency shelter and NFI kits adapted to their needs (around 38,500 individuals)		
11. Outputs			
Output 1	5,500 HH (approximately 38,500 individuals, refugees out of camps, IDPs, and host community households) receive emergency shelter support and NFI kits to address their urgent needs		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of vulnerable households provided with emergency shelters kits	Additional 2,500 emergency shelter kits (IOM in coordination with Shelter/NFI Working group & UNHCR)	2,500
Indicator 1.2	Number of IDPs and host population, that receive essential NFI kits (such as blankets, sleeping mats, kitchen sets, jerry cans, hygienic kits, mosquito kits)	3,000 NFI kits (IOM in coordination with Shelter/NFI WRKG & UNHCR)	4,063
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Selection of beneficiaries through rapid profiling and identification of very basic and specific needs of the displaced population	IOM, MAH, UNHCR, NGOs	MAH, DGPC, NGOs (RRM)
Activity 1.2	Purchase of material (in-country) for NFI kits and for shelters, and storage in IOM warehouse in Diffa	IOM	IOM
Activity 1.3	'Distribution and Technical assistance to beneficiaries	IOM, NGOs, (ADED, ACTED, HELP and other)	NGOs (ACTED, IEDA Relief, Agir Plus 21), Government (DGPC)
Activity 1.4	Post-Distribution Monitoring	IOM, Authorities	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:			

Output 1, was expected to reach 38,500 individual beneficiaries, representing 5,500 households (host families, refugees and internally displaced persons) who were to receive shelter and/or NFI assistance, according to their specific and most urgent needs. However, 6,563 households (2,500 households assisted with emergency shelter and 4,063 households assisted with NFI kits procured with CERF funding) actually benefited from this project in shelters and NFIs assistance as opposed to the 5,500 households as initially planned. This brings the number of individual beneficiaries to 47,191 instead of 38,500 individual beneficiaries. This difference is justified by one major factors: 1. Competitive bidding carried out by IOM that lead to individual prices of items that make up the NFI kits being lower than anticipated hence allowing for the composition of more kits than planned.

Following a request from OCHA and Humanitarian Country Team IOM responded also to the flooding crisis with CERF funds with 1,550 NFI kits and logistic support to UNICEF for the transport of NFI kits to flood affected population. Hence of the 6,563 households assisted, 1,550 households were affected by flooding in regions outside Diffa and 5,013 households were Northern Nigeria conflict affected population. The flooding response had no response in emergency shelters as it was not the strategy for the shelter and NFI working group response for flooding in Niger hence the totality of the emergency shelters (2,500) were used to respond to the Northern Nigeria crisis in Diffa.

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

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

Knowledge of the zone of intervention, understanding of the actors involved and the different balance of power in the region are major factors that enhanced IOM's implementation of this project by working with a local partner Agir Plus 21, NGO IEDA Relief, site committees and local authorities in all stages of the assistance from the profiling phase to beneficiary selection and finally distribution and post distribution monitoring. Use of implementing partners in the area of intervention allowed for more inclusion of host community and displaced community in the assistance as these implementing partners recruit from the host population and displaced population to carry out their activities allowing for some revenue to be injected in the community.

The implementation methodology ensured that information sharing at all stages would inform beneficiaries and customary authorities through regular meetings on site held between IOM and site committees and also regional, departmental and communal authorities through regular shelter and NFI working group (GTABNA) meetings. This led to a more inclusive and participative approach in the response where beneficiaries were involved in the process from beneficiary selection to the distribution phase, for example in the distribution of items where initially it was all done by IOM volunteers or implementing partners; this changed after the consultative process carried out during the various focus groups held on sites and also meetings with local and traditional leaders it was decided to include youth/ able bodied persons both female and male to assist with the distributions in the various sites following consensus with beneficiary populations.

In addition, through the management committee for the GTABNA sector in the various sites, the implementation of activities related to the sector in favour of the beneficiaries was more fluent and transparent. These management committees are a platform for communication between the beneficiaries of the GTABNA projects and IOM and other shelter and NFI partners. Beneficiaries through the shelter and NFI site committee were informed of every step of the assistance process from targeted beneficiary selection (distribution based on vulnerability) to items distributed and gave feedback on various aspects of the assistance process (beneficiary selection process, items distributed etc.) that allowed for improvements on how IOM assisted them. By involving the site committees this allowed for more transparency since they were involved in the project and ensured that security/ collaboration of beneficiaries was achieved on site and there were no problems with the fact that most distributions were targeted distributions (select beneficiaries) at vulnerable families and not the entire site.

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

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	14/03/2017 - 31/12/2017		
2. CERF project code:	17-UF-WFP-018		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Common Humanitarian Air Services			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Humanitarian Air Service in Niger					
7. Funding	a. Total funding requirements ¹⁹ :	US\$ 7 839 168	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²⁰ :	US\$ 4 168 701	▪ NGO partners and Red Cross/Crescent:		US\$ 177,495	
	c. Amount received from CERF:	US\$ 600,010	▪ Government Partners:		US\$ 23,328	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)						
Adults (≥ 18)	428	428	856	316	738	1054
Total			856	316	738	1054
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people						
Total (same as in 8a)				1054		
<i>In case of significant discrepancy</i>	This project allowed UNHAS to support the increase in aircraft capacity with the introduction in the fleet of a 37-seater DHC 8/100, in 2017.					

¹⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁰ This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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CERF Result Framework			
9. Project objective	Continue the provision of safe and efficient humanitarian air service for United Nations agencies, NGOs and donors in Niger.		
10. Outcome statement	Reduce the backlog in the issuance and coordination of humanitarian assistance due to insecurity and the poor state of road infrastructure in the areas of intervention.		
11. Outputs			
Output 1	Air transportation of humanitarian workers throughout the six regions based on the rapid response allocation.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of passengers expected to be transported within the period.	856	1054
Indicator 1.2	Percentage of served bookings.	100	99
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Accommodate the maximum of bookings received.	UNHAS	UNHAS
Activity 1.2	Use the fleet at the maximum duty hours authorized.	UNHAS	UNHAS
Activity 1.3	Minimize the no-shows.	UNHAS	12
Output 2	Air delivery of medicines, medical and office supplies as well as ICT equipment towards the six regions.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of tons of cargo expected to be transported within the period.	2.5 mt	2.7 mt
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Prioritize the transport of medicines and medical supplies.	UNHAS	9
Output 3	Ensure medical and security evacuations from the fields to Niamey.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Percentage of medical/security evacuations within the period.	100	100%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Put the crew on standby for a medical/security evacuation.	UNHAS	01

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

Through this project UNHAS has enhanced its flexibility to support off-schedule flight requests, in line with the operational imperatives of supporting organizations on the ground. For example, from January 2017 to December 2017, UNHAS performed 9 special flights to Diffa. In January 2017, the project supported the introduction to UNHAS fleet of a DHC 8/100 with a capacity of 37 seats. The trend from 2016/2017 demonstrate that further actions should be taken to increase the aircraft capacity from 37 to 50 seats. According to statistics, 200 additional passengers a month have been booked on the flight to Diffa.

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

UNHAS Niger monitors passenger and cargo traffic using the Performance Monitoring Tool (PMT). With the PMT, trends are visualized and the level of performance established in order to identify strategic and operational areas for improvement. Flight schedules and operational fleet are adjusted if required through feedback from users at UGC and SC meetings. A new flight schedule has been endorsed at the User Group meeting on the 23 January 2018 to support the increase demand for northern Niger (Agadez, Dirkou) and east Niger (Zinder Diffa) with two rotations a week to Agadez- Dirkou and 3 Rotations to Diffa-Zinder. Surveys (Passenger Satisfaction and Provision of Access Satisfaction), as well as day-to-day monitoring of operational statistics to ensure that user demands are met. One PSS and One PASS surveys have been proposed to the Users during 2017.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

No evaluation was carried out or is pending regarding this project.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	27/03/2017 - 31/12/2017		
2. CERF project code:	17-UF-WFP-019		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Providing food assistance to vulnerable populations affected by the fodder deficit in the pastoral areas					
7. Funding	a. Total funding requirements ²¹ :	US\$ 138,851,227	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²² :	US\$ 92,671,009	▪ NGO partners and Red Cross/Crescent:		US\$ 177,993	
	c. Amount received from CERF:	US\$ 1,500,311	▪ Government Partners:		US\$ 23,328	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	3,912	4,072	7,984	10,221	10,060	20,281
Adults (≥ 18)	5,032	5,238	10,270	7,192	7,776	14,968
Total	8,944	9,310	18,254	20,281	14,968	35,249
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	18,254			35,249		
Total (same as in 8a)	18,254			35,249		
<i>In case of significant discrepancy</i>	WFP had originally planned to assist 18,254 beneficiaries during the pastoral lean					

²¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²² This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	season, over a period of 4 months (from April to July). However, once funds were confirmed, it was no longer possible to provide assistance in April; furthermore, it was estimated that the impact on the crisis would be greater if a higher number of beneficiaries were reached during the most critical two months (May and June), corresponding to the peak of the pastoral lean season. For this reason, the total number of beneficiaries was almost doubled, reaching 35,249 people.
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CERF Result Framework			
9. Project objective	Provide food assistance to vulnerable populations affected by the fodder deficit in the pastoral areas		
10. Outcome statement	Population affected by the 2016-2017 pastoral crisis, including children 6-23 months and children in need of emergency school feeding		
11. Outputs			
Output 1	Provide food assistance to save lives and protect livelihoods through general food distributions to 14,854 affected people		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Diet Diversity Score	>4.50	3,4
Indicator 1.2	Food consumption score: % of households with a poor food security score	<6.70	37,3%
Indicator 1.3	Negative coping mechanisms	<5.70	53,1% (8)
Indicator 1.4	Number of women receiving General Food Distribution	100% (7,576)	267% (20,281)
Indicator 1.5	Number of men receiving General Food Distribution	100% (7,278)	205% (14,968)
Indicator 1.6	Total tonnage of food commodities distributed	100% (998.192)	944,730
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of food commodities	WFP	WFP
Activity 1.2	Transport of food commodities	WFP	WFP
Activity 1.3	Signatures of FLAs	WFP and partners	WFP and partners
Activity 1.4	General distribution of food commodities	WFP and partners	WFP and partners
Activity 1.5	Monitoring	WFP and partners	WFP and partners
Activity 1.6	Evaluation on food security	WFP and partners	WFP and partners
Output 2	Stabilize and reduce malnutrition among 1,188 affected children 6-23 months		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Proportion of target population who participate in an adequate number of distributions	>70.00	95,8%
Indicator 2.2	Number of girls (disaggregated by activity) receiving food assistance	100% (606)	170% (1035)

Indicator 2.3	Number of boys (disaggregated by activity) receiving food assistance	100% (582)	173 % (1010)
Indicator 2.4	Total tonnage of food commodities distributed	100% (28.520)	29,999
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of nutritional products	WFP	WFP
Activity 2.2	Transport of nutritional products	WFP	WFP
Activity 2.3	Negotiations of FLAs with partners	WFP and partners	WFP and partners
Activity 2.1	Blanket Supplementary Feeding distributions	WFP and partners	WFP and partners
Activity 2.2	Monitoring	WFP and partners	WFP and partners
Activity 2.3	Evaluation	WFP and partners	WFP and partners
Output 3	Provide school meals to 6,796 affected nomadic children in primary schools		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Retention rate in WFP-assisted primary schools	=70	97,9%*
Indicator 3.2	Number of girls (disaggregated by activity) receiving food assistance	100% (3466)	7 410
Indicator 3.3	Number of boys (disaggregated by activity) receiving food assistance	100% (3,330)	7 292
Indicator 3.4	Total tonnage of food commodities distributed	100% (451,412)	439,449
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of food commodities	WFP	WFP
Activity 3.2	Transport of food commodities	WFP	WFP
Activity 3.3	Signatures of FLAs	WFP and partners	WFP and partners
Activity 3.4	GFD, BSF, and Emergency school feeding distribution of food commodities	WFP and partners	WFP and partners
Activity 3.5	Monitoring	WFP and partners	WFP and partners
Activity 3.6	Evaluation on food security	WFP and partners	WFP and partners

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:

Although the total tonnage distributed remained unchanged compared to what was initially planned (besides slight fluctuations), the number of beneficiaries has almost doubled compared to planned. This is because, in order to have a greater impact and help preserve livelihoods of populations, WFP wished to carry out distributions for more people.

Results of the Post Distribution Monitoring (PDM) survey carried out for the pastoral crisis response showed that, nearly one in two households (46.9%) resorted to the use of negative coping mechanisms. This corresponds to an average reduced coping strategy index (CSI) of 8.0, which exceeds the WFPs threshold (5.0). Data collection took place 30 days after the last distribution, when households had already consumed the rations received and were more likely to resort to negative coping mechanisms to get through the lean season. Indeed, the most used strategy was the higher consumption of less expensive food groups, such as cereals, at the expense of food groups such as pulses, sugar and oil.

Indicator 1 of output 3 is the overall national result in 2017 as this indicator is analysed on a yearly basis.

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

Protection and gender concerns were incorporated in the design and implementation of the action. WFP, through its vulnerability assessment, has collected gender disaggregated data and ensures that its response is adapted to the special needs of women, men, girls and boys.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

No evaluation was carried out or is pending regarding this project.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WHO		5. CERF grant period:	20/03/2017 - 31/12/2017		
2. CERF project code:	17-UF-WHO-010		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Improve access to basic and emergencies health services for vulnerable people and reinforcing epidemic control through diseases surveillance in Diffa and Tahoua Health Regions					
7. Funding	a. Total funding requirements ²³ :	US\$ 2,650,604	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²⁴ :	US\$ 507,002	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 507,002	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	149,940	144,060	294,000	149,940	144,060	294,000
Adults (≥ 18)	99,960	96,040	196,000	99,960	96,040	196,000
Total	249,900	240,100	490,000	249,900	240,100	490,000
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	89,000		89,000			
IDPs	140,000		140,000			
Host population	38,000		38,000			
Other affected people	223,000		223,000			
Total (same as in 8a)	490,000		490,000			

²³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁴ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Fill in
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CERF Result Framework			
9. Project objective	The main objective of the project is to ensure free access to basic health care for refugees, returnees, IDPs, host population in Diffa and to strengthen epidemic control in the 7 health districts targeted in the 2 regions.		
10. Outcome statement	Refugees, returnees from Nigeria, IDPS and host population in the Diffa health region, and other vulnerable people in the Tahoua health region, have improved and increased their access to primary and secondary health services for 9 months, during the project.		
11. Outputs			
Output 1	326,000 people (refugees, host population and vulnerable persons) in the 5 health districts of Diffa Region have access to basic and emergency health care for 9 months during the project.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	15 health centres supplied on medicine and medical supplies, including basic essential medicines	5	15
Indicator 1.2	3 referral health centres in Diffa supplied on essential medicines and equipment in line with minimum supplementary health package services norms	3	5
Indicator 1.3	75 health care providers in the 5 health districts of Diffa region, trained implementation of the Minimum health service package of activities in emergency situations.	75	84 (cholera and Hepatitis E)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Supply essential medicines and medical supplies, including basic essential medicines in compliance with minimum primary health service package norms (including antimalarial) in the 5 health districts in Diffa regions.	WHO	WHO.
Activity 1.2	Supply essential medicines and equipment in line with minimum supplementary health package services norms 3 referral health centres in Diffa	WHO	WHO
Activity 1.3	Train 75 health care providers in the 5 health districts of Diffa region, in regard to knowledge and implementation of the minimum health service package of activities in emergency situations.	WHO and MOH	WHO and MOH
Output 2	EWARS is set up in Diffa Region during the project, to monitor outbreaks and allow early control of epidemics		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	110 health workers and 280 community health workers trained on early warning activities	390	168 health workers et 180 community health workers
Indicator 2.2	7 health districts supplied on guidelines and monitoring tools	7	7

Indicator 2.3	10 Laboratories supplied with reagents (7 in District level, 2 in regional level and 1 in national level)	10	10
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Training 110 health workers to implement early warning activities and epidemiological surveillance	WHO and MOH	WHO and MOH
Activity 2.2	Train 280 Community Health workers (Relais Communautaires) in 7 health district targeted in regard to community based health approaches, especially the early detection of cases and referral	WHO and MOH	WHO and MOH
Activity 2.3	Print and disseminate guidelines and monitoring tools (case definition, notification sheet for individual cases, active surveillance sheet and data collection sheets)	WHO and MOH	WHO and MOH
Activity 2.4	Provide reagents for 10 laboratories (7 in District level, 2 at regional level and 1 at national level)	WHO and MOH	WHO and MOH
Activity 2.5	Provide data collection, notification and investigation tools in the 2 targeted regions	WHO and MOH	WHO and MOH
Activity 2.6 (same than 2.1)	Training 110 health workers to implement early warning activities and epidemiological surveillance;	WHO and MOH	WHO and MOH

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:

During 2017, MoH has implemented a new health districts subdivision in the all country. This subdivision increased the number of health districts from three (3) to (6) in Diffa region. Subsequently the number of district referral hospitals increased as well from three to six.

In addition, 245 health workers from the Tahoua region, trained in 2016, benefited from the post-training follow-up with the support of CERF project, and their capacity was strengthened on epidemic surveillance and response.

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

WHO supports the Ministry of Health at all levels: central, regional and district levels. At the national level, the activities are implemented in a coordinated manner to bring together support at the regional and district level.

Also, regular monitoring meeting between WHO and MOH were organized and project implementation status regularly shared. Field visit was done during the project to ensure that project objectives have been achieved

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

EVALUATION CARRIED OUT

The project impact assessment is ongoing to update the health situation of refugees, IDPs and other vulnerable population impact.

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-UF-FAO-013	Agriculture	FAO	NNGO	\$21,081
17-UF-FAO-013	Agriculture	FAO	INGO	\$25,214
17-UF-FAO-013	Agriculture	FAO	NNGO	\$4,838
17-UF-FAO-013	Agriculture	FAO	NNGO	\$26,293
17-UF-FAO-013	Agriculture	FAO	NNGO	\$1,933
17-UF-FAO-013	Agriculture	FAO	GOV	\$33,600
17-UF-FAO-013	Agriculture	FAO	NNGO	\$6,072
17-UF-FAO-013	Agriculture	FAO	RedC	\$7,672
17-UF-FAO-013	Agriculture	FAO	NNGO	\$5,173
17-UF-FAO-013	Agriculture	FAO	NNGO	\$4,332
17-UF-FAO-013	Agriculture	FAO	INGO	\$17,388
17-UF-FAO-013	Agriculture	FAO	GOV	\$2,258
17-UF-FAO-013	Agriculture	FAO	NNGO	\$1,323
17-UF-FAO-013	Agriculture	FAO	INGO	\$3,554
17-UF-FAO-013	Agriculture	FAO	INGO	\$2,863
17-UF-FAO-013	Agriculture	FAO	GOV	\$10,117
17-UF-FAO-013	Agriculture	FAO	GOV	\$2,710
17-UF-FAO-013	Agriculture	FAO	NNGO	\$11,686
17-UF-FAO-013	Agriculture	FAO	NNGO	\$2,841
17-UF-FAO-013	Agriculture	FAO	NNGO	\$4,253
17-UF-FAO-013	Agriculture	FAO	GOV	\$7,380
17-UF-FAO-013	Agriculture	FAO	GOV	\$3,613
17-UF-IOM-009	Shelter & NFI	IOM	NNGO	\$29,493
17-UF-IOM-009	Shelter & NFI	IOM	INGO	\$61,112
17-UF-FPA-013	Health	UNFPA	GOV	\$58,075
17-UF-FPA-014	Gender-Based Violence	UNFPA	GOV	\$149,800
17-UF-FPA-014	Gender-Based Violence	UNFPA	NNGO	\$100,000
17-UF-FPA-013	Health	UNFPA	NNGO	\$41,643
17-UF-FPA-013	Health	UNFPA	RedC	\$41,643
17-UF-HCR-009	Protection	UNHCR	INGO	\$225,293
17-UF-HCR-009	Protection	UNHCR	INGO	\$216,458
17-UF-CEF-030	Water, Sanitation and Hygiene	UNICEF	INGO	\$118,574.33
17-UF-CEF-030	Water, Sanitation and Hygiene	UNICEF	GOV	\$265.54

17-UF-CEF-030	Water, Sanitation and Hygiene	UNICEF	INGO	\$ 316,333.94
17-UF-CEF-030	Water, Sanitation and Hygiene	UNICEF	INGO	\$ 202,397.31
17-UF-CEF-030	Water, Sanitation and Hygiene	UNICEF	INGO	\$ 94,033.77
17-UF-CEF-030	Water, Sanitation and Hygiene	UNICEF	INGO	\$ 223,625.02
17-UF-CEF-030	Water, Sanitation and Hygiene	UNICEF	INGO	\$100,680.49
17-UF-CEF-029	Education	UNICEF	GOV	\$ 4,675.28
17-UF-CEF-029	Education	UNICEF	GOV	\$ 5,273.69
17-UF-CEF-029	Education	UNICEF	GOV	\$ 4,722.84
17-UF-CEF-029	Education	UNICEF	GOV	\$ 4,331.35
17-UF-CEF-029	Education	UNICEF	INGO	\$322,367.78
17-UF-CEF-028	Child Protection	UNICEF	INGO	\$ 245,195.00
17-UF-CEF-028	Child Protection	UNICEF	INGO	\$ 318,156.04
17-UF-WFP-019	Food Assistance	WFP	INGO	\$1,502
17-UF-WFP-019	Food Assistance	WFP	NNGO	\$13,161
17-UF-WFP-019	Food Assistance	WFP	NNGO	\$2,398
17-UF-WFP-019	Nutrition	WFP	GOV	\$4
17-UF-WFP-019	Nutrition	WFP	GOV	\$724
17-UF-WFP-019	Nutrition	WFP	GOV	\$608
17-UF-WFP-019	Nutrition	WFP	GOV	\$313
17-UF-WFP-019	Nutrition	WFP	GOV	\$726
17-UF-WFP-019	Nutrition	WFP	GOV	\$688
17-UF-WFP-019	Nutrition	WFP	GOV	\$20,191
17-UF-WFP-019	Food Assistance	WFP	NNGO	\$43,735
17-UF-WFP-019	Nutrition	WFP	GOV	\$74
17-UF-WFP-019	Food Assistance	WFP	NNGO	\$285
17-UF-WFP-019	Food Assistance	WFP	NNGO	\$93,873
17-UF-WFP-019	Food Assistance	WFP	NNGO	\$3,262
17-UF-WFP-019	Food Assistance	WFP	NNGO	\$9,274
17-UF-WFP-019	Food Assistance	WFP	NNGO	\$1,526
17-UF-WFP-019	Food Assistance	WFP	NNGO	\$7,542
17-UF-WFP-019	Food Assistance	WFP	NNGO	\$937

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ACF	Actrion Contre la Faim
ACTED	Agency for Technical Cooperation and Development
AGDM	Age, Gender, Diversity Mainstremaing
ANDHH	National Association for Human Rights
BIMS	Biometric Information Management System
CAAFAG	children associated with armed conflict and armed groups
CNE	Commission National d'Eligibilite
COP	Country Operation Plan
DGPC	Direction Generale de la Protection Civil
DIAP/DIAPado	mobile psychosocial support scheme/mobile psychosocial support scheme for adolescents
DRC	Danish Refugee Council
DREC	Regional Directorate of Civil Registration
DREP	Regional Directorate of Primary Education
DRPE	Regional Directorate of Child Protection and the Promotion of Women
e-shelters	Emergency Shelters
FDS	Security and Defence Forces
GBV	gender-based violence
HRP	Humanitarian Response Plan
ICC	Inter-cluster coordination
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IEDA Relief	International Emergency and Development Aid Relief
INEE	Inter-Agency Network for Education in Emergencies
IRC	International Rescue Committee
KAP	knowledge, attitudes and practices
MAH	Minstère de l'Action Humanitaire et de la Gestions des Catastrophes
NFI	non-food item
NGO	Non-Governmental Organisation
PMT	Performance Monitoring Tool
PoC	Population of Concern
PWG	Protection Working Group
RRM	Rapid Response Mechanism
SGBV	Sexual and Gender Based Violence
SMC	school management committee
SOP	Standard Operating Procedure
TLS	temporary learning space
UASC	unaccompanied and separated children
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children"s Fund
WASH	water, sanitation and hygiene
WFP	World Food Programme